

Approved 3-30-92  
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MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

12:45 a.m./p.m. on March 6, 1992 in room 423-S of the Capitol.

All members were present except:

Rep. Wagle, Rep. Scott, absent.

Committee staff present:

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

Conferees appearing before the committee:

Ted Ayres, General Counsel for Kansas Board of Regents answered questions.

Chair called meeting to order drawing attention to discussion and possible action on bills previously heard. HB 2964, HB 3064, HB 3071, HB 2881.

Chair requested Mr. Furse and Mr. Ayres to review their meeting in regard to HB 2964.

Mr. Ayres stated he and Mr. Furse had talked together and he had given a great deal of thought to the conversations and the hearings on HB 2964. His statement would reflect the wishes and interests of the Nursing Advisory Committee -- Currently there is no flexibility to permit transfer of scholarships. There is language provided in HB 2964 to allow this transfer with all parties being in agreement. He pointed out line items related to this. He noted language that would permit transfers of scholarships. He noted the intent of the Nursing Advisory Committee was that if transfer is permitted, the student must agree to move to a sponsor located in a rural area. If language is not provided for this exception, the view is, that there will be an increased incentive for sponsors to get into the program with no assurance the person they have sponsored will stay within the area. He is concerned there will be a bidding war. These transfers will need to be approved on an individual basis.

He answered a question that was raised yesterday, noting he feels a drafting difficulty would arise from using the term "underserved" rather than "rural" setting. He urged Committee to proceed carefully and not move too quickly. He suggested going with subsection (d) as it is presently written, which would allow flexibility, try it for a year, see how it is working, then if a further change is needed, review it again for possible changes if necessary. He views subsection (d) as being consistent with the intent of the Nursing Advisory Committee.

Chair thanked Mr. Ayres for his comments.

Committee discussion then began on HB 2964.

It was noted the amendments made yesterday on HB 2964 were as follows:  
1) funding additional urban nursing scholarship applicants when excess funds remain after funding rural applicants. 2) reducing the sponsorship share of scholarship funds for rural area and health care facilities of 100 beds or less, with the local portion being \$1000.

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

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HOUSE PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 12:45 a.m. on March 6, 1992

DISCUSSION CONTINUED ON HB 2964.

(Amendments on HB 2964.)

3) the effective date of the act changed to the Kansas Register.

Rep. Neufeld moved to pass HB 2964 favorably as amended, seconded by Rep. Bishop. Discussion ensued. Vote taken. Motion carried.

DISCUSSION BEGAN ON HB 3064.

Chairperson Sader requested the Chair of Subcommittee on HB 3064 offer its their report. Rep. Wiard, as Chair, drew attention to (Attachment No.1), a balloon of HB 3064. He detailed numerous recommendations.

Mr. Furse also answered questions and explained, in detail, the proposed changes. He drew attention to (Attachment No.2), which included the law from Alabama, and noted he had marked the sections that would parallel language proposed in HB 3064. (Those left blank he indicated were not addressed in the bill). He then outlined the balloon.

A lengthy discussion ensued. Some felt stronger language would be needed so the Attorney General would have the authority to prosecute those not in compliance; length of hours for phone access; rules and regulations would provide for those not in compliance; application of corporate law would determine whether or not the company was a corporation.

It was noted members had received a letter from Mr. Muratto with Medco from Ohio. Medco is a mail order pharmacy. Note:-this has not been made available for an attachment to the minutes this date.

Rep. Carmody noted concerns and explained recommendations provided in balloon.

Rep. Carmody moved to add additional language on Page 3 of HB 3064 in new section (f) and to renumber accordingly, providing language to allow the authority for the office of the Attorney General to enforce this act. Motion seconded by Rep. Amos. No discussion Vote taken. Motion carried.

Discussion continued. Mr. John Ensley of Medco Containment Services answered questions. There was no representative from AARP. Mr. Nick Willard had called earlier in the day and left a phone message for Chairperson Sader noting his company AARP has agreed to the balloon provided the other day and they would stick with that agreement even if the California law were to be included, but further restrictive language, tighter than California law, they would not agree to. He will contact Chairperson Sader again in this regard.

