

Approved 3-25-92  
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

10:00 a.m./p.m. on March 18, 1992 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

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

Conferees appearing before the committee:

Steve Reiner, Administrator, Kearny County Hospital  
Terri Roberts, Kansas State Nursing Association  
Brad Smoot, Blue Cross/Blue Shield  
Richard Morrissey, Kansas Department of Health and Development  
Melissa Hungerford, Kansas Hospital Association

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

Steve Reiner, Administrator, Kearny County Hospital, submitted written testimony in support of the concept of **HB 2710** but stated there is criticism regarding Section 1 (g) dealing with patients requiring treatment not to exceed 72 hours. Mr. Reiner suggested the 72 hour rule with exceptions be removed. (Attachment 1)

Terri Roberts, Kansas State Nursing Association, submitted written testimony in support of **HB 2710** and stated most of the policy issues have been debated at length and some decisions were reached after heated debate, discussion and in the spirit of compromise. The turf issues for nurses included the degree of supervision and collaboration by physicians of ARNP's as well as the staffing patterns for the RPCHs of the future. (Attachment 2)

Brad Smoot, representing Blue Cross/Blue Shield, stated his organization has some concerns with language dealing with insurance, and a technical amendment to **HB 2710** was submitted replacing this language in New Section 7 regarding individual and group policy of accident and sickness insurance, contracts issued by health maintenance organizations and coverage maintained by an entity authorized under K.S.A. 40-2222 or by a municipal group funded pool authorized under K.S.A. 12-2618 to provide benefits for services when performed by an essential access community hospital, a rural primary care hospital or a supporting hospital. (Attachment 3)

Richard Morrissey, Kansas Department of Health and Environment, and on the staff of the EACH Technical Advisory Group, submitted written testimony regarding **HB 2710** and gave the background of the EACH/TAG partnership and what transpired over the recent months to bring the necessary elements together for a workable system of rural health care delivery. Melissa Hungerford, Kansas Hospital Association and staff member of EACH/TAG, identified seven issues that needed to be addressed in legislation and explained a balloon version of the bill that contained three amendments. The first amendment would define a health care provider that would provide a more flexible definition instead of the current laundry list and limit the term to those who are authorized by the state to provide health care services. The second amendment on page 2, lines 1-3, makes it clear that membership in rural health networks would be focused on certain entities. The third amendment on page 3, lines 37-38, specifies who can be involved in the employment of the

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 526-S, Statehouse, at 10:00 a.m./~~p.m.~~ on March 18, 1992

various health care providers. (Attachment 4) During Committee discussion, Ms. Hungerford stated the federal concept of a RPCH is very different than the Kansas concept, however the grant application was approved. The first year will be a lot of testing and information gathering, and they may be able to prove the 72 hour period irrelevant and arbitrary. If the federal government enforces a strict definition of the 72 hour limit, they would not be able to have facilities that are reimbursed under the federal program. If they are not successful from the regulatory side, there is strong interest from the Kansas members of Congress and from members of seven states to propose statutory amendments, and Kansas is leading California and New York on this charge. The majority of the RPCH institutions are tax supported.

Written testimony was received in support of HB 2710 from Cheryl DeBrot, Kansas Respiratory Care Society. (Attachment 5)

**Action on SB 458** - Licensure of alcohol and other drug abuse counselors.

Staff explained a balloon of the bill as recommended by the subcommittee consisting of Senator Langworthy, Chairperson, and Senators Walker, Salisbury and Hayden. (Attachment 6)

Committee discussion related to the grandfather clause, counselors not meeting requirements, and whether an advisory committee is necessary. Senator Burke made a motion to strike language that relates to an advisory committee, seconded by Senator Vidricksen. Senator Walker made a substitute motion that the advisory committee would sunset once the initial rules and regulations are adopted, seconded by Senator Burke. No discussion followed. The motion carried.

Pages assisting at the Committee meeting were sponsored by Senator Strick.

The meeting was adjourned at 11:00 a.m. The next meeting of the Committee is scheduled for March 19, 1992, 10:00 a.m., Room 526-S.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-18-92

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

IVA ARNDT <sup>8501 Glenwood</sup> D.P. KS. 46212	
MARJORIE JANTZ Maryorie Jantz 9408 Roe, P.V. Ks.	JO. CO. AGING DEPT.
Helen Soseman 4901 W. 69, P.V. Ks	" " " "
C. J. & HELEN HARTMAN - <sup>106 SIERRA Circle</sup> OLATHE - KS 66061	" " "
Matt Truell - Topeka	AP
Kim Duggen-Cross	SW Student
Linda Latten - Topeka	KHA
Chip Wheelen, Topeka	K's Med. Soc.
KATH R LANDIS TOPEKA	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Garrod Riemer TOPEKA	KADM
Brend Smart "	BCBS

MARCH 16, 1992 TESTIMONY BEFORE THE SENATE COMMITTEE ON  
PUBLIC HEALTH AND WELFARE CONCERNING SUBSTITUTE FOR  
HOUSE BILL NO. 2710 BY STEVE REINER, LOKIN, KANSAS

X  
Mr. Chairman and members of the Committee, my name is Steve Reiner and I am administrator of the hospital and nursing facility in Kearny County. I am appearing in support of the concept of Sub. HB 2710 but request a change to be made by your Committee.

A little girl came home from her morning at Kindergarten and said, "Mommy, I've had a great day. Look at the prize the teacher gave me!" Mother said, "That's wonderful sweetheart! What did you do to earn that prize?" "Well," the girl proudly said, "teacher asked how many legs a rhinoceros has and I said three!" "But a rhinoceros has four legs," said mother. "I know," the girl said, "teacher told us that later, but I guessed the closest."

In Section 1.(g) of Sub. HB 2710, a rural primary care hospital is defined as one that has inpatient beds to serve patients requiring treatment not to exceed 72 hours unless an exception is granted by the licensing agency pursuant to rules and regulations.

Three days is not "the closest guess" to a workable law that provides and regulates the system whereby health care services are integrated in the rural communities of our State. A sustainable rural health system - of primary care physicians and other professionals, a continuum of primary hospital and long term care services, EMS and public health services all linked to a larger health network and sharing objectives of access, quality and cost effectiveness - does not need an artificial three day, with exceptions, acute care stay limit.

