

Approved March 16, 1991
Date

MINUTES OF THE SENATE COMMITTEE ON GOVERNMENTAL ORGANIZATION

The meeting was called to order by Senator Lana Oleen at
Chairperson

1:40 ~~am~~/p.m. on March 2, 1991 in room 531-N of the Capitol.

All members were present except: Senators Oleen, Bogina, Francisco, Kanan, Moran and Strick.

Members Absent-Excused: Senators Doyen and Vidricksen

Members Absent: Senator Gaines

Committee staff present:

Julian Efird, Kansas Legislative Research Department

Fred Carman, Revisor of Statutes Office

Mary Allen, Committee Secretary

Conferees appearing before the committee:

Nancy Parrish, Kansas State Senator

Doug Bowman, Children and Youth Advisory Committee

Carolyn Hill, Department of Social and Rehabilitation Services

Terri Roberts, Kansas State Nurses Association

Dr. Elaine Harvey, Baker University

Betty Smith-Campbell, Saint Mary College

James Seitz, Kansas Association of Nursing Students

Joseph Conroy, Kansas Association of Nurse Anesthetists

Pat Johnson, Kansas State Board of Nursing

Elizabeth Taylor, Kansas Federation of Licensed Practical Nurses

Donna Darner, Osawatomie State Hospital

Marilyn Katzer, Osawatomie State Hospital

Connie Whiteside, Cloud County, Kansas

The meeting of the Senate Committee on Governmental Organization was called to order at 1:40 p.m. by the Chairman, Senator Lana Oleen, who opened the hearing on SB 655.

Senate Bill 655 - Establish a children's community services planning group in each judicial district.

Senator Nancy Parrish, Kansas Senate, appeared before the Committee to explain the provisions of SB 655 which, she said, requires the establishment of children's community services planning groups in each judicial district of the state. She added that under the provisions of the bill each planning group must develop a needs assessment for both children in need of care and juvenile offenders; further, the planning groups are required to identify all agencies that provide services locally and to develop a plan which would ensure the cooperation and collaboration of service agencies within the judicial district. The plans, she observed, would be submitted jointly to the Children and Youth Advisory Committee and to the Advisory Committee on Juvenile Offender Programs by June 30, 1993. She said that the plans could also be submitted to other statewide groups in order that planning could be done on a statewide level. Senator Parrish stated that some communities have already undertaken planning programs much like the one envisioned in this bill and she described programs in Lawrence, Wichita and Topeka as examples. (See Attachment I for copy of Senator Parrish's testimony.)

The next proponent of SB 655 was Doug Bowman, Coordinator of the Children and Youth Advisory Committee. Mr. Bowman briefly discussed the bill and called the Committee's attention to the fact that the United Methodist Health Ministries Fund has awarded a grant to Kansas Action for Children to provide a staff person and other support to the development of local children's groups, as called for in SB 655. He observed that formal legislative support, as evidenced in the bill, will further the delivery of better services to children in each of our home communities. (See Attachment II for copy of Mr. Bowman's testimony.) In answer to a question he said that the Children and Youth Advisory Committee was created by statute to advise the Legislature and state government in general on matters pertaining to children and youth. The Committee is composed of five citizens

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON GOVERNMENTAL ORGANIZATION,
room 531-N, Statehouse, at 1:40 ~~a.m.~~/p.m. on March 2, 1992.

appointed by the Governor, the Secretaries of Social and Rehabilitation, Human Resources, and Health and Environment, the Commissioner of Education, the Chief Justice of the Kansas Supreme Court and four Legislators, two from each House and two from each political party.

Carolyn Hill, Acting Commissioner of Youth and Adult Services, Department of Social and Rehabilitation Services, spoke in support of the concept and intent of SB 655. She listed a number of bills introduced in the House and Senate to create planning, oversight, coordinating and service delivery groups at the local level and observed that it would not be in anyone's best interest to create overlapping and duplicating functions; therefore, she recommended that all of the proposed initiatives introduced in the Legislature be merged into a single plan. She pointed out that Senate Bills 660, 661 and House Bill 2987 all contain provisions for foster care review boards which are a good idea but demand a great deal from area offices. She said that House Bills 2712 and 3133 both relate to local planning groups for children with behavior disorders or severe emotional problems; however, HB 2712 was tabled in favor of HB 3113 which has not yet been scheduled for hearing. Ms. Hill pointed out that SB 353 and HB 2542 both relate to a local children's authority concept which concept is being piloted in Sedgwick County at this time. (See Attachment III for copy of Ms. Hill's testimony.)

There being no opponents, the hearing on SB 655 was closed.

Chairman Oleen opened the hearing on SB 699.

Senate Bill 699 - Membership of the state board of nursing.

Terri Roberts, Executive Director of the Kansas State Nurses' Association, introduced Dr. Elaine Harvey, Dean of the Baker University School of Nursing, to speak in support of SB 699 which proposes changes in the board member composition of the Kansas State Board of Nursing. Dr. Harvey discussed the purpose of the Board of Nursing, the work load of the Board, how public safety can be assured or maintained and implications of the need for the proposed restructuring of the Board. She pointed out that more and knowledgeable registered nurses are needed on the Board to assist with assuring needed and quality programs preparing persons to be licensed by the Kansas State Board of Nursing. In addition, she said, additional RN members are needed on the Board to furnish more and closer monitoring of practice and practice settings. She pointed out that more RNs on the Board would allow more equitable representation of Board licenses by modifying the ratio of Board members to categories of licenses. Dr. Harvey observed that in order for the Board's committees to carry out their work ten non-Board members, all RNs, were appointed to the committees in order that their work could be completed in a timely manner. In conclusion, she said that although the Board and staff are hard working and conscientious the registered nurse component of that Board should be increased to better serve the people of Kansas. (See Attachment IV for copy of Dr. Harvey's testimony.)

The next conferee to speak in support of SB 699 was Betty Smith-Campbell, representing the Kansas Association of Colleges of Nursing. She said that it is the belief of her organization that the addition of two registered nurses on the Kansas State Board of Nursing supports its philosophy "of protecting the citizens of Kansas" and "to promote high standards of nursing practice and education". She pointed out that currently the five RNs on the Board help oversee 29 registered nurse programs while the two Licensed Mental Health Technicians help oversee only five LMHT programs. She stated that she does not believe that non-RNs have the expertise or education to review the quality of basic registered nursing or masters programs. (See Attachment V for copy of Ms. Smith-Campbell's testimony.)

Written testimony in support of SB 699 from Ileen Meyer, President of the Kansas School Nurse Organization, was provided. (Attachment VI)

James Seitz, President of the Kansas Association of Nursing Students, spoke in support of SB 699 which, he said, would realign the composition of the Board of Nursing by increasing the number of RNs from five to seven. (See Attachment VII for copy of Mr. Seitz's testimony.)

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON GOVERNMENTAL ORGANIZATION,
room 531-N, Statehouse, at 1:40 ~~a.m.~~/p.m. on March 2, 1992

The final conferee to speak in support of SB 699 was Joseph Conroy, Kansas Association of Nurse Anesthetists. He said that the rationale for this support is the increasing number of RNs compared to other licensees and the current disparity of representation on the Board of Nursing. (See Attachment VIII for copy of Mr. Conroy's testimony.)

The Chairman called for testimony from opponents of SB 699.

