Approved 2-19-92
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

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

10:00 a.m./p.m. on February 13, 1992 in room 313-S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research
Norman Furse, Legislative Research
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Bob Williams, Kansas Pharmacists Association
Robert Epps, Income Support/Medical Services, SRS
Joe Furjanic, Kansas Chiropractic Association
Helen Miller, The Vintage Years

Chairman Ehrlich called the meeting to order at 10:00 a.m.

The Chairman announced that members of the Kansas State Nursing Association were in attendance at the meeting and called upon Terri Roberts, Executive Director, KSNA, who introduced Helen R. Conners Ph.D., R.N., Assistant Professor and Academic Division Coordinator, University of Kansas School of Nursing; Jackie Swanson Ph.D., R.N., Chairperson, Department of Nursing, Fort Hays State University; and Donna Hawley PhD., R.N., Director of the graduate nursing program at Wichita State University. Each presented an update on the status of Advanced Registered Nurse Practitioner - Nurse Practitioner programs at their respective university. (Attachments 1, 2, 3 and 4)

The Chairman announced continued hearing on **SB 553.**

Bob Williams, Kansas Pharmacists Association, submitted written testimony and stated while his association does not object to the concepts and principles outlined in **SB 553**, there are several areas where the overall program can be improved. The Kansas Pharmacists Association recommends the inclusion of a pharmacist on the Board of Directors and has certain objections regarding the "mega" board as outlined in Section 10, definition of the term "new technologies", negotiation with pharmaceutical manufacturers, and a five-member Health Services Subcommittee to the Health Planning Board. The KPA recommends the inclusion of co-payments, generic incentives and an effective drug utilization review program as an added measure to control utilization and expenditures. (Attachment 5) Questions from the Committee related to comparing generic drugs to non-generic drug costs, and also the difference between Canadian and American drug prices. Mr. Williams stated that American pharmacists have to purchase drugs from drug manufacturers, and that cost is included in selling of the prescription medication to the patient. In regard to drug costs, the difference is in research and development, and the United States, who is the leader in research and development, pays more than any other country - the manufacturer prices are highest in the United States. The Canadian system frequently relies on the United States for information.

Robert Epps, SRS, submitted written testimony and stated the Department endorses the concept of health care reform, supports universal access to comprehensive basic health services and endorses the establishment of a health planning board, certificate of need concept for controlling equipment and capital improvement expenditures and also the emphasis on preventive and primary care as stated in **SB 553.** Mr. Epps stated that after careful review of the bill, SRS expresses some

concerns, and they are: (1) licensing function of health care professionals and the payor function for those professional services in the same agency, (2) payments received as a result of waivers granted by the federal government, (3) whether all federally mandated medical services are covered in the bill, (4) the relationship between the Kansas Health Care Commission and the 403 Commission, and (5) duplication of duties now performed for SRS clients. (Attachment 6)

Joe Furjanic, Kansas Chiropractic Association, submitted written testimony for Larry W. Fulk, D.C, Paola, in which he stated his support of **SB 553** and suggested his organization have representation on the Health Care Commission Board based on equal and fair representation of all healing arts board licensees represented on such board. The request was stated as not meaning to create turf battle, but rather to assist in the process of assuring adequate health care for Kansas citizens. (Attachment 7)

Helen Miller, "The Vintage Years", expressed her support for **SB 553**, and stated she had one concern regarding the administration section of the bill and would like to see well qualified people on the Board.

The Chairman announced written testimony was received in support of the bill from Hilda Enoch, President of Kaw Valley Chapter of Older Women's League, Lawrence, and Carl Schmitthenner, Kansas Dental Association, who expressed three major concerns: (1) creation of a single board to regulate all health professions, (2) reimbursement for services and participation in the program as described in sections 19 and 20, and (3) structure of the dental benefit program. (Attachments 8 and 9)

The Chairman announced continued hearing on **SB 553** will be held at the next meeting of the Committee scheduled for February 18, 1992, 10:00 a.m., Room 313-S.

The meeting was adjourned at 11:00 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 2-13-92

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Robert Wunsch	KUMC
Lisa Getz	Wichita Hospitals
Rebecca Rice	KPhA + KSOS
Mary Ann Gabel	BSRB
Bob Williams	Ks. Pharmacists Assoc.
Sheryl A. Bussell	American Diabetes Assoc Kans.
Sandy Johnson	Student Washburn Univ.
Kevin Long	KUMC
David Nicholson	KUMC
Elizabeth Mills	KUMC
MARK MILLER	KUMC
Nancy Kundinger	LWV of Ks
George Goebel	AARP-SLC-CCTF
Kathy Davidson	KSNA
Jo Nell Duncan	KSNA
Brad Schwartz	BSNS
Julie Fink	FSCC
Patricia Rhoades	FSCC
Peter Stw	Kt. Pharm. Svc. Corp.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 2-13-92

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Patti A Woodman	Baker University School of Nursing
Paula K Graham	BUSN
Kathy Seim	BUSN
Mark Samich	BUSN
Steve Miller	BUSN
Rudy Serrano	BUSN
Peta Sneed	KQC Staff
Linda Severns	BUSN
Marcia Chatfield	BUSN
Stacey King	Washburn University School of Nursing
Kori Ronnebaum	WUSN
Donna Meyers	WUSN
TERI CANFIELD	WUSN
Luis R. Rivera	WUNS
Barb Sampson	Executive Director KS Com Partners Health Care
Erica Olson	KU-student nurse
Deanne Bainton	KU-student nurse
Debbie Dabney	WUNS
Barb Madkins	Washburn University

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 2-13-92

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Donna Marbut	Barton County Community College
Jan Mountsorrow	Washburn Univ. School of Nursing
Judy Schultz	Kumc
Rene Gardner	Governor's Office
Cheryl Brent	Wichita State University School of Nursing
Melissa Cilley	Legal Intern - Rep. Bill Reardon
Bob Harden	Self
Tracy N. Stein, R.N.	KSNA
Toni Manvel	WUNS
Cheryl Hinther	Washburn Univ Nsg. Student
Jack Attaway	WUNS
Jayme Holt	Washburn Univ. Nursing School
Carrie Benton	WUNS
RITA D ROGERS RN	FHSU - BSN-RN Outreach Student
Karen L. Fritz, RN	Univ. of KS - Master's Program
Tori Wyrick	Baker SON.
Nancy Heerley	Newman Hospital School of Nursing
Andra Miller	Newman Hospital School of Nursing
Linda Brown	Newman School of Nursing

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-13-92

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Debra Hong	Fort Scott Comm. College
Barbara Thurmond Student Nurse	Ft Scott Comm. College
Naci Hass, BCSN	Bethel College
Kim Lutz, Student Nurse	Baker Univ - Stormont-Vail Campus
Tammy Lewis Student Nurse	Baker Univ. - Stormont-Vail Campus
Carie Lemmon ~~BSN~~ student nurse	Barton CCC
Jerry Hampton Student Nurse	Barton CCC
Jodey Orth	Newman Hosp. School of Nursing
Teri K. Helton Student Nurse	Newman Hosp School of Nursing
Paula Akenmi, CN BSN	Wichita State University
Rosa E Reames RN BSN	Wichita State University
Angela M. Eaton Student Nurse	University of Kansas School of Nursing
Mary Slater Student nurse	University of KS School of Nursing
Julie Elliott Student nurse	Bethel College, N. Newton.
Ramona Myers Student nurse	Barton Co. Comm. College
Nora Kirkpatrick RR3 Bx 65B Great Bend, Ks Student Nurse	Barton Co. Comm. College
Golden Zivnuska RNC AKAP	NAACOG
Michelle Mroz Student Nurse	Baker Univ. Stormont / Vail campus
Kim Nickel student nurse	Baker Univ. Stormont/Vail