Our county has joined with others in Southwest Kansas to form a rural health network. While there is support for many of the concepts of rural health networks, I can tell you there is almost unanimous criticism of this 72 hour, with exceptions law. I'd like to read to you from the report, "The EACH/RPCH Concept in Southwest Kansas - Physician and Community Response," dated February 1992. In the report, on page 4, our physicians give these opinions:

"the 72 hour rule [is] arbitrary and not relating to medical necessity"

"Several rural physicians noted that patients often require longer than a 72 hour stay yet the level of care

*Senate P. H. W.*  
*Attachment #1*  
*3-18-92*

provided at their hospital is adequate"

"Physicians with a significant elderly patient base were especially concerned about this restriction"

"Several...fear that patients will simply [travel for] care directly to Garden City rather than risk the need for transfer after 72 hours"

"The exceptions clause does not make the 72-hour rule more appealing"

On the other hand, one rural physician noted, "If I do not know what's wrong, I am much more likely to transfer that patient prior to the 72-hour limitation." EACH physicians in Garden City were much more likely to favor the 72-hour rule, but questioned the rule because, "certain cases, such as pneumonia or congestive heart failure, are more appropriately treated in the rural hospital even if the stay exceeds 72 hours."

The photographs I've projected are those of George Frear Johnston, M.D., graduate of the Jefferson Medical College of Pennsylvania, who "served the people of Kearny County well and faithfully for over 30 years." (History of Kearny County, Kansas, Volume I., p.332). On July 8, 1901, Dr. Johnston, President of Kansas' first State Board of Medical Registration and Examination, was issued Kansas license number one. And Mary (Waterman) Sanford, M.D., graduated from Lakin High School then received her Doctor of Medicine degree from Northwestern University in 1899 - from what I can tell the first product of a Kearny County education to go on to Medical School. When visiting Kearny County she had charge of Dr. Johnston's practice. Deeply religious, she dedicated her life to serving her fellow man as an officer of the Salvation Army.

So, our county has a long and proud tradition of medical care. No federal or state laws were needed to tell Dr. Johnston or Dr. Sanford how to practice in a clinically and economically sound manner. Are those laws needed today? No. Specifically should Sub. HB 2710 make the 72 hour stay, with exceptions, law? I ask that you do not make that our State's law.

I ask that you support much needed innovation in rural health care delivery as encouraged by Sub. HB 2710, but also specifically ask that the 72 hour rule with exceptions in this Bill be removed.

Thank you very much.

FOR MORE INFORMATION CONTACT:

Terri Roberts, J.D., R.N.  
Executive Director  
Kansas State Nurses' Association  
700 S.W. Jackson Suite 601  
Topeka, Kansas 66603-3731  
(913) 233-8638

## SUBSTITUTE FOR H.B. 2710 EACH AND RPCH PROJECT IMPLEMENTATION

Chairperson Ehrlich and members of the Senate Public Health and Welfare Committee, my name is Terri Roberts and I am representing the Kansas State Nurses' Association. I have been a member of the Technical Advisory Group (TAG) for a year. There are currently five RN's on the TAG, two of whom are practicing ARNP's from rural areas. On various occasions there have been other RN's who have participated in various discussions before the TAG and its subcommittees, depending on the topic for discussion.

The substitute for H.B. 2710 includes issues and decisions made by the TAG for the implementation of the Kansas EACH & RPCH Program. Most of the policy issues have been debated at length and some decisions were reached after heated debate, discussion and in the spirit of compromise. As you can imagine with the variety of providers represented on the TAG and the biased that each group brings, we all have been forced to reconcile the policy issues to effect this program. We believe that these demonstration models will provide the citizens of Kansas healthcare opportunities that otherwise may not be available to them in their home communi-

*Senate P. H & W  
Attachment #2*

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*

*3-18-92*

KSNA Testimony H.B. 2710

ties. It has been this theme that guides our discussions. We know it will look different than what we have all come to know as a health care delivery system. This bill removes only a piece of the structural barriers that we must address. Others include consumer education, provider and insurance carrier education and provider territorial turf issues.

The turf issues for nurses included the degree of supervision and collaboration by physicians of ARNP's as well as the staffing patterns for the RPCH's of the future. We are willing to support Substitute H.B. 2710 as it was introduced today, in the spirit of moving this project forward in a timely and effective manner. We recognize that there will be problems encountered with the statutes, as there always are, but we trust that the many minds that have developed, reviewed, revised and re-revised these proposed new statutes for your consideration are the best that we have to offer to implement this program.

On behalf of the nursing profession, we would appreciate your support.

# BRAD SMOOT

ATTORNEY AT LAW

1200 WEST TENTH STREET  
TOPEKA, KANSAS 66604-1291  
(913) 233-0016  
FAX (913) 233-3518

PLEASE REPLY TO TOPEKA OFFICE

10200 STATE LINE, SUITE 230  
LEAWOOD, KANSAS 66206  
(913) 649-6836  
FAX (913) 381-6965

March 16, 1992

The Honorable Roy Ehrlich  
Kansas Senate  
State Capitol  
Topeka, Kansas 66612

Re: Sub HB 2710

Dear Chairman Ehrlich:

After a careful review of the above-captioned bill, I have some serious concerns regarding the effects of New Section 7 on Blue Cross Blue Shield of Kansas and HMO carriers around the state. I am aware the intentions of the House and do not have a problem with the objective. However, the bill as it is now drafted has some serious and far-reaching consequences for the above-mentioned insurance carriers.

1. The bill appears to mandate insurance coverage in EACH and RPCH situations even if it is not covered under the terms of the policy in a general hospital situation. I do not believe it is the intention to expand and mandate coverage beyond the coverage currently available in insurance contracts. However, I believe the current language does.

2. The bill does not purport to cover all types of prepayment plans regulated by the state, ie., plans authorized by K.S.A. 40-2222 and municipal plans authorized by K.S.A. 12-2618. Again, I assume the House was hoping to cover the maximum range of insurance situations and not just indemnity and HMO plans.

For these reasons, we have drafted an amendment which would remedy these two concerns. New Section 7 might be written to read as follows:

New Section 7. Each individual and group policy of accident and sickness insurance, each contract issued by health maintenance organizations, and all coverage maintained by an entity authorized under K.S.A. 40-2222 or by a municipal group funded pool authorized under K.S.A. 12-2618 shall provide benefits for services when performed by an essential access community hospital, a rural primary care hospital or a supporting hospital if such services would be covered under such policies or contracts if performed by a general hospital.

*Senate P. H&W*  
*Attachment #3*  
*3-18-92*



Rep. Melvin Neufeld  
February 16, 1992  
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If I have misunderstood the intentions of this bill, we may have some serious objections to a measure which we otherwise endorse. I would like to visit with you at your earliest convenience to see if we can successfully resolve these concerns.

Thank you for your interest in our point of view and I look forward to visiting with you about the possibility of amending Sub HB 2710.