Chairman Oleen called on Pat Johnson, Executive Administrator of the Kansas State Board of Nursing, who introduced members of the Board present at the meeting. Ms. Johnson told the Committee that the Board of Nursing is opposed to the change in Board composition as proposed in SB 699. She pointed out that Board members are not chosen to represent the membership of their own profession but rather serve to protect the health, safety and well-being of the public. She noted that the primary goal is the public's interest, not to promote one faction of the industry over another. Ms. Johnson stated that the Board feels that the Licensed Mental Health Technicians and the public member, proposed in SB 699 to be replaced by two registered nurses, are beneficial and essential to the work of the Board. She observed that the public members bring insight as to the needs of the public. She stated that a change in the composition would be detrimental to the Board. She made two suggestions which, she noted, might assist the Board: (1.) Rather than changing the composition of the Board, the addition of one more member, a RN from education, would assist in handling the present workload; and (2.) Establish a staggered schedule for board appointments so that no more than three new members would be appointed in any one year except for unexpected situations when a member might resign. (See Attachment IX for copy of Ms. Johnson's testimony.)

Elizabeth Taylor, Legislative Consultant to the Kansas Federation of Licensed Practical Nurses, Inc., spoke to the Committee in what she termed to be "strong opposition" to SB 699. She said that the organization which she represents sees SB 699 as an attempt to monopolize rule making authority and she requested that the representation on the Kansas State Board of Nursing be kept the same as it is today. (See Attachment X for copy of Ms. Taylor's testimony.)

The next conferee to speak in opposition to SB 699 was Donna Darner, President of District 9 of the Kansas State Nurses' Association and a nurse at the Osawatomie State Hospital. Ms. Darner said that the reduction of one Licensed Mental Health Technician and a public member from the Kansas State Board of Nursing would be a great disservice to the mentally ill persons in Kansas. She pointed out that LMHTs are the only two persons currently serving on the Board who work in the psychiatric field. (See Attachment XI for copy of Ms. Darner's testimony.)

Marilyn Katzer, Licensed Mental Health Technician Specialist from Osawatomie State Hospital, spoke in opposition to SB 699. Ms. Katzer said that LMHTs are specialists in the psychiatric and mental health fields who function for the patients in hospitals, health care facilities and mental health centers. She said that the Kansas State Board of Nursing is operating in an effective manner and its composition should not be changed. (See Attachment XII for copy of Ms. Katzer's testimony.)

Connie Whiteside, Licensed Practical Nurse from Cloud County, spoke in opposition to SB 699. Ms. Whiteside pointed out that it takes more than one select group to give good care to patients and that registered nurses are attempting to separate themselves from the rest of the health care professions. She stated that all groups need to be represented on the Kansas State Board of Nursing.

A letter was presented to the Committee from Henrietta Area, Registered Nurse at St. Francis Hospital and Medical Center in Topeka, in opposition to SB 699. (Attachment XIII)

The meeting was adjourned by Chairman Oleen at 2:35 p.m.

GUEST LIST

NAME

REPRESENTING

John Hyman

Licensed Mental Health Tech
Kansas St. Board of Nursing

JOSEPH P. CONROY

KANSAS ASSOC. OF NURSE ANESTHETISTS

Carol Maynard

Licensed Mental Health Tech.

Ralph F. Brandt

LMH T Sp.

Marilyn Katz

Licensed Mental Health Tech.

Donna Danner

RNC - Osawatomie State Hospital

Doug Bowman

Children & Youth Advisory Comm.

Elaine B. Harney

KSNA

Betty Smith-Campbell

KANSAS ASSOC. OF COLLEGES OF NURSING

Bernard C. Harney

Baker Univ - S-U. Sch. N Campus

Sue Glynn

Staff - Ks. St. Bd. of Nursing

Mary Jo Greenwood

Board of Nursing - Public Member

Lydia Laming-Clester

KDHR

Connie Whiteside

LPN

Pat Johnson

KSBN

Pat Baker

KASB -

Jim Seitz

Kansas Association of Nursing Students.

Pat Matheis

KSBN

Rebekah Wasson

Board of Nursing - Public Member

STATE OF KANSAS



TOPEKA

SENATE CHAMBER

NANCY PARRISH

SENATE DEMOCRATIC POLICY CHAIR
STATE SENATOR, NINETEENTH DISTRICT
SHAWNEE COUNTY
3632 S. E. TOMAHAWK DR.
TOPEKA, KANSAS 66605
913-379-0702 HOME
913-296-7373 BUSINESS

COMMITTEE ASSIGNMENTS

RANKING MINORITY MEMBER: EDUCATION
MEMBER: FINANCIAL INSTITUTIONS AND INSURANCE
JUDICIARY
LEGISLATIVE AND CONGRESSIONAL
APPORTIONMENT
LEGISLATIVE POST AUDIT
WAYS AND MEANS
CHAIRMAN: SHAWNEE COUNTY LEGISLATIVE
DELEGATION

Senate Committee on Governmental Organization

Senate Bill 655

March 2, 1992

Senate Bill 655 is very similar to S. B. 227 which passed the Senate last year with a vote of 40-0 and then was amended heavily in the House of Representatives and ultimately was vetoed by the Governor.

Senate Bill 655 requires the establishment of children's community services planning groups in each judicial district of our state. Each children's community services planning group must develop a needs assessment for both children in need of care and juvenile offenders.

As part of the needs assessment, the planning groups are required to identify children's services that can be provided locally, i.e., within the judicial districts, and those that would need to be provided by the State. In addition, the planning groups are required to identify all agencies that provide services locally and to develop a plan which would ensure the cooperation and collaboration of service agencies within the judicial district. The plans developed by the planning groups are to be submitted jointly to the Children and Youth Advisory Committee and to the Advisory Commission on Juvenile Offender Programs by June 30, 1993.

*Senate Committee on Governmental Organization
Attachment I
3-2-92*

Some communities already have begun this process and it's my understanding that those communities view this process as very beneficial. S. B. 655 would pave the way for submission of these local plans to the two statewide groups that deal with children's programs. The statewide groups then could develop statewide plans which would incorporate those plans submitted by the local groups.

Thank you for your attention and for your consideration of this bill.



STATE OF KANSAS

CHILDREN AND YOUTH ADVISORY COMMITTEE

SMITH-WILSON BLDG.
300 S.W. OAKLEY
TOPEKA, KANSAS 66606-1898

(913) 296-2017

KANS-A-N 561-2017

TESTIMONY TO SENATE GOVERNMENTAL ORGANIZATION COMMITTEE
Senator Lana Oleen, Chairperson
SB 655 - 3/2/92

Madame Chair and members of the committee, thank you for the opportunity to testify today. My name is Doug Bowman and I am the staff of the Children and Youth Advisory Committee.

This bill would create at least one children's community services planning group within each judicial district. Such an entity could evaluate the availability of services to children, coordinate existing services, and make plans to fill any perceived gaps in those services.

As one of the organizations named to receive these local plans, the Children and Youth Advisory Committee wishes to express our support of this bill. We would compile this information into a report on the status of children's services in Kansas. We see this proposal as being consistent with our stated mission.

I would like to draw the committee's attention to one other development in this topic area. As a result of last summer's Children's Initiatives Committee work, the United Methodist Health Ministries Fund has awarded a grant to Kansas Action for Children.

The purpose of this eighteen month grant is to provide a staff person and other support to the development of local children's groups, as is called for in this bill. We see this bill as a necessary compliment to the funding and other services provided by the KAC grant. The formal legislative support, as evidenced in this bill, will further the delivery of better services to our children in each of our home communities.

Thank you.

Senate Committee on Governmental Organization

Attachment II

3-2-91

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Donna L. Whiteman, Secretary

Senate Governmental Organization

March 3, 1991

Testimony in Regard to SB 655

An act establishing in each judicial district a children's community services planning group: providing for recommendations involving the provision of community services within the judicial district for children and other matters involving children.