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-13-92

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Susan Elmore 123 W. Monroe, Pittsburg KS 66762	Pittsburg State Univ. Nursing Student
Donna Murdock 204 Ash Columbus, KS 66725	Pittsburg State University Nursing Dept.
SHELBY SMITH WICHITA	Wesley FOUNDATION
John Peterson	Ks Hospital Assn
Teri Minden SN	Newman School of Nursing
Stacey Long Stud. Nurse	Newman Hosp. School of Nsg.
Kathleen Brosi S.N.	Bethel College Nursing
Teresa Mauth	Bethel College Nursing
Melissa Deem Bethel College Box 62 N. Newton, KS 67117	Bethel College Nursing
Kristy Enns Bethel College Box 262 N. Newton, KS 67117	Bethel College Nursing

KSNA

the voice of Nursing in Kansas

NURSING
SHAPING THE FUTURE OF HEALTH CARE
NATIONAL NURSES WEEK, MAY 4-10, 1992

FOR MORE INFORMATION CONTACT:

Terri Roberts, J.D., R.N.
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February 13, 1992

UPDATE ON THE STATUS OF ADVANCED REGISTERED NURSE PRACTITIONER-NURSE PRACTITIONER PROGRAMS IN KANSAS

Senator Ehrlich and members of the Senate Public Health and Welfare Committee, my name is Terri Roberts and I am here today representing the Kansas State Nurses' Association. I am here today to present to the committee the status of **Nurse Practitioner** education programs in our state.

WHAT IS A NURSE PRACTITIONER

The Kansas State Board of Nursing recognizes four categories of Advanced Registered Nurse Practitioners (ARNP):

Nurse Midwives
Nurse Anesthetists
Clincial Nurse Specialists
Nurse Practitioners

There are currently 184 Nurse Practitioners qualified to practice as ARNP's currently in Kansas. We believe the demand for Nurse Practitioners will rise with the implementation of the Kansas Essential Access Community Hospital (EACH) Project Implementation (H.B. 2710 carries the statute changes to implement this project*) as well as the focus on healthcare reform and the demand for the delivery of **primary care.**

The nurse practitioner is the professional nurse trained to provide the full range of primary care services in the community setting. The **American Nurses Association** described the NP's function referred to in the original Nurse Training Act of 1971 as follows:

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obtaining a health history; assessing health-related status; entering a person into the health care system; sustaining and supporting persons who are impaired, infirm, or ill and during programs of diagnosis and therapy; managing a medical care regimen for acute and chronically ill patients within established standing orders; aiding in restoring persons to wellness and maximum function; teaching and counseling persons about health and illness; supervising and managing care regimens for normal pregnant women; helping parents in guidance of children with a view to their optimal physical and emotional development; counseling and supporting persons with regard to the aging process; and supervising assistants to nurses.

There are currently no **Nurse Practitioner** programs in Kansas, however three Schools of Nursing in Kansas are working towards that goal and will present to you brief summaries of their activities.

They are:

Helen Connors Ph.D., R.N.
University of Kansas School of Nursing

Jackie Swanson Ph.D., R.N.
Fort Hays State University, Department of Nursing

Donna Hawley Ph.D., R.N.
Wichita State University, Department of Nursing

Thank you for the committees time today.

attachments: Kansas Statutes and Regulations governing ARNP-Nurse Practitioner Programs.

* The EACH and RPCH Project is a joint endeavor by the Kansas Hospital Association, Kansas Department of Health and Environment and the Kansas Emergency Medical Services Board.

Advanced Registered Nurse Practitioners

65-1130. Advanced registered nurse practitioner; standards and requirements for obtaining certificate of qualification; rules and regulations to be adopted; categories, education, training, qualifications and expanded role; limitations and restrictions; prescribing drugs prohibited; transmission of prescription orders authorized, when "responsible physician" defined. (a) No professional nurse shall announce or represent to the public that such person is an advanced registered nurse practitioner unless such professional nurse has complied with requirements established by the board and holds a valid certificate of qualification as an advanced registered nurse practitioner in accordance with the provisions of this section.

(b) The board shall establish standards and requirements for any professional nurse who desires to obtain a certificate of qualification as an advanced registered nurse practitioner. Such standards and requirements shall include, but not be limited to, standards and requirements relating to the education and training of advanced registered nurse practitioner.s The board may require that some, but not all, types of advanced registered nurse practitioners hold an academic degree beyond the minimum educational requirement for qualifying for a license to practice as a professional nurse. The board may give such examinations and secure such assistance as it deems necessary to determine the qualifications of applicants.

(c) The board shall adopt rules and regulations applicable to advanced registered nurse practitioners which:

(1) Establish categories of advanced registered nurse practitioners which are consistent with nursing practice specialties recognized by the nursing profession.

(2) Establish education, training and qualifications necessary for certification for each category of advanced registered nurse practitioner established by the board at a level adequate to assure the competent performance by advanced registered nurse practitioners of functions and procedures which advanced registered nurse practitioners are authorized to perform.

(3) Define the expanded role of advanced registered nurse practitioners and establish limitations and restrictions of such expanded role. The board shall adopt a definition of expanded role under this subsection (c)(3) which is consistent with the education, training and qualifications required to obtain a certificate of qualification as an advanced registered nurse practitioner, which protects the public from persons performing functions and procedures as advanced registered nurse practitioners for which they lack adequate education, training and qualifications and which authorizes advanced registered nurse practitioners to perform acts generally recognized by the profession of nursing as capable of being performed, in a manner consistent with the public health and safety, by persons with postbasic education in nursing. In defining such expanded role the board shall consider: (A) The training and education required for a certificate of qualification as an advanced registered nurse practitioner; (B) the type of nursing practice and preparation in specialized practitioner skills involved in each category of advanced registered nurse practitioner established by the board; (C) the scope of practice of nursing specialties and limitations thereon prescribed by national organizations which certify nursing specialties; and (D) acts recognized by the nursing profession as appropriate to be performed by persons with post basic education and training in nursing.

(d) An advanced registered nurse practitioner may not prescribe drugs but may transmit prescription orders pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury for which the advanced registered nurse practitioner is authorized to transmit prescription orders and shall specify all drugs which may be transmitted by the advanced registered nurse practitioner. In no case shall the scope of authority of the advanced registered nurse practitioner exceed the normal and customary practice of the responsible physician. An advanced registered nurse practitioner certified in the category of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. 1988 Supp. 65-1151 to 65-1164, including, and amendments thereto, shall be subject to the provisions of K.S.A. 1988 Supp. 65-1151 and 65-1164, inclusive and amendments thereto, with respect to medications and anesthetic agents and shall not be subject to the provisions of this subsection. For the purposes of this subsection, "responsible physician" means a person licensed to practice medicine and surgery who has accepted responsibility for the protocol and the actions of the advanced registered nurse practitioner involving the transmitting of prescription orders.

History: L. 1983, ch. 206, § 2; L. 1989, ch. 192, § 1; May 18.

65-1131. Same; certificate of qualification; fees. Upon application to the board by any professional nurse in this state and upon satisfaction of the standards and requirements established by the board under K.S.A. 65-1130, the board may issue a certificate of qualification to such applicant authorizing the applicant to perform the duties of an advanced registered nurse practitioner as defined by the board under K.S.A. 65-1130. The application to the board shall be upon such form and contain such information as the board may require and shall be accompanied by a fee, to be established by rules and regulations adopted by the board, to assist in defraying the expenses in connection with the issuance of certificates of qualification as advanced registered nurse practitioners, but the fee shall not be less than $30 nor more than $50 for an original application, and not more than $20 for the renewal of a certificate of qualification as an advanced registered nurse practitioner. The executive administrator of the board shall remit all moneys received pursuant to this section to the state treasurer as provided by K.S.A. 74-1108 and amendments thereto.