Sincerely,



Brad Smoot  
Legislative Counsel  
Blue Cross/Blue Shield  
of Kansas

# The EACH Concept: A Study of Rural Health Delivery Options

Funded in part by the Wesley Foundation

Testimony presented to  
Senate Public Health and Welfare Committee  
on  
House Bill 2710

For the past 20 months, the EACH Technical Advisory Group has been working on the development of rural health care networks in Kansas. This group, known as the TAG, was formed by the original partners on the EACH project - the Kansas Department of Health and Environment, the Kansas Hospital Association and the Board of Emergency Medical Services. The TAG is made up of over 30 other people representing a broad spectrum of groups including hospitals, physicians, nurses and mid-level practitioners, local EMS representatives, communities, state government, Wesley Foundation and health care consultants. The networks being developed would arrange for the coordinated delivery of care between rural health care facilities and larger supporting hospitals. In this model we call the Kansas Plan, we are also promoting the inclusion of other service providers as well.

In recent months, no doubt you have been given lots of information about the growing problem in access to medical care in much of Kansas. This situation is becoming more difficult, especially in the rural areas and options must be developed immediately.

But amid all the concerns there is an opportunity for us. The essential elements necessary for the provision of care in rural areas are still there; they just need to be reorganized into a workable system of health care delivery.

A major shortcoming of the current rural health care delivery system is that it is fragmented. It is characterized by the competition rather than cooperation, isolation rather than association. Although this fragmentation grew out of a legitimate effort to provider ever-increasing services, it is now time to develop strategies that foster cooperation, recognizing that resources are finite, particularly in rural areas, and that to maximize their potential to serve the public, they must be developed in a planned and coordinated way.

One of those strategies is networking. The bill before you would allow for the implementation of this strategy.

The word "network" or "networking" has become a rallying cry in the business world in the last few years. It probably has some meaning



Board of  
Emergency Medical Services



*Senate P.H.W.*  
*Attachment #4*  
*3-18-92* Printed on recycled paper.

to all of you - maybe different meanings to each of you. In context of rural health care delivery, we use networking to mean creating formalized linkages between providers and communities to provide for a system of health care delivery.

We think this concept of networking is going to be vital in making the best use of the resources available in rural areas, in giving communities the flexibility to experiment with various models of health delivery for their future and in restructuring the rural health care system in Kansas.

The aim of the bill before you is to foster and promote the concept of health care networks in Kansas. It is enabling legislation for the Essential Access Community Hospital (EACH) Program. This legislation is required before the program can be fully implemented.

The EACH program is the result of federal legislation aimed at promoting a new way of maintaining access to medical care in rural areas. Kansas' interest in exploring this alternative stems from the declining viability of rural Kansas health care. Complicated by sparse population densities and a high proportion of elderly or Medicare recipients in over half of the counties, small rural hospitals have watched their admissions and patient days plummet. Many are faced with the very real specter of closing. Loss of health care providers is greater in rural counties, most all of which have already been state designated as medically underserved areas. Difficulty in recruiting and retaining physicians and other allied health care providers is the unfortunate norm of most rural areas.

Established through the Omnibus Budget Reconciliation Act of 1989 and funded in 1990, the federal model is, essentially, hospital based. It is a program to designate a support system and network for rural hospitals. In general, the concept designates rural hospitals as Rural Primary Care Hospitals, or RPHs, that are linked with larger supporting hospitals designated as Essential Access Community Hospitals, or EACHs. This relationship is called a rural health network. New Medicare "conditions of participation" are established for Rural Primary Care Hospitals and reimbursement incentives are provided for both EACHs and RPHs in return for their participation.

In Kansas, we have very consciously and purposefully taken a broader approach in our development of an EACH model. We have expanded the network concept to embrace the broad array of services and providers, giving communities the flexibility to determine the make-up of their health network. This is an important distinction in our approach and it makes the passage of H.B. 2710 vital to the fruition of the network concept.

As part of our work in the year and a half preceding the grant award, and the months following, the TAG has also been responsible for designing licensure rules, network requirements and designation criteria for the project. It has also been very involved in the

development of federal regulations that will be favorable to the success of the program in Kansas and in scrutinizing Kansas law for impediments to the development of rural health networks. The TAG identified seven issues that needed to be addressed in legislation:

1. Mechanisms need to be codified, enabling the establishment of formal rural health networks as described in the model created by the Kansas EACH Project, and allowing the designation, upon application under Kansas law, of licensed rural primary care hospitals administered by the Kansas Department of Health and Environment. Establishing a licensure category that defines parameters or conditions for a Rural Primary Care Hospital would modify the current definition of a hospital and allow communities the flexibility to choose an alternative method of delivering patient care at the primary care level. The characteristics defining an RPCH, as envisioned in the Kansas EACH model, render it a unique entity not currently covered in the law.
2. Several terms referred to in the bill need definition, including Essential Access Community Hospital (EACH), Rural Primary Care Hospital (RPCH), Supporting Hospital, Rural Health Network, Member (other than RPCH, EACH or supporting hospital) and Mid-level Practitioner.
3. RPCHs need the authority to employ physicians in order to improve the RPCH's ability to recruit physicians and other health personnel, and to fully realize Medicare reimbursement potential. The proposed reimbursement option for RPCHs combines the technical and professional components into a single rate that would be paid by the RPCH, leaving the RPCH responsible for paying the physician and placing the provision of primary care on a cost basis. RPCHs could hire a doctor, mid-level or other health care provider, pay his or her salary, and be assured of reimbursement equal to Medicare's fair share of the cost.
4. Rural health care networks and their members, specifically RPCHs, need the authority to contract with any qualified entity to administer or provide services. The RPCH is by definition a small facility with limited resources. They need the flexibility to enter into arrangements with others to provide service to the community or even to the RPCH itself.
5. Mechanisms need to be in place that establish the process of forming rural health networks as an open process and the process of designating EACHs and RPCHs as one available to any Kansas facility meeting state and federal requirements. The EACH program doesn't identify potential EACHs and RPCHs, itself. This is a voluntary program not intended to be the solution for every single rural community. Those wishing to participate must make voluntary application.
6. The sharing of immunity under the peer review statutes, by members of a rural health network, needs to be clarified.

Network members need the authority to cooperate in order to accomplish peer review and risk management without jeopardizing immunity and privilege provisions in current law.

7. **The program needs to be statutorily identified as a state program to help assure exemption from federal anti-trust regulations.** Existing federal anti-trust provisions would prevent health care providers jointly planning and contracting arrangements to assure access and avoid duplication of services. Inclusion of specific statutory direction for the program may help achieve an exemption for activities under the program.

Also, you have before you a balloon version of H.B. 2710 that contains three amendments. The first is an amendment to the definition of health care provider that would provide a more flexible definition instead of the current laundry list. It would also limit the term to those who are authorized by the state to provide health care services. The amendment on page 2, lines 1-3, makes it clear that membership in rural health networks is to be focused on certain entities. The amendment on page 3, lines 37-38, specifies who can be involved in the employment of the various health care providers. All these proposed amendments prevent the bill from being too open-ended, while still maintaining the necessary degree of flexibility for the law to be successful.