Madam Chairperson, Members of the Committee, I am appearing today in support of the concept and intent of SB 655. Local community coordination and cooperation squarely fits with the SRS Family Agenda and is an interest held by all of us who are serving families and children. The strong interest of the legislature in this area is evident by the number of bills introduced in the House and Senate to create planning, oversight, coordinating and service delivery groups at the local level. Senate Bills 660 and 661 are examples introduced this year. SB 353 carries over from the 1991 session. In the House, HB 2110 and 2542 carry over from last year. During this session HB 2987 and HB 3113 are new .

Although we support the concept and intent of this particular bill, we must be mindful that each such committee, council, planning group, etc., adds additional responsibilities to already overburdened local systems of service delivery. It would not be in anyone's best interest to create overlapping and duplicating functions. We urge that the proposed initiatives be merged into a single plan.

Carolyn Risley Hill
Acting Commissioner
Youth and Adult Services
Social and Rehabilitation Services
(913) 296-3284

Senate Committee on Governmental Organization

Attachment III

3-2-91

KSN
the voice of Nursing in



Elaine B. Harvey, EdD, RN, ARNP

Dean and Professor
Baker University
Stormont-Vail Regional Medical Center Campus
School of Nursing

Vice President of Nursing Education
Stormont-Vail Regional Medical Center

913-354-5853

913-271-6581

1500 SW 10th Street • Topeka, Kansas 66604-1353



TE

BY
ELAINE B. HARVEY

Ladies and Gentlemen:

It is a pleasure to appear before a legislature committee once again though previously I was usually before the Public Health and Welfare Committees. I appreciate being before this committee today. I am Elaine B. Harvey, Dean of Baker University School of Nursing and Vice President of Nursing Education at Stormont-Vail Regional Medical Center.

I am speaking to request your support of Sebate Bill 699, a Restructuring of the Kansas State Board of Nursing.

I shall not repeat many of the statistics in written testimony already in your hands. I shall instead speak from an experiential perspective as a past 8 1/2 year member of the Kansas State Board of Nursing as an educator. I was first appointed to the Board in 1979 and reappointed in 1983. The last six months I served was the result of delay in appointees by the Governor. (Only two consecutive terms are allowed by law.)

My testimony will be in terms of the following issues:

1. Purpose of the Board of Nursing
2. The work load of the Board
3. How public safety can be assured or maintained, and last
4. Implications of the need for the proposed restructuring.

Some of these points are difficult to segregate and there may be some unavoidable overlap.

Kansas State Nurses' Association Constituent of The American Nurses Association

700 S.W. Jackson, Suite 601 • Topeka, Kansas 66603-3731 • (913) 233-8638 • FAX (913) 233-5222

Michele Hinds, M.N., R.N.—President • Terri Roberts, J.D., R.N.—Executive Director

Senate Committee on Governmental Organization
Attachment IV 3-2-91 1-4

1. THE PURPOSE OF THE BOARD

It is a regulatory agency, not a turf arena for each category of professional appointed to the Board to protect their practice. Appointees sometimes are unable to make this distinction even after an adequate orientation to the Board.

As a regulatory agency; A purpose as this committee is well aware, is the protection of the public.

2. THE WORK OF THE BOARD

During my time on the Board, there were only two educators with 26-28 RN programs, 15-16 LPN schools, and 7-9 LMHT programs to regulate. Since then (to 1990) RN programs have increased to 30, LPN programs have increased to 17 and the only reduction has been in LMHT program from 9 to 5, or a 44% decrease.

Educator representatives on the Board took the lead in curricular matters and nursing course critique. This required persons knowledgeable about all RN programs, e.g. diploma, ADN and BSN. Now, there are no diploma programs but that knowledge is still valuable when making distinctions between the RN programs. It was estimated that 80% of the Board's work was education. The Board make-up of 6-5 RN's allows the registered nurses to be outvoted on any issue coming before the Board for action by 6-5. Can you see the ludicrousness of six persons having the majority vote on the appropriateness of a specific Research course with all voters except RN's totally lacking experience with research courses or research except for some data collection exercises?

To continue on the work of the Board, time delegated to Board functions consumed four to six days of preparation and review of board materials, one day of the Board Committee work and two days of Board meetings in the months the Board met. Preparing testimony before a legislative committee added 4-8 additional hours of work. There were two educators to lead the work though other Board members also prepared to some degree and participated at the meetings.

During my service on the Board the Continuing Education function was exploding but I shall not address this issued today. Suffice, to say 30 contact hours must be amassed by RN's in a two year period prior to license renewal. LPN's and LMHT's have lesser requirements. All the, approximately 108, Continuing Education providers must also be approved by the Board. The LMHT examination is prepared and administered by Board and its staff and some program faculty.

My Third Point: HOW CAN SAFETY OF THE PUBLIC BE ASSURED?

Management of school curriculum is paramount to producing competent practitioners. However, those crucial decisions must be placed in the hands of knowledgeable experience nurses with educators leading the way.

The second point in assuring the safety of the public is by more control of practice of the licensees. Adequate supervision of health care workers required by statute is that LPN's and LMHT's

work under the direction of a physician or registered nurse. Since the RN is most often present and is charged with managing the medic regimen set by the physician it often makes the RN the one to direct and plan direct hands-on patient care.

In the past, the regulation of practice consisted of following up on infractions reported to the Board. Most were drug related, others (a small number) were related to criminal acts and a few were complaints of negligence. The Board can, through due process limit, suspend, or revoke licenses.

How are issues such as work place harassment and even fear monitored? Surely, practitioners who endure harassment and fear are unable to deliver the best care.

Fear for "life and limb" as communicated by nursing personnel at Topeka State Hospital prior to the recent unfortunate incident there bears investigation by the Board. Additional practice RN's are needed to do this?

It would be well to remember also that the Kansas State Board of Nursing licenses the largest number of professionals of any of or combination of regulatory boards. It is estimated that one in ~~four~~ four voters is a nurse.

4. THE NEED FOR THE PROPOSED RESTRUCTURING OF THE KANSAS STATE BOARD OF NURSING

I hope I have persuaded any doubters that more registered nurse representatives are needed on the Board. (Let me briefly summarize my points.)

Summary

1. More and knowledgeable RN members to assist with assuring needed and quality programs preparing persons to be licensed by the Kansas State Board of Nursing.
2. Additional RN members to furnish more and closer monitoring of practice and practice settings.
3. To allow more equitable representation of Board licenses by modifying the ratio of Board members to categories of licenses.

So there can be no misunderstanding, let me say in closing, we have a conscientious and hard working Board and Staff. It is just that the registered nurse component of that Board should be increased to better serve the people of Kansas.

If there are questions, I will be glad to entertain them at this time.