History: L. 1983, ch. 206, § 3; April 28.

65-1132. Same; renewal of certificate of qualification. (a) All certificates of qualification issued under the provisions of this act, whether initial or renewal, shall expire every two years. The expiration date shall be established by rules and regulations of the board. The board shall mail an application for renewal of a certificate of qualification to every advanced registered nurse practitioner at least 60 days prior to the expiration date of such person's license. Every person who desires to renew such certificate of qualification shall file with the board, on or before the date of expiration of such certificate of qualification, a renewal application together with the prescribed biennial renewal fee. Upon receipt of such application and payment of any applicable fee, and upon being satisfied that the applicant for renewal of a certificate of qualification meets the requirements established by the board under K.S.A. 65-1130 in effect at the time of initial qualification of the applicant, the board shall verify the accuracy of the application and grant a renewal certificate of qualification.

(b) Any person who fails to secure a renewal certificate of qualification prior to the expiration of the certificate of qualification may secure a renewal of such lapsed certificate of qualification by making application therefor on a form provided by the board, upon furnishing proof that the applicant is competent and qualified to act as an advanced registered nurse practitioner and upon satisfying all of the requirements for renewal set forth in subsection (a), including payment to the board of a reinstatement fee as established by the board.

(c) Any person who on June 20, 1982, held a certificate of qualification as an advanced registered nurse practitioner may secure a certificate of qualification as an advanced registered nurse practitioner under this act by making application therefor on a form provided by the board, by furnishing proof that the applicant is competent and qualified to act as an advanced registered nurse practitioner, by furnishing proof that any applicable continuing education requirement has been satisfied by the applicant and by paying to the board a fee equal to the prescribed biennial renewal fee as established by the board reduced (but not below zero) by an amount computed by dividing the fee paid for the certificate of qualification as an advanced registered nurse practitioner by the person who on June 20, 1982, held such certificate for 24 and multiplying that amount by a number equal to the number of whole months which remained after June 20, 1982, before such certificate would have expired.

History: L. 1983, ch. 206, § 4; April 28.

65-1133. Same: educational and training programs for advanced registered nurse practitioners; accreditation; survey. (a) An accredited educational and training program for advanced registered nurse practitioners is a program conducted in Kansas which has been approved by the board as meeting the standards and the rules and regulations of the board. An institution desiring to conduct an educational and training program for advanced registered nurse practitioners shall apply to the board for accreditation and submit satisfactory proof that it is prepared to and will maintain the standards and the required curriculum for advanced registered nurse practitioners as prescribed by this act and by the rules and regulations of the board. Applications shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board. The accreditation of an educational and training program for advanced registered nurse practitioners shall expire two years after the granting of such accreditation by the board. An institution desiring to continue to conduct an accredited educational and training program for advanced registered nurse practitioners shall apply to the board for the renewal of accreditation and submit satisfactory proof that it will maintain the standards and the required curriculum for advanced registered nurse practitioners as prescribed by this act and by the rules and regulations of the board. Applications for renewal of accreditation shall be made in writing on forms supplied by the board and shall be submitted to the board together with the application fee fixed by the board.

(b) A program to qualify as an accredited educational and training program for advanced registered nurse practitioners must be conducted in the state of Kansas, and the school conducting the program must apply to the board and submit evidence that: (1) That it is prepared to carry out the curriculum prescribed by rules and regulations of the board; and (2) it is prepared to meet such other standards as shall be established by law and the rules and regulations of the board.

(c) The board shall prepare and maintain a list of programs which qualify as accredited educational and training programs for advanced registered nurse practitioners whose graduates, if they have the other necessary qualifications provided in this act, shall be eligible to apply for certificates of qualification as advanced registered nurse practitioners. A survey of the institution or school applying for accreditation of an educational and training program for advanced registered nurse practitioners shall be made by an authorized employee of the board or members of the board, who shall submit a written report of the survey to the board. If, in the opinion of the board, the requirements as prescribed by the board in its rules and regulations for accreditation are met, it shall so approve and accredit the program. From time to time, as deemed necessary by the board, it shall cause to be made a resurvey of accredited programs and written reports of such resurveys submitted to the board. If the board determines that any accredited program is not maintaining the standards required by this act and by rules and regulations prescribed by the board, notice thereof in writing, specifying the failures of such program, shall be given. A program which fails to correct such conditions to the satisfaction of the board within a reasonable time shall be removed from the list of accredited programs until such time as the program shall comply with said standards. All accredited programs shall maintain accurate and current records showing in full the theoretical and practical courses given to each student.

History: L. 1983, ch. 206, § 5; April 28.

65-1134. Citation of Kansas nurse practice act. K.S.A. 65-1130 to 65-1134, inclusive, and the acts contained in article 11 of chapter 65 of the Kansas Statutes Annotated and any acts amendatory thereof or made specifically supplemental thereto shall be construed together and may be cited as the Kansas nurse practice act.

History: L. 1983, ch. 206, § 5; April 28.

ADVANCED REGISTERED NURSE PRACTITIONERS

60-11-101. Definition and limitations. (a)(1) An advanced registered nurse practitioner, as defined by L. 1983, Ch. 206, Sec. 6, functions in an expanded role to provide primary health care to individuals, families or groups, or some combination of these groups of clients, in a variety of settings, including homes, institutions, offices, industries, schools, community agencies, and private practice. Advanced registered nurse practitioners function in a collegial relationship with physicians and other health professionals in the delivery of primary health care services. Advanced registered nurse practitioners make independent decisions about nursing needs of families and clients, and interdependent decisions with physicians in carrying out health regimens for families and clients. Advanced registered nurse practitioners are directly accountable and responsible to the consumer.

(2) "Primary health care" is the prevention of disease, promotion and maintenance of health, assessment of needs, long term nursing management of chronic illness and referral of clients to other resources. The contact between advanced registered nurse practitioner and client may be for an episode of illness or it may be for continuous health care monitoring.

(b) The physical presence of the physician is not necessarily implied when care is given by the advanced registered nurse practitioner. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

60-11-102. Categories of advanced registered nurse practitioners. The four categories of advanced registered nurse practitioners certified by the board of nursing are: (a) nurse clinician or nurses practitioner;

(b) nurse anesthetist;

(c) nurse-midwife; and

(d) clinical specialist.

(Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

60-11-103. Qualifications of advanced registered nurse practitioners. (a) To be certified as an advanced registered nurse practitioner in the category of nurse clinician or nurse practitioner, nurse anesthetist, or nurse midwife, each applicant shall:

(1) have graduated from a formal, post-basic nursing education program located or offered in Kansas that has been approved by the board, and that prepares the nurse to function in the expanded role for which application is made;

(2) have graduated from a formal, post-basic nursing education program which is not located or offered in Kansas but which is determined by the board to meet the standards for program approval established by K.A.R. 60-11-108;

(3) have graduated from a formal, post-basic nursing education program which is no longer in existence but which is determined by the board to meet standards at least as stringent as required for program approval by the board as of the time of graduation; or

(4) hold a current certificate of authority to practice as an advanced registered nurse practitioner in the category for which application is made, issued by another board of nursing which requires completion of a program meeting standards equal to or greater than those established by K.A.R. 60-11-108; or

(b) To be certified as an advanced registered nurse practitioner in the category of clinical nurse specialist, each applicant shall hold a master's degree in a nursing clinical area which prepares the nurse to function in the expanded role, and:

(1) Meet the requirements of paragraph (a)(1), (a)(2), (a)(3), or (a)(4); or

(2) have completed, prior to June 1, 1990, a formal educational program of post-basic study and clinical experience which can be demonstrated by the applicant to have sufficiently prepared the applicant for practice in the category of advanced practice for which application is made. The applicant must show that the program is consistent with the public health and safety and that it prepared individuals to perform acts generally recognized by the nursing profession as capable of being performed by persons with post-basic education in nursing. (Authorized by and implementing K.S.A. 1990 Supp. 65-1130; effective May 1, 1948; amended T-85-16, June 5, 1984; amended May 1, 1985; amended T60-11-14-90, November 14, 1990; amended T-60-3-141-91; March 14, 1991; amended Sept. 2, 1991.)