Kansas has a great opportunity to take a positive step toward improving rural health care. Through the last 20 months, Kansas has come to the front of a national initiative to change the face of rural health care. Before us is the opportunity to develop meaningful change that will benefit citizens in rural areas of Kansas. At the same time, we are on the leading edge of a national movement. Our efforts and our experience in Kansas can play a large role in what develops nationally. The seeds of change have been planted. We can have a voice in that change and provide leadership in the improvement of rural health care. That is exciting.

Recommendation: The Kansas Department of Health and Environment, the Kansas Hospital Association, the Board of Emergency Medical Services and the EACH Technical Advisory Group recommend that you report the Substitute for House Bill 2710 favorably for passage.

Presented by: Staff of the EACH Technical Advisory Group  
 Richard Morrissey, KDHE  
 Melissa Hungerford, KHA  
 Bob McDanel, EMS  
 March 18, 1992

Kansas EACH Project  
State-Designated Rural Health Networks

<u>Network</u>	<u>Location</u>	<u>Designation</u>
North Central Kansas Rural Health Network		
Asbury-Salina Regional Medical Center Jewell County Hospital	Salina Manketo	EACH PCH
Flint Hills Health Care Network		
Memorial Hospital Dechairo Hospital	Manhattan Westmoreland	EACH PCH
Northwest Kansas Health Alliance Network		
Hays Medical Center Grisell Memorial Hospital	Hays Ransom	EACH PCH
Plainville Rural Hospital Decatur County Hospital Graham County Hospital Ft. Hays State University	Plainville Oberlin Hill City Hays	Member Member Member Member
Trego County Hospital Northwest Kansas Regional Medical Center Citizens Medical Center	Wakeeney Goodland Colby	Member Member Member
Southwest Kansas Rural Health Network		
St. Catherine Hospital Wichita County Hospital Hamilton County Hospital Kearny County Hospital Lane County Hospital	Garden City Leoti Syracuse Lakin Dighton	EACH PCH PCH PCH PCH

Southeast Kansas Regional Health Care Network

Labette County Medical Center  
 Oswego Memorial Hospital  
 Baxter Springs Memorial Hospital

Parsons  
 Oswego  
 Baxter Springs

EACH  
 PCH  
 PCH

Mid-Kansas Health Care Network

Central Kansas Medical Center  
 St. John Primary Care Hospital  
 Ellinwood District Hospital  
 Clara Barton Hospital  
 St. Francis Regional Medical Center

Great Bend  
 St. John  
 Ellinwood  
 Hoisington  
 Wichita

EACH  
 PCH  
 PCH  
 Member  
 Member

Jane Phillips Health Care Network

Jane Phillips Hospital  
 Sedan City Hospital  
 Caney Community Clinic  
 Jane Phillips Nowata Health Center

Bartlesville, OK  
 Sedan  
 Caney  
 Nowata, OK

Supporting Hosp.  
 PCH  
 Member  
 Member

Harper County Network

St. Francis Regional Medical Center  
 Attica District Hospital  
 Harper County Hospital District #5  
 Anthony Hospital District

Wichita  
 Attica  
 Harper  
 Anthony

Supporting Hosp.  
 PCH  
 Member  
 Member

9-11

# Substitute for HOUSE BILL No. 2710

By Committee on Public Health and Welfare

2-11

*Melissa Thompson*

4-7

8 AN ACT concerning health care; relating to the licensure of rural  
9 primary care hospitals and the designation of essential access com-  
10 munity hospitals; authorizing the creation of rural health care  
11 networks; amending K.S.A. 65-425 and K.S.A. 1991 Supp. 65-  
12 4909 and repealing the existing sections.  
13

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

15 New Section 1. As used in sections 1 to 7, inclusive, and amend-  
16 ments thereto:

17 (a) "Health care provider" means ~~a person licensed to practice~~  
18 ~~any branch of the healing arts, a person who holds a temporary~~  
19 ~~permit to practice any branch of the healing arts or a person engaged~~  
20 ~~in a postgraduate training program approved by the state board of~~  
21 ~~healing arts, a mid-level practitioner as defined in subsection (d), a~~  
22 ~~licensed dentist, a licensed professional nurse, a licensed practical~~  
23 ~~nurse, a licensed optometrist, a licensed pediatrician, a licensed phar-~~  
24 ~~macologist, a professional corporation organized pursuant to the profes-~~  
25 ~~sional corporation law of Kansas by persons who are authorized by~~  
26 ~~such law to form such a corporation and who are health care providers~~  
27 ~~as defined by this subsection, a physical therapist, a respiratory~~  
28 ~~therapist, a licensed dietitian providing services to a medical care~~  
29 ~~facility, or an officer, employee or agent thereof, acting in the course~~  
30 ~~and scope of employment or agency and any other persons who~~  
31 ~~provide health care services to the public.~~

any person licensed or otherwise authorized by law to provide health care services in this state or a professional corporation organized pursuant to the professional corporation law of Kansas by persons who are authorized by law to form such corporation and who are health care providers as defined by this subsection, or an officer, employee or agent thereof, acting in the course and scope of employment or agency.

32 (b) "Essential access community hospital" means a hospital which  
33 has been designated as an essential access community hospital by  
34 the licensing agency and which has entered into a written agreement  
35 with at least one ~~primary care hospital to form a rural health network.~~-----rural

36 The written agreement must include provisions for the essential  
37 access community hospital to accept patients transferred from partic-  
38 ipating rural primary care hospitals and to provide emergency and  
39 medical support services to rural primary care hospitals participating  
40 in the essential access community hospital rural health network.

41 (c) "Member" means any hospital, emergency medical service,  
42 local health department, home health agency, adult care home, med-  
43 ical clinic, mental health center or clinic, nonemergency transpor-



1 ~~tation system, or other provider of health care services which has~~  
2 ~~entered into a written agreement to participate in a rural health~~  
3 ~~network.~~

4 (d) "Mid-level practitioner" means a physician's assistant or ad-  
5 vanced registered nurse practitioner who has entered into a written  
6 protocol with a rural health network physician.

7 (e) "Physician" means a person licensed to practice medicine and  
8 surgery.

9 (f) "Rural health network" means an alliance of members includ-  
10 ing at least one rural primary care hospital and at least one essential  
11 access community hospital or supporting hospital which has devel-  
12 oped a comprehensive plan submitted to and approved by the sec-  
13 retary of health and environment regarding patient referral and  
14 transfer; the provision of emergency and nonemergency transpor-  
15 tation among members; the development of a network-wide emer-  
16 gency services plan; and the development of a plan for sharing patient  
17 information and services between hospital members concerning med-  
18 ical staff credentialing, risk management, quality assurance and peer  
19 review.