FACT SHEET
SB 699 Changing the Board of Nursing Composition

The current number of Kansas Licensees is as follows:

R.N.'s 24,000 L.P.N.'s 8,500 L.M.H.T.'s 1,000

	Current KSBN	Ratio of Licensees per Board Member	KSNA Proposal KSBN Board	Change in Ratio Kansas RN's
R.N.	5	1:4800	7*	1:3425
L.P.N.	2	1:4250	2	1:4250
L.M.H.T.	2	1: 500	1	1:1000
Public	2		1	
TOTAL	<u>11</u>		<u>11</u>	

Schools/Programs

YEAR	RN	LPN	LMHT
1980	26	15	9
1990	30	17	5
Change	4	2	-4
Percent Change	15%	13%	44%
	Increase	Increase	Decrease

KSBN Licensees Population by Type

YEAR	RN	LPN	LMHT
1984	21,853	7,372	1,652
1991	24,339	8,693	1,054
Change	2,486	1,321	-598
Percent Change	11%	17%	36%
	Increase	Increase	Decrease

Current Public Members appointed to Boards

	Public Members	Total Board Members
Board of Veterinarian Medicine	1	5
Board of Pharmacy	1	6
Board of Dentistry	1	5
Board of Nursing	2	11
Board of Behavioral Sciences	3	7
Board of Healing Arts	3	15

(2 Public Members were added in 1986)

KANSAS STATE BOARD OF NURSING
COMMITTEES 1991 - 1992

ADVANCED PRACTICE (ARNP)

Pamela Horsch ARNP, Chair
Dean Zerr ARNP Vice-Chair
Dolora Donovan ARNP*
Barbara Clancy ARNP*
JoAnn Denny ARNP*

INVESTIGATIVE PANEL

Joan Felts RN, Chair
Pamela Horsch ARNP, Vice-Chair
Janet Jacobs LPN
Mary Jo Greenwood

COMMITTEE ON IMPAIRED LICENSEE (CIL)

John Hymon, LMHT Chair
Janet Jacobs, LMHT Vice-Chair
Rebekah Wasson
Barbara McClaskey RN

FINANCE COMMITTEE

Rebekah Wasson, Chair
Pamela Horsch ARNP
Janet Jacobs LPN

CONTINUING EDUCATION

Barbara McPherson RN, Chair
John Hymon, LMHT Vice-Chair
Dorothy Zook LPN
Mary Jo Greenwood
Arnetha Martin RN*
Faith Ball RN*

MENTAL HEALTH TECHNICIAN EXAM

John Hymon LMHT, Chair
Pamela Brandenburgh LPN, Vice-Chair
Dorothy Hawthorne RN*
Jeri Fouts RN*

EDUCATION COMMITTEE

Joan Felts RN, Chair
Barbara McClaskey RN, Vice-Chair
Barbara McPherson RN
Lois Churchill RN*

PRACTICE COMMITTEE

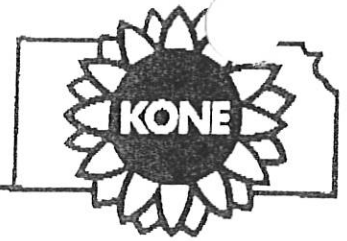
Dorothy Zook LPN, Chair
Mary Jo Greenwood, Vice-Chair
Barbara McPherson RN
Pamela Brandenburgh LPN
Pat Maben RN*
Donna Swindel RN*

HEARING PANEL

Dean Zerr ARNP
Pamela Brandenburgh LPN
Barbara McClaskey RN
Dorothy Zook LPN
Rebekah Wasson

*Non-Board Members

KONE



Kansas Organization of Nurse Executives
P. O. Box 2308
Topeka, KS 66601

March 2, 1992

Terry Roberts, RN, JD
Executive Director
Kansas State Nursing Association
700 SW Jackson, Suite 601
Topeka, Kansas 66603-3731

Dear Members:

I am Vice President/Patient Services at Cushing Memorial Hospital. I am writing to you as President of the Kansas Organization of Nurse Executives.

We as an organization feel strongly that the Board of Nursing should have more registered nurse representation. They are involved more with more complex decisions that require the knowledge of a registered nurse. Decisions critical to the scope of practice of registered nurses in Kansas.

We do support the need to increase the number of registered nurses from five to seven.

Sincerely,

Mary Ruth Yulich, RN

Mary Ruth Yulich
President KONE

MRY:tt



Bethel College
North Newton, KS. 67117

Fort Hays State University
Hays, KS. 67601

Kansas Newman College
Wichita, KS. 67213

Kansas Wesleyan University
Salina, KS. 67401

MidAmerica Nazarene College
Olathe, KS. 66061

Pittsburg State University
Pittsburg, KS. 66762

Saint Mary College
Leavenworth, KS. 66048

St. Mary of the Plains College
Wichita, KS. 67218

St. Mary of the Plains College
Stormont-Vail Campus
Topeka, KS. 66604

Southwestern College
Winfield, KS. 67156

University of Kansas
Medical Center
Kansas City, KS. 66103

Washburn University
Topeka, KS. 66621

The Wichita State University
Wichita, KS. 67208

March 2, 1992

Senator Oleen, and members of the Senate Governmental Organization Committee, my name is Betty Smith-Campbell, R.N. and I am the Chairperson of Nursing at Saint Mary College in Leavenworth. I am representing the Kansas Association of Colleges of Nursing (KACN), an organization of Deans and Chairpersons of Nursing in Kansas. I thank-you for the opportunity to let me speak to you in support of Senate Bill No. 699.

It is our belief that the addition of two Registered Nurses on the Board supports KSBNS philosophy "of protecting the citizens of Kansas" and "to promote high standards of nursing practice and education". Currently the five RNs on the Board help oversee 28 Registered Nurse programs. Whereas the 2 LMHTs help oversee only 5 LMHT programs. In 1990 there were 909 graduates from the nursing programs and only 126 from LMHT programs. As the Board currently stands this is a ratio of 1: 182 for RN programs and 1: 63 for LMHT programs. With the proposed RN increase, the ratio would change to 1: 130 for RN programs and 1:126 for LMHTs. While these numbers give you an idea of the number of graduates it does not take into consideration that the nursing programs are 2 - 4 years in length, increasing the need for more evaluation time and LMHT programs take only 12 to 24 months to complete.

Although this gives you a concept of the workload of members of the Board it does not take into consideration the educational level of either the LMHT or the Registered Nurse. The RNs on the Board must not only evaluate the basic programs for nurses but must also evaluate the three graduate programs. We do not believe that non-RNs have the expertise to review the quality of basic registered nursing or masters programs.

Nurses today need to be educated to care for patients with advanced technology and psychosocial needs. This means their educational program must have an adequate curriculum and faculty to meet those needs. We believe that adding two more registered nurses to the Board will help give the Board a sufficient number of registered nurses to adequately assess Kansas nursing programs. Most of graduates from nursing programs in Kansas will practice here. As graduates these students will be taking care of your children and parents. I believe it is in the public interest to make sure that their educational programs prepare them to practice safely. Adding two registered nurses to the Board of Nursing can only benefit the citizens of Kansas and I urge you to support Senate Bill 699.

Betty Smith-Campbell, R.N., M.N. - Secretary, KACN
Chairperson, Department of Nursing
Saint Mary College;
Leavenworth, KS 66048
(913) 682-5151, ext. 249

Senate Committee on Governmental Organization
Attachment V
3-2-92



Kansas School Nurses Organization K-NEA

Testimony presented to
House Public Health and Welfare Committee

by

Kansas School Nurse Organization

Senate Bill 699

The membership of the Kansas School Nurses Organization supports the proposed changes of board member composition for the board of nursing.

The present allocation of board of nursing positions is not reflective of the present number of professional registered nurses in relation to representative ratios of other disciplines represented by the board of nursing. Professional registered nurses have grown in number due demand of the ever increasing technological advances of health care today.

Technological advances create the need for mandatory continuing education for professional registered nurses as well; thus creating increased workload for those board of nursing members responsible for approval of programs and providers.