60-11-104. Functions of the advanced registered nurse practitioner, nurse clinician or nurse practitioner. Advanced registered nurse practitioners function in the expanded role of nurse clinician or nurse practitioner, at a specialized level, through the application of advanced knowledge and skills. Each nurse clinician or nurse practitioner shall be authorized to : (a) Perform all functions defined for basic nursing practice;

(b) evaluate the physical and psychosocial health status of the client through a comprehensive health history and physical examination, using skills of observation, inspection, palpation, percussion and auscultation, and using diagnostic instruments or laboratory procedures that are basic to the screening of physical signs and symptoms;

(c) assess normal and abnormal findings from the history, physical examination and laboratory reports;

(d) plan, implement and evaluate care;

(e) consult with the client and members of the health care team to provide for acute and ongoing health care or referral of the client;

(f) manage the medical plan of care prescribed for the client, based on protocols or guidelines adopted jointly by the nurse practitioner and the attending physician;

(g) initiate and maintain accurate records, appropriate legal documents and other health and nursing care reports;

(h) develop individualized teaching plans with the client based on overt and covert health needs;

(i) counsel individuals, families and groups about health and illness and promote health maintenance;

(j) recognize, develop and implement professional and community educational programs related to health care;

(k) participate in periodic and joint evaluation of services rendered, including, but not limited to, chart reviews, patient evaluations and outcome of case statistics; and

(l) participate, when appropriate, in the joint review and revision of adopted protocols or guidelines when the

advanced registered nurse practitioner is involved in the medical plan of care. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1984.)

60-11-104a. Protocols requirements; transmitting prescription orders in writing. (a) Each protocol shall, at a minimum:

(1) Contain the name and signature of the advanced registered nurse practitioner and the name and signature of the responsible physician who have adopted the protocol;

(2) show the date the protocol was adopted or last reviewed;

(3) specify all prescription-only drugs for which the advanced registered nurse practitioner is permitted to transmit a prescription order;

(4) specify under what circumstances, and how soon, the responsible physician must be contacted after a prescription order is transmitted by the advanced registered nurse practitioner; and

(5) be maintained in a looseleaf notebook containing all protocols adopted by the advanced registered nurse practitioner and doctor and kept at the nurse's principal place of practice. The notebook shall include a cover page containing:

(A) the name and telephone number of the advanced registered nurse practitioner and the responsible physician;

(B) the name, address and telephone number of a designated physician who agrees to direct and supervise the advanced registered nurse practitioner in the absence or availability of the responsible physician;

(C) the minimum frequency the protocols are to be reviewed by the advanced registered nurse practitioner and physician, at least annually; and

(D) the minimum frequency for which the prescription orders are to be reviewed and patient charts are cosigned, and such time shall not be more than thirty days.

(b) Any prescription order transmitted in written form must:

(1) include the name, address and telephone number of the responsible physician;

(2) be signed by the advanced registered nurse practitioner with the letters A.R.N.P., and certificate number following the signature;

(3) not be for any controlled substance drug; and

(4) indicate whether the prescription order is transmitted by direct order of a person who is a practitioner within the meaning of K.S.A. 1989 Supp. 65-1626, or is transmitted pursuant to a protocol.

(c) Nothing in this regulation shall be construed to prohibit any registered nurse or licensed practical nurse or advanced registered nurse practitioner from transmitting a prescription order orally or telephonically, or from administering a prescription-only drug pursuant to a lawful direction of a person licensed to practice medicine and surgery, dentistry, or advanced registered nurse practitioner.

(d) When used in this section, terms shall be construed to have the meanings set forth in the pharmacy act of the state of Kansas, K.S.A. 1989 Supp. 65-1626. (Authorized by K.S.A. 65-1129 and K.S.A. 1989 Supp. 65-1130; implementing K.S.A. 1989 Supp. 65-1130, effective T-60-9-12-88, Sept. 12, 1988; effective Feb. 13, 1989; amended May 7, 1990.)

60-11-105. Functions of the advanced registered nurse practitioner; nurse-midwife. An advanced registered nurse practitioner functioning in the expanded role of nurse-midwife shall perform in an interdependent role as a member of a physician-directed health care team, within the framework of mutually adopted protocols or guidelines. Each nurse-midwife shall be authorized to: (a) Be responsible for the management and complete health care of the normal expanding family throughout pregnancy, labor, delivery and post-delivery care;

(b) participate in individual and group counseling and teaching throughout the childbearing cycle;

(c) participate in well-woman gynecological procedures;

(d) participate in periodic and joint evaluation of services rendered, including chart reviews, case reviews, patient evaluations and outcome of case statistics; and

(e) participate in the joint review and revision of adopted protocols or guidelines. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985.)

60-11-106. Functions of the advanced registered nurse practitioner; nurse anesthetist. An advanced registered nurse practitioner functioning in the expanded role of registered nurse anesthetist shall perform in an interdependent role as a member of a physician or dentist-directed health care team. Each registered nurse anesthetist shall be authorized to:

(a) Conduct a pre- and post-anesthesia visit and assessment with appropriate documentation;

(b) develop an anesthesia care plan with the physician or dentist which includes medications and anesthetic agents;

(c) induce and maintain anesthesia at the required levels;

(d) support life functions during the perioperative period;

(e) recognize and take appropriate action for untoward patient responses during anesthesia;

(f) provide professional observation and management of the patient's emergence from anesthesia;

(g) participate in the life support of the patient;

(h) participate in periodic and joint evaluation of services rendered, including, but not limited to, chart reviews, case reviews, patient evaluations and outcome of case statistics; and

(i) participate in the joint review and revision of adopted protocols or guidelines. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984; amended, T-85-16, June 5, 1984; amended May 1, 1985.)

60-11-107. Functions of the advanced registered nurse practitioner; clinical nurse specialist. The primary responsibility of the advanced registered nurse practitioner performing in the expanded role of clinical nurse specialist shall be patient care delivery

Primary Care
Nurse Practitioner Preparation for Kansas
Statement by
Helen R. Connors R.N., Ph.D.
University of Kansas School of Nursing

Senator Ehrlich and members of the Senate Public Health and Welfare Committee. My name is Helen Connors, I an Assistant Professor and Academic Division Coordinator at the University of Kansas School of Nursing. I am here, along with my colleagues from Wichita State University and Fort Hays State University, to present to you our plans for preparing Nurse Practitioners to serve in rural and urban areas of the State. This testimony is in response to your request for an update on the status of ARNP-Nurse Practitioner Programs in Kansas which have been under discussion for several years.

The impetus for the development of this project, which I present to you today, was stimulated, a few years ago, by discussions between the schools and representatives from the Department of Health and Environment as well as other state agency officials, including members of this committee, who have been concerned about the growing shortage of primary health care providers in rural and other underserved areas of Kansas. Recognizing that this concern was statewide, faculty from the University of Kansas, Wichita State University, and Fort Hays State University Schools of Nursing began to explore collaboration as a means of sharing valuable resources and increasing the potential for meeting the diverse health care needs of the state. Recently, representatives from all three schools have committed to working together to submit a federal grant to develop and implement a collaborative, multi-site Primary Care Nurse Practitioner program to increase the statewide distribution of nurses prepared to provide primary health care for Kansas residents in underserved rural and urban areas.