20 (g) "Rural primary care hospital" means a member of a rural  
21 health network, located within 75 miles of the network's essential  
22 access community hospital or supporting hospital unless an exception  
23 is granted by the licensing agency pursuant to rules and regulations;  
24 with a staff which includes one or more physicians and may include  
25 one or more mid-level practitioners; with permanent facilities that  
26 include inpatient beds to serve not more than an average of six acute  
27 patients requiring treatment not to exceed 72 hours each unless an  
28 exception is granted for either requirement by the licensing agency  
29 pursuant to rules and regulations; and with nursing services under  
30 the direction of a licensed professional nurse and continuous licensed  
31 professional nursing services for not less than 24 hours of every day  
32 when any bed is occupied or the facility is open to provide services  
33 for patients unless an exemption is granted by the licensing agency  
34 pursuant to rules and regulations. Emergency services must be pro-  
35 vided as specified in a comprehensive plan developed in conjunction  
36 with the hospital's rural health network. All treatment provided by  
37 mid-level practitioners must be pursuant to written protocols estab-  
38 lished between the mid-level practitioners and network physicians,  
39 after consultation with network physicians, or in an emergency. Net-  
40 work physicians must approve all patient admissions by the mid-  
41 level practitioner within 24 hours; review patient records, which  
42 review may be off-site, and document such review in the patient  
43 record within 48 hours of treatment provided by the mid-level prac-

4-9

1 titioner; and consult with the mid-level practitioner and document  
2 such consultation in the patient record on site at the hospital at least  
3 weekly.

4 (h) "Supporting hospital" means a hospital other than a rural  
5 primary care hospital or an essential access community hospital which  
6 has entered into a written agreement with at least one rural primary  
7 care hospital to form a rural health network and to provide medical  
8 or administrative supporting services within the limit of the sup-  
9 porting hospital's capabilities.

10 New Sec. 2. The legislature of the state of Kansas recognizes  
11 the importance and necessity of providing and regulating the system  
12 whereby health care services are integrated to protect the public's  
13 general health, safety and welfare. It is the policy of the state of  
14 Kansas to encourage development of and participation in rural health  
15 networks. Implementation of a rural health network under the pro-  
16 visions of this act and amendments thereto effectuate these policies.

17 New Sec. 3. (a) Any hospital is authorized to seek licensure as  
18 a rural primary care hospital and to accept and secure any benefits  
19 of federal aid. A rural primary care hospital shall participate in or  
20 affiliate with a rural health network and may execute contracts, upon  
21 such conditions and terms as is deemed appropriate by the governing  
22 body, for the integration of health services or to further any portion  
23 of a comprehensive plan for a rural health network.

24 (b) Any hospital is authorized to seek designation as an essential  
25 access community hospital and to accept and secure any benefits of  
26 federal aid. An essential access community hospital shall participate  
27 in or affiliate with a rural health network and may execute contracts,  
28 upon such conditions and terms as is deemed appropriate by the  
29 governing body, for the integration of health services or to further  
30 any portion of a comprehensive plan for a rural health network.

31 New Sec. 4. (a) Upon such conditions and terms as is deemed  
32 appropriate by the governing body of any member of a rural health  
33 network, a member of a rural health network or the rural health  
34 network may enter into agreements with any other person or entity  
35 to perform any service, including but not limited to services for  
36 provision of primary risk management and peer review services.

37 (b) Any member of a rural health network or the rural health  
38 network may employ any health care provider to provide patient  
39 care or other services and may employ such other persons as nec-  
40 cessary to carry out the function of the rural health network. The  
41 contract may allow for the health care provider or a member of the  
42 rural health network to seek direct compensation from the patient,  
43 the patient's representative or a third party payor for the services

-----rural primary care hospital, essential access  
community hospital or rural health network

1 performed by the health care provider.

2 New Sec. 5. In addition to the provisions of K.S.A. 65-4909,  
3 and amendments thereto, members of a rural health network, offi-  
4 cers, agents, representatives, employees, and directors thereof, in  
5 forming an integrated network and in contracting for services shall  
6 be considered to be acting pursuant to clearly expressed state policy  
7 as established in this act under the supervision of the state and shall  
8 not be subject to state or federal antitrust laws while so acting.

9 New Sec. 6. The secretary of health and environment may adopt  
10 rules and regulations setting minimum standards for the establish-  
11 ment and operation of rural health networks, including the licensure  
12 of rural primary hospitals and the designation of essential access  
13 community hospitals.

14 New Sec. 7. No individual or group policy of accident and sick-  
15 ness insurance shall exclude reimbursement or indemnity under such  
16 policy for services when performed by an essential access community  
17 hospital, a rural primary care hospital or a supporting hospital. The  
18 provisions of this section shall also be applicable to contracts issued  
19 by health maintenance organizations.

20 Sec. 8. K.S.A. 65-425 is hereby amended to read as follows: 65-  
21 425. As used in this act: (a) "General hospital" means an establish-  
22 ment with an organized medical staff of physicians; with permanent  
23 facilities that include inpatient beds; and with medical services, in-  
24 cluding physician services, and continuous registered professional  
25 nursing services for not less than ~~twenty-four (24)~~ 24 hours of every  
26 day, to provide diagnosis and treatment for ~~four or more nonrelated~~  
27 patients who have a variety of medical conditions.

28 (b) "Special hospital" means an establishment with an organized  
29 medical staff of physicians; with permanent facilities that include  
30 inpatient beds; and with medical services, including physician serv-  
31 ices, and continuous registered professional nursing services for not  
32 less than ~~twenty-four (24)~~ 24 hours of every day, to provide di-  
33 agnosis and treatment for ~~four or more nonrelated~~ patients who  
34 have specified medical conditions.

35 (c) "Person" means any individual, firm, partnership, corporation,  
36 company, association, or joint stock association, and the legal suc-  
37 cessor thereof.

38 (d) "Governmental unit" means the state, or any county, mu-  
39 nicipality, or other political subdivision thereof; or any department,  
division, board or other agency of any of the foregoing.

40 (e) "Licensing agency" means the department of health and  
41 environment.

42 (f) "Ambulatory surgical center" means an establishment with an  
43

11-11

1 organized medical staff of physicians; with permanent facilities that  
2 are equipped and operated primarily for the purpose of performing  
3 surgical procedures; with continuous physician services and regis-  
4 tered professional nursing services whenever a patient is in the  
5 facility; and which does not provide services or other accommodations  
6 for patient to stay overnight.