Respectfully submitted,

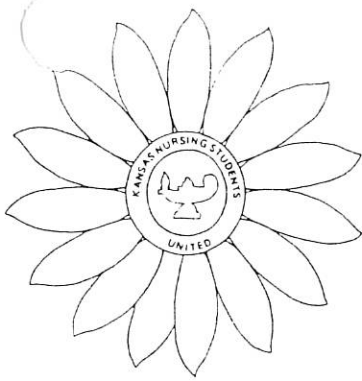
Ileen Meyer, B.S., R.N.
President - Kansas School Nurse Organization
Health Services Coordinator
Emporia Unified Schools - USD #253

Senate Committee on Governmental Organization

Attachment VI

3-2-92

James E. Seitz
1820 Mulvane
Topeka, KS 66621
(913) 235-0691



United For Health
Kansas Association of Nursing Students

% Kansas State Nurses Association, 820 Quincy, Suite 520, Topeka, KS 66612

Senator Oleen and members of the Senate Governmental Organization Committee, my name is Jim Seitz and I am the current president of the Kansas Association of Nursing Students, K.A.N.S. K.A.N.S. represents over 2,000 nursing students throughout the state of Kansas. I am also a junior at Washburn University School of Nursing and from St. Marys, Ks.

We support and recommend the adoption of SB 699, which will realign the composition of the Board of Nursing by increasing the number of RNS from 5 to 7.

We believe registered nurses play a pivotal role in providing health care in the state of Kansas. At our 1992 state convention held on Feb 15, 1992, we pass a resolution in support of SB 699. Attached for your reference is a copy of the resolution.

As future nurses of Kansas, we strongly urge your passage of SB 699.

Thank you for the opportunity to speak with you.

Senate Committee on Governmental Organization

Attachment VII

3-2-92

Proposed Resolution

Submitted by: Kansas Assoc. of Nursing Students Executive Board
as prepared by R. Keith Bauer, Legislative Chairman

Support for reorganization of the Kansas State Board of
Nursing.

1 Whereas, there are currently 24,000 Registered Nurses (RN's)
2 in the state of Kansas, and
3 Whereas, those nurses are supervised by the Kansas State Board
4 of Nursing as established by the Kansas State Nurse Practice
5 Act, and
6 Whereas, that body currently consists of five Registered Nurses,
7 two Licensed Practical Nurses (LPN's), two Licensed Mental
8 Health Technicians (LMHT's), and two persons from the public
9 at large, and
10 Whereas, the current ratio of Board members to persons represented
11 is; RN's 1: 4,800, LPN's 1: 4,250 and LMHT's 1: 500, and
12 Whereas, the Kansas State Nurse's Association (KSNA) has proposed
13 changing the current composition of the Kansas State Board
14 of Nursing by reducing the number of LMHT's from two to one
15 and the number of public members from two to one, and
16 Whereas, the KSNA has proposed that these two positions on
17 the State Board of Nursing be filled by RN's with one coming
18 from the area of education and one from the area of service,
19 and,
20 Whereas, this change would result in a ratio of one RN on the
21 State Board of Nursing for every 3,425 RN's in the state of
22 Kansas, and
23 Whereas, this would result in a representation of one LMHT on
24 the State Board of Nursing for the 1,000 LMHT's in the state
25 of Kansas, therefore be it
26 Resolved, that the Kansas Association of Nursing Students (KANS)
27 supports the KSNA proposal, and be it further
28 Resolved, that KANS will support the introduction of legislation
29 to bring this change about, and be it further
30 Resolved, that KANS will support the KSNA in lobbying efforts at
31 a local and state level to have corresponding legislation
32 enacted.

KANSAS ASSOCIATION OF NURSE ANESTHETISTS



Members of the Senate Committee on Governmental Organization, thank you for allowing me time to address this hearing.

I am Joseph P. Conroy, a Certified Registered Nurse Anesthetist from Emporia, Kansas, representing the Kansas Association of Nurse Anesthetists. I am present today to testify regarding Senate Bill number 699.

The Kansas Association of Nurse Anesthetists strongly supports this bill to change the composition of the Kansas State Board of Nursing from five to seven R.N.'s. The rationale for our support is the increasing number of R.N.'s compared to other licensees and the current disparity of representation on the Board of Nursing.

More importantly, the K.A.N.A. feels there is a need for more representation on the Board of Nursing with the education and experience to address the complex issues that continue to emerge with expanded nursing practice.

Testimony Submitted by,

Joseph P. Conroy

Joseph P. Conroy, B.A., C.R.N.A., A.R.N.P.
Board of Directors
Kansas Association of Nurse Anesthetists
2614 Apple Drive
Emporia, Kansas 66801
(316) 342-0856

*Senate Committee on Governmental Organization
Attachment VIII*

3-2-91

Kansas State Board of Nursing

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



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

To: The Honorable Lana Oleen, Chairperson and Members of the
Governmental Organization

From : Patsy Johnson, R.N., M.N.
Executive Administrator
Kansas State Board of Nursing

Date: March 2, 1992

Re: SB 699

The Board of Nursing is opposed to the change in Board composition as proposed by SB 699 and the Kansas State Nurses Association (KSNA). That opposition is based on several issues.

KSNA wishes to change the composition of the Board reducing one licensed mental health technician (LMHT) and one public member and replacing those two positions with licensed professional nurses (RN). Based on the number of licensees in each of the three categories, KSNA contends that there is current disparity of representation on the Board. Understanding the function of the Board helps to dispute the rationale of KSNA's argument. The Board members are not chosen to represent the membership of their own profession, but serve to protect the health, safety, and well-being of the public. The primary goal is the public's interest, not to promote one faction of the industry over another. That is also one of the reasons that public members have been added to licensing boards. The public member, who should have no association with the profession, is there to express and be watchful of the public interest, not the interest of the profession. The public member helps increase public confidence in government and lends credibility to board decisions.

In organizations such as professional associations that may be made up of individuals from different occupations, then the board of directors may be made up based on the numbers in each of the occupations so there is a balance and no disparity. Each group might have reasons to assure that adequate representation is maintained. The

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

Diane Glynn, R.N., J.D.
Practice Specialist
296-3783

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

Senate Committee on Governmental Organization
Attachment IX
3-5-92

focus of the Board is on the public and assuring safe nursing and mental health technician practice. Every Board member understands that and the work is directed toward that goal with the members treating each other as equals.

Since KSNA is so focused on numbers of licensees and Board representation, then it would seem interesting to review the number of RN's who are members of KSNA. K.S.A. 74-1106 (a) (2) delineates the process that the governor takes to appoint the R.N. Board members (page 1, line 23-28). Some governors appoint only from the KSNA list. With 1,200 members in KSNA or just 5% of the total 24,000 RN's, maybe only one RN, who is a member of KSNA, should sit on the Board. One KSNA member on the Board would be similar to the one LMHT that KSNA is suggesting. The other RN appointees should not be members of KSNA. Maybe the appointment practice should be expanded to solicit applicants from other sources.

KSNA also relates the reason for changing the Board composition to the workload and the type of issues being addressed by the Board. The work is directed toward approving nursing and continuing nursing education programs. There are increasing number of practice issues which deal with expanded nursing and mental health technician practice. There also has been a tremendous expansion of disciplinary problems from 40 to 400 complaints per year over the last four years. Three years ago, there was an occasional conference call between the five meetings that are held. Now there is usually at least one and sometimes two conference calls between each meeting. Extra Investigation Committee meetings are also conducted in conjunction with those Board conference calls. KSNA cites a belief that a greater number of R.N.'s are needed on the Board to deal with these increasing and complex issues. KSNA may be right in that there is more work than the Board members can deal with on the present work schedule, but does that necessitate a change in Board composition?