Rep. Amos moved to amend HB 3064 with the entire draft of the balloon, (See Attachment No. 1), including the amendment made in regard to the authority granted to the office of Attorney General. Motion seconded by Rep. Bishop. Lengthy discussion continued. Vote taken. Motion carried.

Rep. Wiard moved to pass HB 3064 out favorably as amended, seconded by Rep. Bishop.

Rep. Wiard agreed to carry HB 3064 on the floor of the House.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 12:45 a.m. on March 6, 1992

DISCUSSION BEGAN ON HB 3071.

Chair requested the Chair of Subcommittee on HB 3071 give the Committee report. (See Attachment No.3) a balloon on HB 3071.) Rep. Amos as Chair, thanked Rep. Cozine and Rep. Flower for their cooperation and he presented an amendment proposed and requested Mr. Furse to detail amended language.

Mr. Furse detailed the proposed changes, noting Section (7) would replace sub (7) currently in the bill with language that spells out the prohibitive drug products that could be administered by a licensed practical nurse unless delegated under subsection (g) of K.S.A. 65-2872.

Rep. Amos indicated the Kansas State Board of Nursing, the Kansas Nurses Association, the Federation of Licensed Practical Nurses, and the Kansas Hospital Association were all involved in discussions at the subcommittee meeting, or later, and all parties have agreed with amendments proposed by the subcommittee in Attachment No. 3.

Rep. Amos moved to amend HB 3071 as outlined by Mr. Furse in Attachment No. 3, seconded by Rep. Wiard. Discussion held. Vote taken. Motion carried.

Rep. Bishop moved to amend HB 3071 to strike language "deterioration through the aging process" where it appears throughout the bill, seconded by Rep. Flower. Lengthy discussion ensued. Vote taken. Motion carried.

Rep. Amos moved to pass HB 3071 out favorably as amended, seconded by Rep. Lynch. Discussion ensued, i.e., concerns with "public censure" and the implications it may have to various individuals.

Rep. Amos and Rep. Lynch withdrew the motion to pass out favorably.

Rep. Hackler moved to amend HB 3071 by deleting the words "public censure" wherever it appears in the bill, seconded by Rep. Bishop. Discussion ensued. Diane Glenn, Practice Specialist of the Board of Nursing answered questions. Vote taken. Motion failed.

Rep. Amos moved to pass HB 3071 out favorably as amended, seconded by Rep. Flower. No discussion. Motion carried.

Rep. Hackler recorded as a "NO" vote.

Rep. Amos agreed to carry HB 3071 on the floor of the House.

DISCUSSION BEGAN ON HB 2881.

Chair directed attention to HB 2881 and requested Rep. Hackler explain the balloon provided, (see Attachment No. 4). A lengthy discussion began on proposed changes. The School Nurses Association has the opinion that parents need to be notified if there is a problem with the child's hearing/vision; concerns of using the term "abnormal test results"; early intervention in Kindergarten and first grades are vital since most acute ear problems arise in these early years; ophthalmologist is already defined in statute as a licensed physician; referral should be made after the test results are available; school administration does not have authority to make a specific referral to a professional, only to suggest further examination of the child.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 12:45 a/m. p.m. on March 6, 1992

DISCUSSION CONTINUED ON HB 2881.

Rep. Bishop moved to amend HB 2881 conceptually by deleting language on page 1, lines 36-39, and on page 2, lines 9-12, in line 20 to authorize testing every two years instead of 3 years. Motion seconded by Rep. Wiard. Vote taken. Motion Carried.

Rep. Hackler moved to pass HB 2881 out favorably as amended, seconded by Rep. Bishop. Discussion continued. Rep. Hackler and Rep. Bishop withdrew their motion.

Rep. White moved to amend HB 2881 on page 1, line 19, to insert language, "after first admission to school, grades 1 and 2, and every 2 years thereafter". Discussion continued. Vote taken. Motion carried.

Rep. Hackler moved to pass HB 2881 out favorably as amended, seconded by Rep. Bishop. No discussion. Vote taken. Motion carried.

Rep. Hackler agreed to carry HB 2881 on the floor of the house.

Chair noted this concluded the agenda for discussion of bills that originated in the House of Origin and thanked Committee members for their cooperation and endurance.

Next scheduled meeting will be March, 16th, 1992.