7 (g) "Recuperation center" means an establishment with an or-  
8 ganized medical staff of physicians; with permanent facilities that  
9 include inpatient beds; and with medical services, including physician  
10 services, and continuous registered professional nursing services for  
11 not less than ~~twenty-four~~ {24} 24 hours of every day, to provide  
12 treatment for ~~four or more nonrelated~~ patients who require in-  
13 patient care but are not in an acute phase of illness, who currently  
14 require primary convalescent or restorative services, and who have  
15 a variety of medical conditions.

16 (h) "Medical care facility" means a hospital, ambulatory surgical  
17 center or recuperation center.

18 (i) "Rural primary care hospital" shall have the meaning ascribed  
19 to such term under section 1 and amendments thereto.

20 (j) "Hospital" means "general hospital," *rural primary care*  
21 *hospital,* or "special hospital."

22 Sec. 9. K.S.A. 1991 Supp. 65-4909 is hereby amended to read  
23 as follows: 65-4909. (a) There shall be no liability on the part of and  
24 no action for damages shall arise against any: (1) State, regional or  
25 local association of health care providers; ~~any~~; (2) state, regional or  
26 local association of licensed adult care home administrators ~~or any~~;  
27 (3) organization delegated review functions by law, and the individual  
28 members of any committee thereof (whether or not such individual  
29 members are health care providers or licensed adult care home  
30 administrators); *or (4) individual or entity acting at the request of*  
31 *any committee, association or organization listed in subsections (1)*  
32 *through (3), which in good faith investigates or communicates in-*  
33 *formation regarding the quality, quantity or cost of care being given*  
34 *patients by health care providers or being furnished residents of*  
35 *adult care homes for any act, statement or proceeding undertaken*  
36 *or performed within the scope of the functions and within the course*  
37 *of the performance of the duties of any such association, organization*  
38 *or committee if such association, organization or committee or such*  
39 *individual member thereof acted in good faith and without malice.*

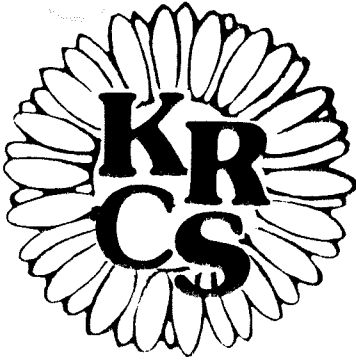
40 (b) As used in this section, "health care provider" means a person  
41 licensed to practice any branch of the healing arts or engaged in a  
42 postgraduate training program approved by the state board of healing  
43 arts, *mid-level practitioner as defined under section 1, and amend-*

4-12

1 *ments thereto*, licensed dentist, licensed professional nurse, licensed  
2 practical nurse, licensed optometrist, licensed podiatrist, licensed  
3 pharmacist or, physical therapist *or respiratory therapist*.

4 Sec. 10. K.S.A. 65-425 and K.S.A. 1991 Supp. 65-4909 are  
5 hereby repealed.

6 Sec. 11. This act shall take effect and be in force from and after  
7 its publication in the Kansas register.



**Kansas  
Respiratory  
Care  
Society**

Testimony in Support of HB 2710

March 18, 1992

I am submitting this written testimony on behalf of the Kansas Respiratory Care Society to register our support of the development and implementation of the Rural Health Care Network. Respiratory Care Practitioners are involved in the care of people from prenatal age to geriatric. We are, of course, involved heavily in the care of trauma victims, cardiac arrest victims, and victims of Chronic Lung Disease to name just a few. We are very concerned that rural Kansans have access and receive quality respiratory care. We believe that this Rural Health Care Network would go a long way to ensure this care. We are willing and able to offer our expertise to those small hospitals that perhaps do not have a Registered Respiratory Therapist on staff by offering Continuing Education classes. We do not want to stand idly by and have the quality of health care delivered and received determined by where Kansans choose to live.

Therefore, we strongly urge you to pass out of your committee to the full Senate HB 2710.

Respectfully submitted,

*Cheryl DeBrot BS RRT*

Cheryl DeBrot B.S.R.R.T.  
Chairperson, Legislative Committee  
Director-at-Large  
Kansas Respiratory Care Society

*Senate P. H & W  
Attachment #5  
3-18-92*

SENATE BILL No. 458

By Committee on Ways and Means

4-27

Senate P. H. L. W.  
Attachment # 6  
3-18-92

8 AN ACT concerning alcohol and other drug abuse treatment and  
9 evaluation; providing for licensure of alcohol and other drug abuse registration  
10 counselors; creating the alcohol and other drug abuse counselor  
11 fee fund; providing penalties for violations; amending K.S.A. 65-  
12 4016 and 75-3170a and repealing the existing sections. K.S.A. 1991 Supp. 74-7507  
13

14 *Be it enacted by the Legislature of the State of Kansas:*  
15 New Section 1. As used in this act: the alcohol and other drug abuse counselor registration

16 (a) "Alcohol and other drug abuse counseling" means the utili-  
17 zation of special skills to assist persons with alcoholism or other drug  
18 addictions, and to assist such persons' families and friends, to achieve  
19 resolution of alcoholism or other drug addiction through the explo-  
20 ration of the disease and its ramifications, the examination of attitudes  
21 and feelings, the consideration of alternative solutions and decision  
22 making, as these relate specifically to the alcoholism or other add-  
23 iction. Evaluation and assessment, treatment plan development, case  
24 management, crisis intervention, referral, recordkeeping and clinical  
25 consultation specifically related to the alcoholism or other addiction  
26 are within the scope of alcohol and other drug abuse counseling.

27 (b) "Alcohol and other drug abuse counselor" means any indi-  
28 vidual who, for compensation, provides alcohol and other drug abuse  
29 counseling to persons with alcoholism or other drug addictions, and  
30 to the families and friends of such persons, specifically in relation  
31 to the alcoholism or other addiction.

32 (c) "Board" means the behavioral sciences regulatory board cre-  
33 ated by K.S.A. 74-7501 and amendments thereto. 1993

34 New Sec. 2. (a) On and after January 1, 1992, no person shall  
35 represent that such person is a licensed alcohol and other drug abuse  
36 counselor or represent that such person is an alcohol and other drug registered  
37 abuse counselor unless such person is licensed under this act as an  
38 alcohol and other drug abuse counselor. A violation of this subsection  
39 is a class C misdemeanor.