In making a decision on SB 699, it might be helpful for the Committee to understand how the Board work is accomplished. Although the Board meets as a whole to make decisions, numerous committees have been established to deal with specific subjects. A copy of the committee structure and membership is attached. For the general committees, there is representation from each licensing group as well as a public member. If there is discussion about anything specific to that licensing group, then there is a person there to provide input. Some committees are more limited. For an example, only the RN

educators from the Board are assigned to the Education Committee. There are also a number of non-Board members on different committees. These non-Board members bring an expertise to the committees which helps provide additional information. Staff often research subjects prior to the committees. Experts are also asked to attend the committees to assist. The Board has also initiated more task forces when issues need resolution. Presently there are two statute changes being considered based on decisions from task forces convened this year. The Board recognizes the need for accurate and current information and utilizes a variety of means to provide it.

It may be noted that some of the committees are chaired by non-RN's. KSNA has been critical of this arrangement. The Board members each have their own knowledge and experience which they utilize in the Board work. Some have much more formal education than others and experiences vary greatly. The chair of the committee serves as a facilitator for the group and the group provides recommendations to the whole Board for action. There is always a staff person assigned to the committee to assist. There has been no apparent reason to have only RN's as the chairpersons when the work is achieved by the cooperative effort of all the Board members.

KSNA's proposed change in the composition of the Board to allow for two more RN's is presumably based on the assumption that the higher educated person would have a better understanding of current issues and would make better decisions. The process for decision making that has been discussed would not change even if the Board composition changes. The field of nursing and mental health technology is so broad that research, use of experts, and input from the nursing community would still be needed. Having public members makes it necessary to review a subject and break it down into elements that a lay person can understand. That process helps the nurses and mental health technicians on the Board to have a better understanding as well. Every Board member as well as staff is constantly learning in the performance of the job. Decisions that are made by the Board do not always please KSNA, other nursing organizations, or licensees, but they are made with the intent to protect the public. Those decisions probably should not vary much even if the composition of the Board changes.

If there is a reduction of a LMHT and public member from the Board, the point of view gained from their input on issues would be lost. Not all of the committees would have membership from those two classes. Because of time

limitations, some committees have to meet at the same time. In addition, there are times when Board members cannot attend either the committee or Board meetings. If either the LMHT or public member could not attend a Board meeting, then there would be no representative at all. Although LMHT or public non-Board members could be brought in to serve on committees, they would not have a vote. Unless there is some rationale not thought of, it does not seem the change from a LMHT and public member on the Board to RN's would offer much of an advantage.

The Board composition is now five R.N.'s, two L.P.N.'s, two L.M.H.T.'s and two public members. With the change, there would then be seven R.N.'s and four non-R.N. members. This would give one faction of the industry a majority vote. The argument could be that the non-R.N. group now has a majority vote, but obviously there is a mix of individuals from different groups so it is unlikely that the group would vote as a whole. Only once in the last three years has it happened.

Two other states that have a mental health technician similar to the LMHT are Arkansas and Colorado. The Board compositions are listed. Arkansas has mental health technicians on the Board while Colorado does not. Colorado has a mental health technician examination committee similar to ours. Both states have two public members.

	<u>Arkansas</u>		<u>Colorado</u>	
	Number of Licensees	Board Members	Number of Licensees	Board Members
RN's	15,000	6	32,000	6
LPN's	14,000	3	9,000	3
LMHT's	800	3	3,000	0
Public		2		2
		—		—
		14		11

Other Boards in Kansas also have public members. Only one of the six on the Pharmacy Board is from the public, while two of the seven on the Adult Care Home Administration Board are public members. The Board of

Healing Arts (15 Board members) and Board of Behavioral Science (7 Board members) each have three public members. The current composition of the Board of Nursing seems to be more consistent with the other Kansas boards than what is being proposed by KSNA. The Board composition is not unlike other states that have mental health technicians.

With the introduction of SB 699, KSNA implies that the Board is not fulfilling its obligations to the public. That is just not true. The Board has been working very hard to improve communications with the nursing organizations in Kansas. When attending various meetings conducted by the National Council of State Boards, it has been found that Kansas is far ahead of other states on a number of issues, continuing nursing education, school nurses' delegation, advanced nursing practice, discipline, and impaired licensee program. There has been a major revision of a number of regulations this past year and there are four bills for statute changes currently being processed that were requested by the Board. With the disciplinary workload up, 50 to 90 cases are reviewed by Investigative Committee every two months. The Board members on the hearing panel have had 14 days of hearings already this year with another 8 or 9 days to go, up 30 percent from last year. With the changing technology, various practice questions are always being researched and discussed. The Board has been very productive with the composition as it is.

As with any organization, there are always things that can be done for improvement, but changing the Board composition would probably have only a minimal effect. What KSNA is really bringing to awareness is that the workload is greater than there is manpower to handle. As with any individual, not all Board members can always attend either the committee or Board meetings due to other obligations. This creates a greater burden on the other members. Last July, there were six new appointments to the Board within a few months. This large change in membership impact functioning until everyone is oriented. This usually takes at least several meetings.

Although not offered as a formal balloon to SB 699, there are two suggestions which might assist the Board. Rather than changing the composition of the Board, the addition of one more member, a RN from education, would assist in handling the present workload. An average cost for this would be \$700 in salary and \$1,500 for travel and subsistence or a total of \$2,200 per year. Adding one new RN would not change the balance between RN's and non-RN's. Another suggestion would be to establish a

staggered schedule for board appointments so that no more than three new members would be appointed in any one year except for unexpected situations when a member might resign.

One last issue needs to be addressed. KSNA as an organization has the largest RN membership in Kansas. While many other nurses may belong to specialty groups, KSNA with its lobbyist represents the voice of RN's in Kansas. While in most situations, the Board of Nursing and KSNA are in agreement, there are some things which each must take the opposite side. This is the situation with SB 699. While not in disagreement over the amount and complexity of the work to be done, changing the composition of the Board will have little or no impact on the problem. What seems more significant is that with the replacement of two non-RN members with two RN members, who in most instances may be from a list of applicants presented to the governor by KSNA, then KSNA could control the decisions of the Board. The amount of control a professional organization may have over a governmental agency does not seem appropriate when the goals of each are not always congruent. The other occupations licensed by the Board could be completely dominated by the RN group.

In summary, the Board of Nursing is opposed to the change proposed in SB 699. It is felt that the change in composition would not increase the efficiency of the Board. Since the goal of the Board is to protect the public, the disparity of representation on the Board is irrelevant. With the amount of work at the Board and the amount of time needed, then adding another Board member would be more appropriate in meeting the current needs. Changing the appointment schedule would assure that an experienced Board would be seated at all times. Although KSNA denies that SB 699 is a political move to have more control over the Board of Nursing, there has been no evidence that the changes being proposed would have a positive effect on what the Board is doing. It is unnecessary to fix something that is not broken. We ask that the changes proposed in SB 699 not be made.

I would be glad to answer any questions.

Thank you.

Investigative Panel
Staff-Diane Glynn
Harry Holloway
Charlene Shibel

Review Evidence Presented Re:
Impaired & Determine What Type
of Any, Discipline is Indicated
Make Specific Recommendations to
the Board

Joan Felts, RN, Chair
Pamela Horsch, RN, Vice-Chair
Janet Jacobs, LPN
Mary Jo Greenwood, Public Member

Finance Committee
Staff-Pat Johnson

Review & Project Budgetary
Needs to Support Agency
Recommend Necessary Action For
Sound Fiscal Management

Rebekah Wasson, Public Mem, Chair
Pamela Horsch, RN
Janet Jacobs, LPN

Mental Health Tech-
nician Exam.
Staff-Janette Pucci

Evaluate Present Exams
Prepare Valid, Reliable Exam
Questions
Identify LMHT Competencies
Make Recommendations To:
Include Competencies in
Curricula, Test Competencies
on MHT Exam.
Develop Exam Blueprint
Investigate Alternate Resources
For MHT Exam.