Chair adjourned meeting at 3:05 p.m.



*Pharmacy Bill*  
PAH3064

Amendments -- House Bill No. 3064

Be Amended:

By striking out all of sections 1 and 2 of the bill and inserting in lieu thereof the following:

"Section 1. (a) No nonresident pharmacy shall ship, mail or deliver, in any manner, prescription drugs to a patient in this state unless registered under this section as a nonresident pharmacy. Applications for a nonresident pharmacy registration under this section shall be made on a form furnished by the board. A nonresident pharmacy registration shall be granted for a period of one year upon compliance by the nonresident pharmacy with the provisions of this section and rules and regulations adopted pursuant to this section and upon payment of the registration fee established under K.S.A. 65-1645 and amendments thereto for a pharmacy registration. A nonresident pharmacy registration shall be renewed annually on forms provided by the board, upon compliance by the nonresident pharmacy with the provisions of this section and rules and regulations adopted pursuant to this section and upon payment of the renewal fee established under K.S.A. 65-1645 and amendments thereto for the renewal of a pharmacy registration.

(b) As conditions for the granting of a registration and for the renewal of a registration for a nonresident pharmacy, the nonresident pharmacy shall comply with the following:

(1) Provide information to the board to indicate the person or persons applying for the registration, the location of the pharmacy from which the prescription drugs will be dispensed, the names and titles of all principal owners and corporate officers, if any, and the names of all pharmacists dispensing prescription drugs to residents of Kansas;

(2) be registered and in good standing in the state in which such pharmacy is located;

(3) maintain, in readily retrievable form, records of prescription drugs dispensed to Kansas patients;

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(4) supply upon request, all information needed by the board to carry out the board's responsibilities under this section and rules and regulations adopted pursuant to this section;

(5) maintain pharmacy hours that permit the timely dispensing of drugs to Kansas patients and provide reasonable access for the patients to consult with a licensed pharmacist about such patients' medications;

(6) provide toll-free telephone communication consultation between a Kansas patient and a pharmacist at the pharmacy who has access to the patient's records, and ensure that the telephone number(s) will be placed upon the label affixed to each prescription drug container dispensed in Kansas; and

(7) provide to the board such other information as the board may reasonably request to administer the provisions of this section.

(c) Each nonresident pharmacy shall comply with the following:

(1) All statutory and regulatory requirements of Kansas for controlled substances, including those that are different from federal law;

(2) all the statutory and regulatory requirements of Kansas regarding drug product selection laws;

(3) labeling of all prescriptions dispensed, to include but not be limited to identification of the product and quantity dispensed;

(4) all the statutory and regulatory requirements of Kansas for dispensing prescriptions in accordance with the quantities indicated by the prescriber; and

(5) the Kansas law regarding the maintenance and use of the patient medication profile record system.

(d) Each nonresident pharmacy shall develop and provide the board with a policy and procedure manual that sets forth:

(1) Normal delivery protocols and times;

(2) the procedure to be followed if the patient's medication is not available at the nonresident pharmacy, or if delivery will

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be delayed beyond the normal delivery time;

(3) the procedure to be followed upon receipt of a prescription for an acute illness, which policy shall include a procedure for delivery of the medication to the patient from the nonresident pharmacy at the earliest possible time, or an alternative that assures the patient the opportunity to obtain the medication at the earliest possible time; and

(4) the procedure to be followed when the nonresident pharmacy is advised that the patient's medication has not been received within the normal delivery time and that the patient is out of medication and requires interim dosage until mailed prescription drugs become available.

(e) Except in emergencies that constitute an immediate threat to the public health and require prompt action by the board, the board may file a complaint against any nonresident pharmacy that violates any provision of this section. This complaint shall be filed with the regulatory or licensing agency of the state in which the nonresident pharmacy is located. If the regulatory or licensing agency of the state in which the nonresident pharmacy is located fails to resolve the violation complained of within a reasonable time, not less than 90 days from the date that the complaint is filed, or fails to resolve the violation complained of to the satisfaction of the board, disciplinary proceedings may be initiated by the board. The board also may initiate disciplinary actions against a nonresident pharmacy if the regulatory or licensing agency of the state in which the nonresident pharmacy is located lacks or fails to exercise jurisdiction.