40 (b) The board shall adopt by rules and regulations a system for  
41 licensure of alcohol and other drug abuse counselors. Such rules and registration  
42 regulations shall include qualifications for licensure which promote  
43 safe and adequate treatment, evaluation and prevention of alcohol

18 academic credit hours of coursework in the following care work functions of an alcohol and other drug abuse counselor as follows: Three credit hours screening and intake; three credit hours orientation and assessment; three credit hours treatment planning and counseling; three credit hours case management and crisis intervention; three credit hours client education and referral; and three credit hours reports and record keeping and consultation with other professionals

1 and other drug abuse. Such rules and regulations shall require the following:

2  
3 (1) A bachelors degree, a masters degree or a doctors degree in a social-services or health-related field which includes ~~coursework in counseling, in alcohol and other drug addictions and in treatment and evaluation of alcohol and other drug abuse~~ and

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6  
7 (2) experience of not less than ~~3,000~~ hours of practicum or work under the supervision of a ~~licensed~~ alcohol and other drug abuse counselor, or an individual qualified for ~~licensure~~ as an alcohol or other drug abuse counselor under this act, within three years immediately preceding first ~~licensure~~ under this act and

and 2,500 hours of supervised work experience, at least 1,000 hours of which are post graduate hours registered registration

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12 (3) ~~successful completion of training courses approved by the board in client confidentiality, case management and client records, understanding the disease, intake procedures, assessment and treatment planning, crisis intervention skills and basic counseling skills.~~

registration

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16 (c) The board shall require each person seeking ~~licensure~~ as an alcohol and other drug abuse counselor to successfully complete an examination prescribed by the board. ~~A fee shall be required~~ for such examination in an amount sufficient to pay for the costs and administration thereof. Any person desiring to take the examination shall first submit satisfactory proof that the person has the qualifications required pursuant to subsection (b) or (d).

The board shall fix by rules and regulations a fee

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23 (d) A person who does not have the qualifications prescribed pursuant to subsection (b) may qualify for examination and, upon passage of the examination, ~~licensure~~ pursuant to this act if the person submits satisfactory proof that, on December 31, ~~1991~~ the person:

registration

1993

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28 (1) Is practicing as an alcohol and other drug abuse counselor in this state, has an offer of employment as an alcohol and other drug abuse counselor in this state or is an alcohol and other drug abuse counselor living in this state; and

29  
30  
31  
32 (2) has 1,000 hours of experience as an alcohol and other drug abuse counselor within the immediately preceding 12-month period or has 3,000 hours of experience in alcohol and other drug abuse counseling within the immediately preceding 60-month period.

registration

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36 (e) A person may qualify for ~~licensure~~ if such person submits satisfactory proof that ~~on December 31, 1991~~ the person was practicing as an alcohol and other drug abuse counselor in another state and is qualified in accordance with standards which the board determines are comparable to those provided pursuant to this act.

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43 ~~(f) Before January 1, 2000, a person who does not qualify for examination pursuant to subsection (b) or (d) may be issued a provisional license as an alcohol and other drug abuse counselor. A~~



(f) Nothing in the alcohol and other drug abuse counselor registration act shall be construed to authorize a person registered under the act to diagnose or treat mental illness or mental disease.

Registration

A registration may be renewed upon application and payment of the renewal fee. A person whose registration has been suspended or revoked may make written application to the board requesting reinstatement of the registration upon termination of the period of suspension or revocation in a manner prescribed by the board, which application shall be accompanied by the reinstatement fee established by the board. The application for renewal of a registration shall be accompanied by evidence satisfactory to the board that the applicant has completed during the previous two-year period the continuing education required by rules and regulations of the board.

registration

registration.

and reinstatement of registration

\$100

and credit such amount as provided under K.S.A. 74-7506 and amendments thereto

(c) and (d) See attached

limit

registration

registrant

registration

registrant

provisional license shall be valid until January 1, 2000, conditioned on the holder's submission of satisfactory evidence of progress toward compliance with the qualifications for examination adopted pursuant to subsection (b). If the board determines that, on or before January 1, 2000, there will not be a sufficient number of licensed alcohol and other drug abuse counselors to serve those persons in the state requiring the services of such counselors, the board may extend the term of provisional licenses for a period of not more than two years. Thereafter, the board may continue to extend the term of such licenses for periods of not more than two years until the board determines that the issuance of provisional licenses is no longer necessary to serve the needs of those persons in the state requiring the services of alcohol and other drug abuse counselors. Upon such determination, all provisional licenses shall expire.

New Sec. 3. (a) ~~Licensure~~ under this act shall be for a period of two years.

(b) The board shall fix by rules and regulations fees for applications for ~~licensure~~, renewal of ~~licensure~~ and provisional ~~licensure~~ under this act. Such fees shall be fixed in amounts to cover the costs of administering the provisions of this act, but not to exceed ~~\$50~~. The board shall remit all moneys received from fees collected under this act to the state treasurer at least monthly. Upon receipt of each such remittance the state treasurer shall deposit the entire amount thereof in the state treasury and shall credit 20% of each such deposit to the state general fund and shall credit the balance to the alcohol and other drug abuse counselor fee fund.

(c) There is hereby created in the state treasury the alcohol and other drug abuse counselor fee fund. Moneys in such fund shall be expended only for the purpose of administering and enforcing the provisions of this act. All expenditures from such fund shall be made in accordance with appropriations acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the chairperson of the board or by a person or persons designated by the chairperson.

New Sec. 4. (a) The board may deny, refuse to renew, suspend or revoke any ~~license or provisional license~~ pursuant to this act if the ~~license holder~~ or applicant:

(1) Has obtained or attempted to obtain ~~licensure or provisional licensure~~ by means of fraud, misrepresentation or concealment of material facts;

(2) has been convicted of a crime found by the board to have a direct bearing on whether the ~~license or provisional license holder~~ or applicant can be entrusted to serve the public in the position of

6-3

6-4

(c) The application for renewal shall be made at least 30 days before the date of the expiration of the registration. If the application for renewal, including payment of the required renewal fee, is not made on or before the date of the expiration of the registration, the registration is void, and no registration shall be reinstated except upon payment of the required renewal fee, plus a penalty equal to the renewal fee. Upon receipt of such payment and proof, the board shall reinstate the registration, except that no registration shall be reinstated if such payment and proof is received more than one year after the date of expiration of the registration.

(d) A duplicate registration shall be issued by the board upon receipt of a \$20 fee.

1 alcohol and other drug abuse counselor;  
2 ~~(3) has violated the standards of professional conduct established~~  
3 ~~by rules and regulations of the board;~~

(3)

4 ~~(4) has used any advertisement or solicitation which is false, mis-~~  
5 ~~leading or deceptive to the general public or persons to whom the~~  
6 ~~advertisement or solicitation is primarily directed; or~~

(4)

7 ~~(5) has violated any lawful order or rule and regulation of the~~  
8 ~~board.~~

Suspension, limitation, revocation or refusal to issue or  
renew registration pursuant to this section shall be in  
accordance with the Kansas administrative procedure act.