John Hymon, LMHT, Chair
Pamela Brandenburgh, LMHT, Vice-C
Dorothy Hawthorne, RN) Non-
Jeri Fouts, RN) Board
Joan Ramberg, RN) Mem

Practice Committee
Staff-Pat Johnson

Review Practice Acts
Make Recommendations for Revision
that: Reflect Current Practice,
Establish CE Requirements,
Clarify/Improve CE Requirements

Dorothy Zook, LPN, Chair
Mary Jo Greenwood, Public, Vice-C
Barbara McPherson, RN
Pamela Brandenburgh, LMHT
Pat Maben, RN) Non-Board
Donna Swindel, RN) Members

** Board President and Executive Administrator serve as ex-officio on all Committees

** Meetings are set before each Board meeting and as called by Chair or Staff

3/92 Revised

KANSAS STATE BOARD OF NURSING
COMMITTEES 1991 - 1992

<u>COMMITTEE</u>	<u>CHARGE/PURPOSE</u>	<u>MEMBERS</u>
Advanced Practice (ARNP) Staff-Janette Pucci	Recommend Revisions in ARNP Rules and Regulations Review Applications Suggest Guidelines for Approval of Programs	Pamela Horsch, RN, Chair Dean Zerr, RN, Vice-Chair Dolora Donovan, RN) Non- Barbara Clancy, RN) Board JoAnn Denny, RN) Members
Committee on Impaired Licensee (CIL) Staff-Pat McKillip	Develop Structured Systems for Dealing With Impaired Licensee Monitor Limited Licensees Liaison with KSNA Peer Assistance Program	John Hymon, LMHT, Chair Janet Jacobs, LPN, Vice-Chair Rebekah Wasson, Public Member Barbara McClaskey, RN
Continuing Education Staff-Pat McKillip	Review CE Policies & Guidelines Makes Recommendations for Revision, Addition, Deletion Work with CE Task Force on CE Policy/Guideline Issues	Barbara McPherson, RN, Chair John Hymon, LMHT, Vice-Chair Dorothy Zook, LPN Mary Jo Greenwood, Public Member Arnetha Martin, RN) Non-Board Faith Ball, RN) Members
Education Committee Staff-Janette Pucci	Review Educational Policies for Basic Programs Review All Forms For Schools of Nursing (Reports, Evaluation, Site Visits, etc.)	Joan Felts, RN, Chair Barbara McClaskey, RN, Vice-Chair Barbara McPherson, RN Lois Churchill, RN) Non-B Member
Hearing Panel Staff-Diane Glynn Charlene Shibel Harry Holloway	Conduct Pre-Hearing & Hearing Conferences Referred by the Investigative Panel	Dean Zerr, RN Pamela Brandenburgh, LMHT Barbara McClaskey, RN Dorothy Zook, LPN Rebekah Wasson, Public Member



KANSAS FEDERATION OF LICENSED PRACTICAL NURSES, INC.

Affiliated with NATIONAL FEDERATION OF LICENSED PRACTICAL NURSES, INC.

933 Kansas Avenue Topeka, KS 66612 913-354-1605

Senate Committee on Governmental Organization
Testimony in Opposition to SB 699
March 2, 1992

presented by Elizabeth E. Taylor, Legislative Consultant
to KFLPN

The Kansas Federation of Licensed Practical Nurses STRONGLY OPPOSES the provisions of SB 699. There seems to be only one reason for the introduction of the bill as requested by the Kansas State Nurses Association, that of control by majority of the governing body over nurses, both Registered Nurses and Licensed Practical Nurses.

We hope that this Committee we see through this attempt to monopolize rule making authority and keep the level of representation the same as you see today on the Kansas State Board of Nursing.

We have long been the support nurse to the RN and function only at her (his) direction. While being happy to do so, we are not happy to think that forever would we be governed by the votes of the RN representatives to the Board of Nursing or that state nursing policy, now at a most critical time of health care reform and medical/nursing technological breakthroughs, would be so governed by only one set of the licensed professions regulated by this Board.

There is no other professional which controls its state policy by vote of professional representative. For example the Board of Healing ARTs is comprised of 15 members, of which only 5 are M.D.s.

We have always supported fairness in policy, practice and profession. Therefore, we would ask you to realize that nothing about this policy change is wither fair in practice or profession. We ask that you forever table SB 699 and any other similar bill which would propose the same purpose.

Senate Committee on Governmental Organization

Attachment X

3-2-92

Route 1, Box 43
Lane, Kansas 66042
February 25, 1992

Senator Lana Oleen
State Capitol - Room 143-N
Topeka, Kansas 66612

Dear Senator Oleen:

As President of District 9, Kansas State Nurses' Association (K.S.N.A.), I represent registered nurses in Anderson, Franklin, Linn and Miami counties. We are against Senate Bill 699.

Mental illness is one of our nation's most serious public health problems. There are 25 million Americans--almost one in five (1 in 5)--who suffer from a clearly diagnosable mental disorder. As a nurse working at the Osawatomie State Hospital--where we will soon begin our third year of Mental Health Reform--it is very apparent to me that there is a need to keep the composition of the State Board of Nursing as it now stands. Licensed Mental Health Technicians (L.M.H.T.'s) are a vital part of the reason that Mental Health Reform is working. L.M.H.T.'s serve as a critical link to the patient. This link enables the professional team to gain needed information regarding patient behavior, patient's adjustment to medication and many more functions within the scope of practice of an L.M.H.T. at a S.R.S. state hospital. Mental Health Centers and placement facilities also utilize practicing L.M.H.T.'s. These facilities with their L.M.H.T.'s assist our patient population to achieve success in the community setting.

I and the nurses that I represent believe that the reduction of one (1) L.M.H.T. on the K.S.B.N. Board will be a great disservice to the mentally ill persons in Kansas. L.M.H.T.'s are the only two persons currently serving on the Board who work in the psychiatric field. The Registered Nurses (R.N.'s) currently serving on this Board do not work in the psychiatric field. S.R.S. is the greatest provider of mental health services in Kansas and one of few intercessors for the millions of Americans who are currently suffering from mental illness. This move appears to be another way of reducing the number of persons speaking for the mentally ill persons in Kansas.

We, the members District 9, are also against the public member being replaced. If we are talking numbers, which seems to be the case, then, it seems that mental health interests would be better served by more public members on the board.

The members of District 9 wish that you would withdraw your support from Senate Bill 699. I invite you to visit Osawatomie State Hospital whenever your schedule permits so we may show you what a fine job this class of employees is doing to help mentally ill persons in Kansas. I, personally, would be pleased to answer any questions/concerns you may have regarding this issue. If I can be of any assistance as you obtain more facts concerning this issue, feel free to contact me.

Sincerely,

Donna Darner, R.N.C.
President - District 9
Kansas State Nursing Association
Work - (913) 755 3151, Ext 683
Home - (913) 869 3246

pc Pat Johnson
Executive Director, K.S.B.N.
Michele Hinds, M.N.R.N. - K.S.N.A.