Our intent is to develop and implement a collaborative curriculum to prepare nurse practitioners in Regents' Institutions where existing post-baccalaureate programs will provide the fundamental structure for the project. Although we are primarily working with the three above mentioned Regents Institutions, the two other Regents Institution with nursing programs, Pittsburg State and Emporia State, are being kept apprised of our progress and may enter into this cooperative agreement at a later date.

Faculty in all three cooperating sites have long expressed the need to prepare primary health care nurse practitioners to meet a growing statewide demand. Collaboration among these institutions will allow us to share existing and proposed resources and to offer a variety of options to students, while affording students the opportunity to remain close to their own community during the education process. In addition, it is anticipated that this unique educational model will greatly influence program graduates to continue practicing in their own communities or to relocate to underserved areas, thus contributing to the statewide distribution and retention of nurses trained as primary health care providers.

Funding from three, private, local sources has been awarded to assist faculty with preliminary plans for the project and to implement a demonstration project at one of the collaborative sites. Additional funding is required to solidify collaborative efforts in the development and expansion of the primary care

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curriculum. It is anticipated that start up funds for initiating this statewide effort among the schools will be sought from the U.S. Department of Health and Human Services, Division of Nursing. Although initial contact has been made with the Division of Nursing and preliminary work on the grant is in progress, the grant application can not be submitted until appropriate authorizing legislation is in place and dates and program announcements are made. Currently, the legislation required to authorize the announcement for grant proposals is pending in Congress.

In the meantime, faculty in each of the schools represented here today have initiated plans to start practitioner preparation at their own institutions beginning in the Fall semester 1992, pending State Board of Nursing program approval. Without additional funding for faculty and for the innovative teaching technologies needed to share resources statewide, it will be impossible to develop and implement the programming necessary to meet the growing demand for nurse practitioners across the state. Also, additional funding for stipends would be necessary in order to afford students the ability to leave their present employment and return to school full time.

At the University of Kansas, the Speas Foundation and the Prime Health Foundation have funded the School of Nursing to develop courses and implement nurse practitioner preparation into their existing graduate nursing program. Although the faculty believe that nurse practitioner preparation should terminate with a graduate degree, in this proposed plan students can complete their nurse practitioner preparation in approximately one year and then complete the required course work for the Master's of Science degree. All nurse practitioner course work would be completed by the end of the summer session. The last 2 - 4 months is the preceptorship which could be completed on a full or part time basis, depending on student needs. Also, it is feasible that students could draw a salary during this phase of the program. Further, flexibility in scheduling and the use of challenge exams allows the potential for previous graduates of the Master's of Science in Nursing program to acquire nurse practitioner preparation and to allow current Nurse Practitioners to acquire a master's degree in nursing. Although the preliminary funding supports development of the program and provides opportunity to begin nurse practitioner education in some specialty areas congruent with the existing programs, full implementation of the nurse practitioner program requires additional, start up as well as continuation, funding.

Thank you for giving me the opportunity to address this committee. I will now give my colleagues from Wichita State University and Fort Hays State University the opportunity to explain their respective programs.

Fort Hays State University

600 Park Street Hays, KS 67601-4099 (913) 628-4000

M E M O

TO: Senate Public Health and Welfare Committee

FROM: Dr. Jackie Swanson, Chairperson
Department of Nursing
Fort Hays State University

DATE: February 13, 1992

SUBJECT: A.R.N.P. - Nurse Practitioner Program

Fort Hays State University - Department of Nursing has embraced the challenge to improve the access to primary health care to the citizens of western Kansas. The means and methods of meeting this challenge is seen in the utilization of mid-level health care providers, particularly nurse practitioners.

Background

During the Spring 1991 a feasibility study was conducted throughout the Fort Hays State University service area (that is the area west of Manhattan in the north and west of Greensburg and St. John in the south). Questionnaires were mailed to registered nurses, physicians and health-care agencies in the defined service area to determine the support for the utilization of nurse practitioners, as well as, to identify the existence of a student pool.

Among the surveys returned, 373 registered nurses (41%) indicated that they would be interested in attending a nurse practitioner program. Fifty-nine percent (59%) of those responding indicated that they would need financial assistance in the form of scholarships (43%), student loans (35%), and/or part-time employment (16%).

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Seventy-seven percent of the physicians (111) responded affirmatively in supporting the utilization of nurse practitioners, while ninety-five percent of the health care agencies (92) were supportive. Fifty-one percent of the physicians were willing to be preceptors for the nurse practitioner students and forty-five percent were interested in delivering lectures to the classes.

Seventy-one percent of the health care agencies were interested in being a clinical site for nurse practitioners and fifty percent already have policies in place to grant privileges to nurse practitioners.

In the past six to eight months my office has received literally a hundred calls and inquiries from individuals (i.e., prospective students) wanting to know when they can enroll. My office maintains a list of callers waiting for an information-enrollment package. I have also received a number of support letters from physicians, health care agencies and other interested individuals.

With this myriad of support data, the Fort Hays State University - Department of Nursing presented a twelve-month certification, post baccalaureate program to the Kansas State Board of Nursing in September 1991 for approval. The program was not only approved but was commended for the quality of the curriculum. The critical aspects were:

1. Twelve-month program requiring two semesters (a summer and fall) on campus with the remaining semester spent with the preceptor in the community.

2. Certificate program not requiring completion of a master's while granting graduate credit.

This endeavor is fully supported by the administration at Fort Hays State University including the President, Edward Hammond; the Provost, James Murphy; and the Dean of the College of Health and Life Sciences, Virgil Howe.

Problems Blocking Implementation:

1. Faculty - One qualified faculty member is needed to implement and coordinate the program as well as to teach the specialized courses.

   Currently, a faculty position for the Department of Nursing is being requested for the FY93 Fort Hays State University budget. This position is critical in order to initiate a nurse practitioner program in western Kansas.

2. Student Stipends - As seen by the survey data, the prospective students will need financial assistance. It is projected that the program could admit 6 full-time students yearly beginning as early as Fall 1992.

   Students will need funds for enrollment, books, specialized equipment and living expenses. It is anticipated that scholarships, low interest loans and stipends will become available through legislative initiatives. Grants are also being sought. It is also anticipated that health care agencies will offer stipends and scholarships to students willing to remain with the granting agency upon graduation.

3. Clinical Teaching Equipment - Various technical equipment will be needed for teaching skills on campus as well as assisting distance learning. Physicians are willing to work with the University as preceptors but technical equipment will need to be made available to them to further enhance our goal of producing a quality nurse practitioner for the rural areas of western Kansas.

For further information contact:
Donna Hawley, R.N., Ed.D.

Department of Nursing
The Wichita State University
Wichita, KS 67208
316-689-3610

February 13, 1992

Senator Ehrlich and members of the Senate Public Health and Welfare Committee.

My name is Donna Hawley and I am director of the graduate nursing program at The Wichita State University, Wichita Kansas. I have been asked to describe the Nurse practitioner grant we received in December from the Wesley Foundation of Wichita Kansas. The grant totals $171,000.

The grant has two purposes. First, the grant provides support for development of a rural family nurse practitioner major within our established program. This is a demonstration project designed to prepare a limited number of registered nurses for roles as primary health care providers specifically for rural Kansas. Within 18 months a group of nurse practitioners will be prepared and will be providing important health care services to rural Kansas.

Second, this grant allows us to establish a demonstration project that prepares rural family nurse practitioners at the same time that we are working on the cooperative state-wide federal grant now being developed by Fort Hays State University, the University of Kansas and The Wichita State University. This demonstration project adds strength to our federal grant application by documenting local commitment as well as providing evidence that we can indeed successfully implement a larger state-wide effort. When the federal money is available, the curriculum will have been tested, revised and will be ready to implement as a comprehensive family nurse practitioner program.