(f) It is unlawful for any nonresident pharmacy which is not registered under this act to advertise its services in this state, or for any person who is a resident of this state to advertise the pharmacy services of a nonresident pharmacy which has not registered with the board, with the knowledge that the advertisement will or is likely to induce members of the public in this state to use the pharmacy to fill prescriptions. A

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violation of this section is a class C misdemeanor.

(g) The board may adopt rules and regulations as necessary and as are consistent with this section to carry out the provisions of this section.

(h) The executive secretary of the board shall remit all moneys received from fees under this section to the state treasurer at least monthly. Upon receipt of each such remittance, the state treasurer shall deposit such moneys in the manner specified under K.S.A. 74-1609 and amendments thereto.

(i) This section shall be part of and supplemental to the pharmacy act of the state of Kansas."

On page 3, in line 17, by striking "3" and inserting in lieu thereof "2";

On page 1, in the title, line 9, by striking all after "pharmacies"; in line 10, by striking all before the period

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PROPOSED AGREED-TO RULES  
KANSAS STATE BOARD OF PHARMACY

Draft

Article .--REGISTRATION OF OUT OF STATE PHARMACIES

Out of State pharmacies shall comply with the following regulations to be and remain registered in Kansas by the Board.

68- -1. The pharmacy holds a current license or registration in good standing in the state in which it is located. (b)

68- -2. The out-of-state pharmacy shall apply for registration and renewal on forms approved by the Board. The Board may require such information as reasonably necessary to carry out the provisions of K.S.A. 65-1643(a), including the location, names and titles of all principal corporate officers and all pharmacists dispensing prescription drugs to residents of this state and the state of the pharmacists' original licensure. (a)

A report containing this information shall be made on an annual basis and within 30 days after any change of office, corporate officer or pharmacist. Any change in ownership, cessation of business or change of pharmacist in charge shall be reported within 5 days of such event. R/R

68- -3. Each pharmacist dispensing drugs into Kansas need not be licensed as a pharmacist in Kansas if he is currently licensed in the state where he practices and if that state has standards of licensure at least equivalent to those of Kansas. (b)  
R/R

68- -4. The licensee or registrant shall comply with all lawful directions and requests for information from the regulatory or licensing agency of the state in which it is located as well as with all requests for information made by the Board pursuant to this section. The nonresident pharmacy shall maintain, at all times, a valid unexpired license, permit, or registration to conduct the pharmacy in compliance with the laws of the state in which it is a resident. As a prerequisite of registering with the Board, the nonresident pharmacy shall submit a copy of the most recent inspection report resulting from an inspection conducted by the regulatory or licensing agency of the state in which it is located. (b)

68- -5. The registrant shall maintain its records of prescription drugs dispensed to patients in this state so that the records are readily retrievable from the records of other drugs dispensed. (b)

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68- -6. The pharmacy shall maintain an incoming toll free telephone number for use by Kansas customers to be answered by a pharmacist with access to patient records. This service shall be available as minimum of 40 hours a week, six days a week during normal business hours. This telephone number plus others available for use shall be printed on each container of prescription drugs dispensed in Kansas. The toll free number shall have sufficient extensions to provide reasonable access to incoming callers. (b)

68- -7. If the State in which the pharmacy is located does not establish, by statute or regulation, a ratio describing the number of support personnel that a pharmacist may supervise, or otherwise define the role of a pharmacist in the compounding and dispensing of prescription drugs, then that pharmacy must not allow a pharmacist to supervise more than one supportive personnel at any one time in the compounding and dispensing of prescription drugs to Kansas.