Senate Committee on Governmental Organization

Attachment XI

3-2-91

1-11

Route 1, Box 43
Lane, Kansas 66042
February 28, 1992

Senator Lana Oleen
State Capitol - Room 143-N
Topeka, Kansas 66612

Dear Senator Oleen:

In my letter of February 25, I neglected to add that the membership in District 9, Kansas State Nurses' Association (K.S.N.A.), is very small for four-county representation. We only number 27. However small we might be, we are enriched in other areas by being represented in the Kansas Legislature by Senator Doug Walker, Senator David Webb, Representative/Minority Leader Marvin Barkis, Representative Walker Henricks and, last but certainly not least, Representative George Teagarden.

My profession is that of nurse and one of the privileges of being a nurse is being a patient advocate. The patients that I am fortunate enough to serve are mentally ill. I believe with great conviction that mentally ill persons need all the representation that can be afforded them. Mental illness knows no boundaries. It respects no culture, nationality nor gender. It destroys lives and it breaks parents' hearts; however, it is treatable.

Some of the treatments for mental illness are done by the Licensed Mental Health Technician (L.M.H.T.). This group of special people is trained under a curriculum approved by the Kansas State Board of Nursing (K.S.B.N.). The Mental Health Technician candidate must sit for a very difficult licensure exam. Once the exam is passed, the L.M.H.T. must earn 30 hours of approved continuing education units (C.E.U.'s) over a two-year period in order to maintain that license. L.M.H.T.'s are licensed through the Kansas State Board of Nursing.

The public members are also needed on the K.S.B.N. to help keep abreast of nursing issues, trends and nursing concerns. We as nurses at an S.R.S. State hospital serve the public (the consumer) and we became nurses to help people in need. The consumer or public member is our (nursing's) link to what assistance we (the nursing profession) needs to give. Our need is to have the composition of the K.S.B.N. remain the same. Ensuring that mentally ill persons' representation in the K.S.B.N. is not decreased can only help us to alleviate the fears and the unknowns of mental illness. I am requesting a "No" vote on Senate Bill 699.

I thank you for listening to me and will gladly answer any questions or clarify any issue that you would like to address.

Sincerely,

Donna Darner, R.N.C.
President - District 9
Kansas State Nursing Association
Work - (913) 755 3151, Ext 683
Home - (913) 869 3246

pc Pat Johnson
Executive Director, K.S.B.N.
Michele Hinds, M.N.R.N. - K.S.N.A.

February 28, 1992

TO WHOM IT MAY CONCERN:

I am Marilyn Katzer, Licensed Mental Health Technician Specialist, from Osawatomie State Hospital. All classes of Licensed Mental Health Technicians are licensed by the Kansas State Board of Nursing. I will be referring to our group as L.M.H.T.'s. I am here to voice our group's opposition to Senate Bill 699 [the proposed change in the composition of the Kansas State Board of Nursing--specifically, the reduction in the representation of L.M.H.T.'s from two (2) members to one (1) member and the reduction in representation from the general public from two (2) persons to one (1) person].

As an L.M.H.T., I would like to briefly share with you what I consider to be some important functions of the L.M.H.T. role. L.M.H.T.'s are primarily based in State facilities and work directly with the Mentally Ill patient. Our training prepares us to be Specialists in the Psychiatric/Mental Health field. As an L.M.H.T., I am capable of recognizing the behaviors associated with Mental Illness as well as providing knowledgeable, therapeutic interventions for those behaviors. L.M.H.T.'s are constantly updating their knowledge and skills to keep them current with the Nursing and Mental Health Reform trends.

The role of the L.M.H.T. is now expanding beyond the walls of institutions. L.M.H.T.'s are working as Case Managers for the Mental Health Centers. The Case Manager role includes making site and home visits to "consumers". We anticipate that this role will rapidly increase as Mental Health Reform spreads throughout Kansas. In talking with the Program Specialists at the Wichita Vocational Training School, I understand that the demand and need for the L.M.H.T. is growing in this field as well. The Instructional Para-Professional Level III role in the Wichita School Program includes working in the classroom with the Behavior Disorder Children. These L.M.H.T.'s must base their curriculum choices on the children's skills and level of knowledge. Still another area where the services of the L.M.H.T. are expanding is in the Nursing Facilities for Mental Health (N.F.M.H.). According to the Joint Commission on Accreditation of Health Care Organizations (J.C.A.H.O.), there are chronic Mentally Ill and Developmentally Disabled residents in these facilities and these residents require the specialized care that L.M.H.T.'s can provide. These are areas in which L.M.H.T.'s are currently functioning. I could anticipate many other possibilities within the Health Care System.

Our primary concern in voicing opposition to the proposed change is that L.M.H.T.'s are there for the consumer. "Consumers" are patients in hospitals, residents in health care facilities and clients in the Mental Health Centers. "Consumers" are families; "consumers" are children within the State of Kansas. As L.M.H.T.'s, we believe the L.M.H.T. provides a vital role toward meeting and protecting the unique needs of our "consumers". The L.M.H.T. helps "consumers" recover. The L.M.H.T. helps "consumers" maintain a healthier life style once "consumers" are back out into their communities.

It is for the above stated reasons that We, as L.M.H.T.'s, feel numbers should not be an issue nor a reason for wanting to change the composition of the Kansas State Board of Nursing. Whether there are 1,000 L.M.H.T.'s or approximately 1,200 to 1,500 members of Kansas State Nursing Association, we are all working to provide care for our "consumers". Over 250 signatures were obtained on a petition in a very brief time from our area in opposition to this Bill. The disciplines that signed not only include L.M.H.T.'s, but also Psychologists, an N.F.M.H. Administrator, Social Workers, Registered Nurses and Physicians.

The Kansas State Board of Nursing is operating in an effective manner. We recommend that the composition of the Kansas State Board of Nursing not change. The L.M.H.T.'s of Kansas urge you not to support Senate Bill 699. Thank you for your attention.

Senate Committee on Governmental Organization

Attachment VII

3-2-92

February 28, 1992

Chairman Lana Oleen
Governmental Organization Committee
Senate of the State of Kansas

Chairman Oleen and Committee Members:

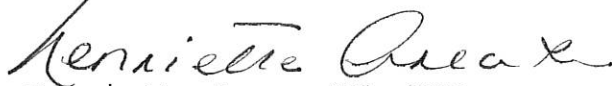
Thank you for allowing me to submit written testimony re:
SB 699, which proposes to alter the composition of the Kansas
State Board of Nursing.

I am a registered nurse from Jackson County, Kansas; graduate of Washburn University School of Nursing; and employed in Topeka as Coordinator of Professional Continuing Education at St. Francis Hospital and Medical Center. I have chosen not to be a member of the Kansas State Nurses' Association for a number of reasons, and I do not believe that the organization should promote itself as representing the concerns of all nurses in Kansas.

My testimony opposes SB 699, primarily because I have grave concerns about reducing the number of public members from two to one. I believe that one of the most important functions of the Kansas Nurse Practice Act and the Kansas State Board of Nursing is to protect and promote the interests of the public whom we nurses seek to serve. The presence of two public members on the Kansas State Board of Nursing emphasizes and ensures that function of protection of the public. Public members on the Kansas State Board of Nursing lend an important perspective to decisions. Reducing the number to one, in my opinion, suggests a worrisome division between nursing and the consumers of our services. It also implies a devaluing of the contributions of two public members.

I believe that the nursing-consumer alliance is critical in these troubled times for healthcare, and that the Kansas State Board of Nursing, in its composition, must speak for that alliance and vigorously include public opinion and concerns in decisions about nursing. How can a board with a single public member accomplish that? As you might guess, I would be in favor of increasing to three public members! That is a matter for another bill.

Thank you for allowing my testimony,



Henriette Area, RN, BSN
Mayetta, Kansas

Senate Committee on Governmental Organization
3-2-92
Attachment XIII