As we all know, health care services for rural Kansas are inadequate. The reasons for this inadequacy are many and complex and range from maldistribution of physicians and other health care providers to economic problems. For 25 years nurse practitioners have provided high quality, cost effective health care services for various populations. While certainly not the only answer to inadequate rural health care, family nurse practitioners provide one partial solution.

The Department of Nursing at The Wichita State University completed a survey of a random sample of clinical agencies, physicians and nurses from the 21 counties surrounding Wichita.

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Similar studies have been conducted by the University of Kansas and Fort Hays State University so that data are available for the entire state. We found evidence of strong support for nurse practitioners from the clinical agencies. Almost 92% of the health care agencies which included hospitals, the county health departments, and nursing homes stated that they would be willing to hire a nurse practitioner if one were available in the area. Seventy-five per cent (75%) of physicians responding supported the idea of nurse practitioners and almost 40 per cent would hire a nurse practitioner if one were available. Almost 50 % of nurses responding expressed interest in attending a nurse practitioner program.

Our program, pending approval from the Kansas State Board of Nursing, will begin in the fall, 1992. The program will be 18 months in length and will include regular classes and extensive clinical experiences. Two-thirds of the program will be clinical practice working cooperatively with established nurse practitioners and physicians. We will admit registered nurses with bachelor's degrees in nursing. Students may complete either a certificate (33 hours) or earn a master's degree (42 hours).

The Wesley Foundation grant supports 5 full time students including full tuition and fees and a monthly stipend for 18 months. We will admit another 7 students, but they will not receive financial help from the Wesley grant. Without increased funding for faculty positions and additional monies for student financial aid, twelve is the maximum number of students that we can admit.

Students will be recruited from rural areas. We anticipate that if we admit registered nurses currently living in rural areas they will continue to live and work in the rural areas following graduation. Students supported with the Wesley grant money must commit to practicing in rural Kansas following graduation. Currently we have 30 people interested in the program, of which 14 are from rural communities. This list was made from 'call-ins' only. We have not advertised the program nor have we announced it. We average one to two calls a day about the program. As soon as we receive the approval from the Kansas State Board of Nursing, we will announce the program and admit students immediately. Priority will be given to those currently living in rural areas of Kansas.

The Department of Nursing at The Wichita State University is committed to providing educated nurses to meet the health care needs of Kansas. We are responding to the need in rural areas for family nurse practitioners. Since we now offer an accredited clinical nurse specialist program, we are in a position to respond efficiently and effectively to this need. Nonetheless we do anticipate some difficulties.

First, our planning time is short. We received the grant money in December and plan to admit students in August. During this six months, we must plan 6 new courses, negotiate contracts for numerous clinical experiences in rural areas of Kansas, and recruit family nurse practitioners and physicians who will to serve as clinical preceptors for students. In addition, all plans must be approved by the Kansas State Board of Nursing before we can admit students or begin the program.

Second, the Wesley grant money provides support for one new faculty member who is an experienced family nurse practitioner. While this additional faculty member will be very helpful, we still must make adjustments in our current course offerings and re-assign faculty. These adjustments and reassignments will mean limiting enrollment in some of our other graduate courses and canceling electives. Faculty are currently developing ways to meet the needs for the nurse practitioner major while at the same time meeting our commitment to currently enrolled students.

None of these problems are overwhelming or will prevent us from moving ahead with the rural family nurse practitioner program. We are committed to preparing family nurse practitioners for the rural areas of Kansas.

Thank you for allowing us the opportunity to share our plans and concerns with you. I would be pleased to answer any questions.

THE KANSAS PHARMACISTS ASSOCIATION
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TOPEKA, KANSAS 66604
PHONE (913) 232-0439
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ROBERT R. (BOB) WILLIAMS, M.S., C.A.E.
EXECUTIVE DIRECTOR

TESTIMONY

SENATE BILL 553

SENATE PUBLIC HEALTH & WELFARE COMMITTEE

FEBRUARY 12, 1992

My name is Bob Williams, I am the Executive Director of the Kansas Pharmacists Association. Thank you for this opportunity to address the committee regarding SB 553.

While the Kansas Pharmacists Association does not object to the concepts and principles outlined in SB 553, there are several areas where we think we can help improve the overall program.

The Kansas Pharmacists Association recommends the inclusion of a pharmacist on the Kansas Health Care Commission Board of Directors. There are 1.8 billion prescriptions dispensed annually in this country and 50% of those <u>are not taken</u> correctly. As a result, 125,000 Americans die each year simply because they fail to take their medication properly. The economic costs include 20 million lost work days per year or about $1.5 billion in lost earnings. Nearly 10% of all hospital admissions have been reported to be the result of noncompliance and nearly one-fourth of all nursing home admissions result from older citizens being unable to take their medications properly. Clearly, a pharmacist on the Board of Directors would be invaluable in assisting the Board with their duties.

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In regard to Section 10, currently the Kansas Board of Pharmacy meets five times per year for three days each. On an average, there are usually five pharmacists who appear before the Board for various infractions. All 815 pharmacies in this state are inspected by the Board annually. Additionally, the Board is not only responsible for enforcing the Kansas Pharmacy Practice Act, but portions of the Kansas Food, Drug & Cosmetic Act, and Controlled Substances Act, as well as coordinated efforts involving the Federal Drug Administration, Drug Enforcement Agency, as well as other federal entities. The Kansas Board of Pharmacy does all of this with three full time staff and three inspectors with a budget of approximately $370,000. The Kansas Pharmacists Association questions whether a "mega" board as outlined in Section 10, would be as efficient, cost-effective and able to effectively deal with the myriad number of issues which come before the Board of Pharmacy. Before we leave Section 10 we have a question regarding item B, (3) "research cost-effectiveness of new medical technology..." Is the committee considering new drugs as a part of "new technologies"? Or, will recommendations concerning new drugs be solely determined by the Health Services Subcommittee as identified in Section 36?

Another concern is with Section 16, item 4 "negotiate with pharmaceutical manufacturers..." We assume the committee is considering a program similar to the one contained in the "Medicaid Antidiscriminatory Drug Price & Patient Restoration Act of 1990" whereby manufacturers provide rebates to State Medicaid Drug Programs in exchange for inclusion of all their products in the Medicaid Drug Formulary. We can see some problems developing between the Health Care Services Payment Board and the Health Services Subcommittee to the Health Planning Board

as identified in Section 36. Precise protocols would need to be established to prevent misunderstandings and to assure that consideration is given to factors other than just cost or the ability to cut a deal with a manufacturer. Several years ago the Kansas Medicaid Program attempted to negotiate discounts with manufacturers, this resulted in a very restrictive drug formulary. As a result, the Kansas Legislature passed SB 180 which mandated SRS to provide an open formulary for the Medicaid Drug Program.

In Section 36 the bill calls for the appointment of a five-member Health Services Subcommittee to the Health Planning Board. This subcommittee is to make recommendations to the Board of Directors concerning what pharmaceuticals will be covered. While health care providers are prohibited from serving on the subcommittee, the bill does allow for the appointment of a five-member non-voting advisory board of health care providers to advise the Health Services Subcommittee in making recommendations for the coverage of pharmaceuticals.

The Kansas Pharmacists Association does not believe a subcommittee of non-providers would have the knowledge or expertise to make decisions regarding the hundreds of prescriptions and over-the-counter medications currently on the market. In an effort to save time and money, the Kansas Pharmacists Association recommends that there be only one committee composed of consumers and health care providers alike. Conflict of interest provisions could be incorporated to prevent any bias. An example would be the Drug Utilization and Review Committee which currently advises SRS on the inclusion of drugs for the Medicaid Drug Program. It is composed of three physicians, one pharmacologist, one pharmaceutical chemist, three

pharmacists and one nurse. For obvious reasons, drug manufacturers are not permitted to serve on the committee. We have found this to be an effective method of determining what drugs will be covered for the Medicaid Program.