68- -8. Each nonresident pharmacy shall comply with the following: all statutory and regulatory requirements of the state of Kansas for controlled substances, including those that are different from federal law. All the statutory and regulatory requirements of the state of Kansas regarding drug product selection. Labeling of all prescriptions dispensed, to include but not limited to the identification of the product. (c)

69- -9. Each nonresident pharmacy shall develop and make available to the Board a policy and procedure manual that sets forth: normal delivery protocols and times; the procedure to be followed if the patient's medication is not available at the nonresident pharmacy, or if delivery will be delayed beyond the normal delivery time; the procedure to be followed upon the receipt of a prescription for an acute illness, which policy shall include a procedure for delivery of the medication to the patient from the nonresident pharmacy at the earliest possible time (i.e., courier delivery), or an alternative that assures the patient the opportunity to obtain the medication at the earliest possible time; the procedure to be followed when the nonresident pharmacy is advised that the patient's medication has not been received within the normal delivery time and that the patient is out of medication and requires interim dosage until mailed prescription drugs become available. (d)

68- -10. A pharmacy subject to this section shall comply with Kansas law K.S.A. 65-1642(c)(1)(2) and (3) regarding the maintenance and use of patient medication profile record systems. (e)

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pg 2 of 4.

68- -11. A pharmacy must maintain a record of any civil litigation commenced against the pharmacy by a resident of the state of Kansas arising from a complaint within the Board's jurisdiction for a period not less than five (5) years or a complaint that arises out of a prescription for a Kansas resident lost during delivery.

R/R

68- -12. To qualify for a nonresident registration, an applicant, in addition to meeting the other requirements of this section, must provide to the Board: evidence that the applicant holds a pharmacy license, registration or permit issued by the state in which the pharmacy is located, that is valid and in good standing; the name of the owner and pharmacist-in-charge of the pharmacy; evidence of the applicant's ability to provide to the Board a record of a prescription drug ordered and dispensed by the applicant to a resident of this state not later than 72 hours after a request for the record by the Board; and an affidavit by the pharmacist-in-charge which states that such pharmacist had read and understands the laws and rules regulating a nonresident pharmacy.

(b)

68- -13. A nonresident pharmacy shall be under the continuous on site supervision of a pharmacist and shall designate one pharmacist licensed to practice pharmacy by the regulatory or licensing agency of the state in which the nonresident pharmacy is located to serve as the pharmacist-in-charge of the nonresident pharmacy.

68- -14. The license number of the pharmacist-in-charge, who shall have the authority and responsibility for the pharmacy's compliance with laws and rules pertaining to the practice of pharmacy; and any other information the Board determines necessary.

68- -15. Disciplinary Action. Except in emergencies that constitute an immediate threat to the public health and require prompt action by the Board, the Kansas Board of Pharmacy may file a complaint against any nonresident pharmacy that violates any provision of this section. This complaint shall be filed with the Board in which the nonresident pharmacy is located. If the Board of the state in which the nonresident pharmacy is based fails to resolve the violation complained of within a reasonable time, not less than \_\_\_\_\_ days from the date that the complaint is filed, or to the satisfaction of the Kansas Board, disciplinary proceedings may be initiated in Kansas before the Board. The Kansas Board of Pharmacy may also initiate disciplinary actions against a nonresident pharmacy if the regulatory or licensing agency of the state in which the pharmacy is located lacks or fails to exercise jurisdiction.

(e)

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68- -16. It is unlawful for any nonresident pharmacy which is not registered to advertise its services in this state, or for any person who is a resident of this state to advertise the services of a nonresident pharmacy which has not registered with the Board, with the knowledge that the advertisement will or is likely to induce members of the public in this state to use the pharmacy to fill prescriptions. (f)

68- -17. The facilities and records of the pharmacy shall be subject to inspection by the Board; provided, however, the Board may accept in lieu thereof satisfactory inspection reports by the licensing entity using similar standards of the state where the pharmacy is located.

68- -18. Each nonresident pharmacy doing business in Kansas by dispensing and delivering or causing to be delivered prescription drugs to Kansas consumers shall designate a resident agent in Kansas for service of process. K.S.A. 60-308

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Subcommittee Proposed Amendment -- House Bill No. 3071

Be Amended:

On page 1, by striking all of lines 40 to 43, inclusive;

On page 2, by striking all of lines 1 to 3, inclusive, and by inserting in lieu thereof the following:

"(7) unless delegated under subsection (g) of K.S.A. 65-2872 and amendments thereto, to have only a license to practice as a practical nurse and to be guilty of: (a) Administering blood and blood products, investigational medications, or the following categories of intravenous push medications: analgesics, anesthetics, antianxiety agents, anticonvulsants, biological response modifiers, cardiovascular preparations, hemostatics, immunosuppressants, muscle relaxants, human plasma fractions, oxytocics, sedatives, tocolytics, thrombolytics and antineoplastic agents; (b) infusing by central venous catheter; (c) initiating total parenteral nutrition; or (d) administering the first dose of any intravenous medication; or";