Finally, the Kansas Pharmacists Association recommends the inclusion of co-payments, generic incentives and an effective drug utilization review program as an added measure to control utilization and expenditures.

Thank you.

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
On Behalf of Donna L. Whiteman, Secretary

Senate Public Health and Welfare
Testimony on Senate Bill 553

February 12, 1992

Mr. Chairman, Members of the Committee, I thank you for this opportunity to address you on Senate Bill 553. The Department of Social and Rehabilitation Services (SRS) endorses the concept of health care reform.

SRS supports universal access to comprehensive basic health services and endorses the establishment of a health planning board. SRS is a proponent of the certificate of need (CON) concept for controlling equipment and capital improvement expenditures. Because of previous experience in Kansas, we would encourage the necessary enforcement authority to support an effective CON process.

SRS also supports the emphasis on preventive and primary care as stated in Senate Bill 553. A health care system that focuses on promoting and maintaining health rather than treating sickness creates a foundation whereby the more costly care of treating serious illness is reduced. Positive changes in the health status of Kansas residents are possible if effective preventive and primary care services are available in the community. Senate Bill 553 should be a catalyst for reorientation of the State's health system toward preventive and primary care services.

After careful review of Senate Bill 553, SRS offers some observations and expresses some concerns:

Senate bill 553 requires the licensing function of health care professionals and the payor function for those professional services to be together in the same agency. It is felt that the two functions should be in separate state agencies to prevent conflicts of interest.

This bill makes mention of using payments received as a result of waivers granted by the federal government. Waivers can be very complex and often take a long time before approval by a federal agency. Occasionly some proposals affecting Medicaid will require changes that are not within the Health Care Financing Administration's (HCFA) authority and will thus require Congressional action. For example, it took Congressional action to allow the State to circumvent the federal requirements on the purchase of prescription drugs.

SRS is not able to determine whether all federally mandated medical services are covered in this bill. For example, is managed care covered?

A separate concern is the relationship between the Kansas Health Care Commission and the recently established 403 Commission, Kansas Commission on Health Care, Inc.

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The State should develop ways to both encourage and assist businesses in finding affordable health insurance for their employees, and to stabilize coverage for employees already receiving health insurance. Similarly, we could also identify the unique needs of the disparate populations who comprise the nonworking uninsured and develop systems of care to address these needs. Many health care measures before Congress will impact the provisions of Senate Bill 553 and will need to be discussed as details become available.

SRS is currently involved in performing many of the duties outlined in Senate Bill 553 for the clients we serve.. Currently these duties are focused on providing medical services to individuals eligible under various SRS programs and also on controlling the costs for these services.

Examples of state strategies which can be expected to result in quality care and lower costs include:

- Fostering community-based services;

- Employing creative ways to use current resources such as local public health departments and schools to ensure access to basic services;

- Focusing the state investment in the education of health professionals on preventive and primary care through expanded training opportunities, and extending the use of mid-level practitioners;

- Mandating preventive and primary coverage in health insurance benefit packages; and

- Improving current preventive and primary care practices in state programs such as the Medicaid Early and Periodic Screeing, Diagnostic, and Treatment (EPSDT) program. In Kansas this program is known as Kan Be Healthy.

Except for the concerns expressed, SRS supports Senate Bill 553 and is ready to assist the Committee in providing quality and cost efficient services to Kansas citizens.

Thank you for the opportunity to comment on this bill.

Robert L. Epps
Commissioner
Income Support/Medical Services
296-6750

MEDICAID SERVICES

PROGRAMS:	Maternal	Children	Hospital	Physician	Home Health	Dental	Durable Medical Equipment	Pharmacy	Home and Community-Based Services for Technology-Assisted Children Waiver
	All pregnant women at or under 150% of federal poverty level (FPL)	Age 1 and under at or under 150% FPL Ages 2-5 at or under 133% FPL Ages 6-8 at or under 100% FPL.	All Medicaid eligible	All Medicaid eligible	All Medicaid eligible	All Medicaid eligible under 21 years of age, and adults residing in Intermediate Care Facilities	All Medicaid eligible	All Medicaid eligible	All children ages 16 and under who would not be Medicaid eligible without severe medical condition. Also must be KAN Be Healthy
SERVICES	Prenatal Care Delivery Postnatal care. Prenatal Health Promotion and Risk Reduction. Nutrition counselling.	Well-child checkups (KAN Be Healthy screenings) up to age 20. Immunizations Newborn Home visits. Attendant Care for Independent Living for chronically disabled children. **All medically necessary services and items for KAN Be Healthy participants.**	Outpatient Services -Emergency Room -Supplies -Diagnostic -Lab -Operating Room -Oxygen -Nursing Inpatient Services -Room -Diagnostic -Supplies -Lab -Drugs -Oxygen -Intensive Care -Rehabilitation Unit -Nursing	12 office visits per year. 24 office visits per year for KAN Be Healthy participants, which can be exceeded with prior authorization. -Diagnostic & Therapeutic Services -Laboratory	Unlimited nursing Oxygen Blood Medically necessary services prescribed by a physician.	KAN Be Healthy -Oral exam -X-rays -Prophylaxis -Fluoride -Sealants -Space maintainers -Amalgams -Resins -Crowns -Endodontia -Root Canal -Peridontia -Apiectomy -Dentures -Orthodontia -Extractions Oral Surgery	DME for purchase and rental. -Wheelchairs -Pumps -Enteral and parenteral nutrition -Ventilators -Oxygen -Patient Lifts -Ostomy -Canes/ Crutches -Glucose Monitor -Dressings -Needles/ Syringes	All products from manufacturers with master rebate contract with Health Care Financing Administration, with the exception of federally allowable exclusions.	Nursing care. All medically necessary equipment and supplies to maintain child at home.

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THE KANSAS CHIROPRACTIC ASSOCIATION 1911

Kansas Chiropractic ASSOCIATION

TESTIMONY OF LARRY W. FULK, D.C., PAOLA
IMMEDIATE PAST PRESIDENT OF THE KANSAS CHIROPRACTIC ASSOCIATION
SENATE PUBLIC HEALTH & WELFARE COMMITTEE
FEBRUARY 12, 1992

SENATE BILL 553

I would like to thank this committee for the opportunity to address Senate Bill 553 on behalf of the Kansas Chiropractic Association.

My profession is extremely concerned regarding the current status of health care costs and insurance coverage. We see in our offices, on a daily basis, people who do not have the money to pay for services, cannot afford insurance or insurance that will not pay for services. Also, there is the concern of those patients who believe they have insurance coverage only to be told that due to the decision of the company or due to some special interpretation of the policy that their treatment is not covered as initially believed. For this reason I applaud Senator Walker's bill and his efforts.

We as a profession feel strongly that we can become part of the solution to the health care cost problem if we are allowed to. All to often we have seen our services and utilization restricted based upon the scrutiny of individuals placed in a position to make such decisions, who have little or no actual experience or knowledge regarding chiropractic care.

Our association has spent much time, effort and money over

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the past two years establishing and accepting a standard of care which can be helpful in similar situations. However, when we talk of interpretation and access to services on a state level, utilizing state tax dollars, we feel that it is to the benefit of the taxpayers, our profession, and those individuals being served and treated that we have representation on the Health Care Commission Board.

The commission established in SB 553, envisions non-salaried appointed positions. A chiropractic vote will do nothing to sway or change the position of the board, but this chiropractic member will enhance the amount of expertise and input available for decision making. Health care reform is a complex issue that will take considerable amounts of time and effort from various groups, working together, to find solutions.