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*3-6-92*  
*attn # 3*

HOUSE BILL No. 2881

By Representatives Hackler, Amos, Brown, Gilbert, Jones, Lahti, Love, Lynch, Macy, Parkinson, Praeger, Scott, Thompson and Webb

2-6

AN ACT relating to schools and school districts; concerning the provision of vision screening and hearing screening to certain pupils; amending K.S.A. 72-1205 and 72-5205 and repealing the existing sections.

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

Section 1. K.S.A. 72-1205 is hereby amended to read as follows: 72-1205. (a) Every pupil enrolled in a school district or an accredited nonpublic school shall be provided basic hearing screening without charge during the first year of admission and not less than once every ~~three~~ years thereafter.

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(b) Every pupil enrolled in a school district shall be provided basic hearing screening by the board of education of the school district in which the pupil resides and is enrolled.

(c) Every pupil in an accredited nonpublic school shall be provided basic hearing screening either (1) by the board of education of the accredited nonpublic school in which the pupil is enrolled, or (2) upon request therefor by the pupil's parent or guardian, by the board of education of the school district in which the pupil resides. No board of education of a school district shall be required to provide basic hearing screening outside the school district. If the accredited nonpublic school in which the pupil is enrolled is located within the school district, basic hearing screening shall be provided in the nonpublic school. If the accredited nonpublic school in which the pupil is enrolled is located outside the school district, basic hearing screening shall be provided in a school of the school district.

~~[(d) The parents or guardian of the pupil, when possible in conjunction with other information provided by the school to the parents or guardian, shall be notified by the school of the approximate date such tests will be given.]~~ All tests shall be performed by a person competent in the use of a calibrated audiometer and who has been designated by the board of education which provides the basic hearing screening. ~~The results of the test and, if necessary, the desirability of examinations by a qualified physician shall be~~

Referral of the pupil for further examination by a qualified physician shall be made based on the test results in conjunction with the professional judgment of a registered professional nurse, speech therapist or audiologist.

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1 reported to the parents or guardians of such pupils. If the test  
2 results indicate that examination by a qualified physician may be  
3 desirable, such information shall be reported to the parents or guard-  
4 ian of the pupil, otherwise no report to the parents or guardian is  
5 required. All test results shall be kept on file.

6 Sec. 2. K.S.A. 72-5205 is hereby amended to read as follows:

7 72-5205. Each school board shall provide basic vision screening [with-  
8 out charge to every pupil in its school not less than once every two  
9 (2) years. ~~The parents or guardian of the pupil, when possible in  
10 conjunction with other information provided by the school to the  
11 parents or guardian, shall be notified by the school of the approx-  
12 imate date such tests will be given. All such tests shall be performed  
13 by a teacher or some other person designated by the school board.~~

14 The results of the test and, if necessary, the desirability of  
15 examination by a qualified physician or optometrist shall be  
16 reported to the parents or guardians of such pupils: Provided,  
17 That the information so reported shall not show preference in  
18 favor of any such professional person. If the test results indicate  
19 that examination by a qualified physician or optometrist may be  
20 desirable, such information shall be reported to the parents or guard-  
21 ian of the pupil. The information so reported shall not show a  
22 preference in favor of any such professional person. If the test results  
23 fail to indicate that examination by a qualified physician [or optom-  
24 etrist may be desirable, no report to the parents or guardian is  
25 required. All test results shall be kept on file.

26 Sec. 3. K.S.A. 72-1205 and 72-5205 are hereby repealed.

27 Sec. 4. This act shall take effect and be in force from and after  
28 its publication in the statute book.

[ following the Kansas department of health and environ-  
ment vision screening guidelines

[ All tests shall be performed by a person competent in  
testing for visual acuity for distance and near vision,  
muscle balance and color blindness. Referral of the  
pupil for further examination by an ophthalmologist or  
optometrist shall be made based on the test results in  
conjunction with the professional judgment of a regis-  
tered professional nurse or vision specialist.

[ , ophthalmologist

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