Based upon this reasoning, we believe that equal and fair representation of all healing arts board licensee's should be represented on the SB 553 health care board. This request is not meant to create turf battles, but rather to assist in the process of assuring adequate health care for Kansas citizens.

Sincerely,

Larry W. Fulk, D.C.
Immediate Past President,
Kansas Chiropractic Association

K A W V A L L E Y C H A P T E R

O L D E R W O M E N ' S L E A G U E

1500 El Dorado Dr.
Lawrence, KS 66047
February 12, 1992

Thank you for the opportunity to speak before this Senate Public Health and Welfare Committee on behalf of SB 553, the Kansas Health Care Reform bill. My name is Hilda Enoch; I am president of our Kaw Valley Chapter of the Older Women's League. O.W.L. is a national organization with over 100 chapters nationwide, working in many communities on the grassroots level to express our concerns for a more just, equitable society; chief among our concerns is the commitment to a universal, comprehensive, single-payor health care system.

With this Health Care Reform Act, we see Kansas surging to the forefront in the care of all of its citizens, regardless of income or existing health problems; inclusive, rather than exclusive; with an emphasis on prevention, education, compassion, rather than desperate emergency room procedures and heroic, technological feats where only anguish is prolonged. --But we know the excesses and the painful exclusions of our present non-system.

What we need to envision is our State as a pilot for the nation, a laboratory for social justice, even as the Province of Ontario served as a beacon for the Canadian National Health Program, now over twenty years in existence, but serving its people, as all of the industrialized nations are now doing, at less expense, with universal coverage, and with startlingly lower infant mortality rates and higher life expectancy rates, each year evaluating, making the necessary revisions and adjustments, setting forth a

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Kaw Valley Chapter O.W.L.
1500 El Dorado Drive
Lawrence 047

broad, comprehensive health care plan, even as Senator Walker has boldly and courageously set forth for our consideration here,--bold because it acknowledges that all of our tinkering and bandaiding have only added to the muddle of restrictions and administrative tangle, and doctor and patient frustrations; and it sets forth a new slate, based on the premise that health care is everyone's right; restoring the patient-doctor relationship to its fundamental, former state: the art of healing; building in our right to choose our provider; adequate cost controls, and with this basic tenet: that the people who offer, instead, a many-tiered approach, are always those in the upper tier.--Courageous, because we will be taxed--not as much as our total costs with administrative exorbitance, lost productivity and unfulfilled potential factored in, but higher taxes there are, and according to one's ability to pay them. Courageous, also, because this legislation takes on some of our most powerful, vested interests, those who have profitted, and too often, unscrupulously, from our fears and concerns and needs for the health of our family--insurance companies who have excluded us when we are most in need, made us fearful to change careers, closed in on us when we were widowed or debilitated; pharmaceutical giants who've made us choose between needed medications and food or rent; and yes, some doctors, as well, who've ordered expensive procedures, including surgery, we didn't need. This proposed Kansas Health Care Reform Act is truly a bold and courageous effort to provide a just and equitable, comprehensive health program for us all. No matter how formative the moneyed interests are that lobby against this legislation, I urge you to look beyond them to the people you have taken on the sacred

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Kaw Valley Chapter O.W.L.
1500 El Dorado Drive
Lawrence, KS 66

charge to serve, and to the ideal of a just and equitable society together we must strive to rededicate ourselves.

As an older woman, what I like, perhaps, best about this legislation is that for once, it does not pit the old against the young, but is truly a means to enhance all of our lives from cradle--and the important months before--to grave, and it shores up the very basis of our nation and State's well-being, our struggling, too often these days, overburdened families, many times with two wage earners, and still not enough to pay the cost of health insurance; our single parents needing all the support they can get; our caregivers, particularly those of the "sandwich generation" with growing families and elderly parents to care for, as well as a job, they cannot afford to lose. For all of these, I urge you to stand firm--to do the right thing.

I'd like to commend those of you, including our distinguished Senator Wint Winter, for co-sponsoring this most important legislation. I urge its adoption--yet, with modifications, and additional strengths--to its mental health provisions, to its most vulnerable nursing home residents receiving custodial care, who must be provided for--and for the elimination of co-payments because we're trying to unsnarl the administrative tangle, and because equitable taxes will, in the long run, save us more.

Thank you for the opportunity to urge you to make our State of Kansas a pilot project for social justice, and then, a model for the nation.

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KANSAS DENTAL ASSOCIATION

Carl C. Schmitthenner, Jr.
Kansas Dental Association
Senate Committee on Public Health
and Welfare
February 12, 1992

Mr. Chairman and members of the Committee, my name is Carl Schmitthenner. I represent the Kansas Dental Association. The KDA is the professional organization that represents 1187 dentists or 80 percent of the dentists in Kansas.

I appreciate the opportunity to appear before you today to discuss the concept of universal access to health care. The Committee deserves credit for taking a comprehensive look at addressing the shortcomings of the current health care delivery system.

I would like to discuss three major concerns of the Kansas Dental Association on the specific provisions of this legislation.

First, Kansas dentists believe that the creation of a single board to regulate all health professions is not necessary to achieve the purpose of SB 553 as stated in Section 2, which is to provide "a single, publicly financed statewide health program to provide comprehensive basic health services for all residents of the state." That purpose can be achieved without altering the current regulatory system for the health professions.

Dentistry believes the current regulatory system works well. The Kansas Dental Association recommends to the Governor the names of dentists to fill dentist positions on the Dental Board. The Governor is free to chose from the list or to make a selection outside the list. In any case, members of the dental profession should be best able to understand and regulate the practice of dentists.

By contrast, the system proposed in SB 553 would create a regulatory commission appointed by an appointed body. There are no stated requirements for the qualifications of its members, who would be responsible for regulating a diverse group of highly specialized and complex professions. The Kansas Dental Association does not believe that the interests of the public would be well served by placing dentistry under a multi-disciplinary regulatory body.

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Another concern relates to reimbursement for services and participation in the program as described in sections 19 and 20. Section 19 states that providers may be reimbursed on a fee for service or capitation basis. On page 9, line 39, the bill prohibits charges over the negotiated reimbursement level. It is unclear whether the prohibition is meant to apply to all providers or simply the participating providers, a term that is used in Section 20.

The cost containment provision of Section 19 (c) apparently seeks to control the volume of services that are provided. It is unclear, however, whether the mechanism is applied to the volume of services provided by a single provider or by providers as a group. This point might be clarified.

The third concern of the Kansas Dental Association relates to the structure of the dental benefit program. While I applaud the bill's authors for including preventive dental care, there are several refinements to the dental provisions that the Committee may want to consider.

First, the program would require either no co-payment or a 10 percent co-payment depending on the patient's income. The American Dental Association strongly recommends, however, that preventive service require little if any co-payment. By encouraging prevention, more expensive treatment may be avoided. Other services should require a higher co-payment to increase the patient's involvement in the consideration of the treatment.

Second, the legislation limits covered preventive services to an annual check up and cleaning. That limitation does not coincide with modern preventive dentistry. Most patients should have a cleaning and exam approximately every six months. Some patients require more frequent preventive treatment. The Kansas Dental Association recommends increasing the limit to at least two cleanings and exams per year.

Third, the legislation provides no coverage for dental conditions that may be found in the course of the routine exams. The Kansas Dental Association recommends limited coverage with an annual maximum to provide dental care. A 50 percent co-payment for services beyond cleanings, exams, and other preventive services would greatly increase access to care for covered individuals. The Committee could set a reasonable annual limit of $500 on the program's portion of dental expenses and still provide greater coverage than most people would use in a year.

On behalf of the dentists of Kansas I appreciate your consideration of these points and look forward to answering any questions the Committee might have. Thank you.