9 ~~(b) Refusal to renew or suspension or revocation of licensure or~~  
10 ~~provisional licensure pursuant to this section shall be in accordance~~  
11 ~~with the Kansas administrative procedure act.~~

12 New Sec. 5. ~~(a) The board shall adopt by rules and regulations~~  
13 ~~standards of professional conduct for alcohol and other drug abuse~~  
14 ~~counselors.~~

15 ~~(b) The board shall adopt such rules and regulations as necessary~~  
16 ~~to administer and enforce the provisions of this act. Before adoption~~  
17 ~~of any such rules and regulations, the board shall submit the pro-~~  
18 ~~posed rules and regulations to the advisory committee appointed~~  
19 ~~pursuant to subsection (c). The advisory committee shall make rec-~~  
20 ~~ommendations to the board regarding rules and regulations and other~~  
21 ~~areas concerning the credentialing process.~~

22 ~~(c) The board shall appoint an advisory committee for the purpose~~  
23 ~~of assistance in adopting rules and regulations pursuant to this act.~~

3

24 The advisory committee shall be composed of ~~(1)~~ members ~~and shall~~  
25 ~~include both representatives of the general public and representatives~~  
26 ~~of the alcohol and other drug abuse treatment and prevention field.~~

who are registered alcohol and other drug aguse coun-  
sensors under this act or are qualified for registration  
as alcohol and other drug abuse counselors under this  
act

27 Members of the advisory committee shall receive amounts provided  
28 for in subsection (c) of K.S.A. 75-3223 and amendments thereto for  
29 each day of actual attendance at any meeting of the advisory com-  
30 mittee or any subcommittee meeting authorized by the advisory  
31 committee.

, and such amounts shall be paid from the behavioral  
sciences regulatory board fee fund

32 ~~New Sec. 6. Nothing in sections 1 through 5, and amendments~~  
33 ~~thereto, shall be construed to:~~

34 ~~(a) Apply to the activities and services of qualified members of~~  
35 ~~other professional groups including, but not limited to, attorneys,~~  
36 ~~physicians, psychologists, registered nurses, registered professional~~  
37 ~~counselors or social workers performing counseling consistent with~~  
38 ~~the laws of this state, their training and any code of ethics of their~~  
39 ~~professions, so long as they do not represent themselves by any title~~  
40 ~~or description in the manner prohibited under section 2 and amend-~~  
41 ~~ments thereto;~~

42 ~~(b) apply to the activities, services and use of an official title on~~  
43 ~~the part of an individual employed as a substance abuse counselor.~~

1 ~~By any federal agency or public or private educational institution,~~  
2 ~~so long as such individuals are performing counseling or counseling-~~  
3 ~~related activities within the scope of their employment;~~

4 ~~(c) apply to the activities and services rendered by a nonresident~~  
5 ~~individual not more than 30 days during any calendar year, so long~~  
6 ~~as such individual is duly authorized to perform such activities and~~  
7 ~~services under the laws of the state or country of such individual's~~  
8 ~~principal residence;~~

9 ~~(d) apply to the activities and services of an individual providing~~  
10 ~~alcoholism and other drug abuse counseling as a part of alcoholics~~  
11 ~~anonymous, al-non family groups or other similar alcohol or drug~~  
12 ~~abuse support organizations or groups, so long as such individuals~~  
13 ~~do not represent themselves by any title or description in the manner~~  
14 ~~prohibited under section 2 and amendments thereto;~~

15 ~~(e) apply to the activities and services of a rabbi, priest, minister~~  
16 ~~or clergy person of any religious denomination or sect, so long as~~  
17 ~~such activities and services are within the scope of the performance~~  
18 ~~of such individual's regular or specialized ministerial duties; or~~

19 ~~(f) authorize a person licensed under this act to diagnose or treat~~  
20 ~~mental illness or disease.~~

21 ~~Sec. 7. K.S.A. 65-4016 is hereby amended to read as follows:~~  
22 ~~65-4016. The secretary shall adopt rules and regulations an~~

23 ~~Sec. 8. K.S.A. 75-3170a is hereby amended to read as follows:~~

24 ~~75-3170a. (a) The 20% credit to the state general fund required by~~  
25 ~~K.S.A. 1-204, 2-2609, 2-3008, 9-1703, 16-609, 16a-2-302, 17-1271,~~  
26 ~~17-2236, 17-5609, 17-5610, 17-5612, 17-5701, 20-1a02, 20-1a03, 34-~~  
27 ~~102b, 44-324, 44-926, 47-820, 49-420, 55-131, 55-155, 55-609, 55-~~  
28 ~~711, 55-901, 58-3074, 65-6b10, 65-1718, 65-1817a, 65-2011, 65-2418,~~  
29 ~~65-2855, 65-2911, 65-4610, 66-1,155, 66-1503, 74-715, 74-1108, 74-~~  
30 ~~1405, 74-1503, 74-1609, 74-2704, 74-2902a, 74-3903, 74-5805, 74-~~  
31 ~~7009, 74-7506, 75-1119b, 75-1308 and 75-1509 and K.S.A. 1987 1990~~  
32 ~~Supp. 65-5413, 65-5513, 84-9-411 and 84-9-413 and acts amendatory~~  
33 ~~of any of the foregoing including amendments by other sections~~  
34 ~~of this act section 3, and amendments thereto, is to reimburse the~~  
35 ~~state general fund for accounting, auditing, budgeting, legal, payroll,~~  
36 ~~personnel and purchasing services, and any and all other state gov-~~  
37 ~~ernmental services, which are performed on behalf of the state~~  
38 ~~agency involved by other state agencies which receive appropriations~~  
39 ~~from the state general fund to provide such services.~~

40 ~~(b) Nothing in this act or in the sections amended by this act~~  
41 ~~or referred to in subsection (a) of this section, shall be deemed to~~  
42 ~~authorize remittances to be made less frequently than is authorized~~  
43 ~~under K.S.A. 75-4215 and amendments thereto.~~

1 **(c)** Notwithstanding any provision of any section referred to in  
2 or amended by this act or referred to in subsection (a) of this  
3 section, whenever in any fiscal year such 20% credit to the state  
4 general fund in relation to any particular fee fund is \$200,000, in  
5 that fiscal year the 20% credit no longer shall apply to moneys  
6 received from sources applicable to such fee fund and for the re-  
7 mainder of such year the full 100% so received shall be credited to  
8 such fee fund, except as otherwise provided in subsection (d) of this  
9 section.

10 **(d)** Notwithstanding any provision of K.S.A. 2-2609 and 2-3008  
11 and amendments thereto or any provision of any section referred to  
12 in subsection (a) of this section, the 20% credit to the state general  
13 fund no longer shall apply to moneys received from sources appli-  
14 cable to the grain research and market development agencies funds,  
15 as specified for each such fund by this subsection, and for the re-  
16 mainder of a fiscal year the full 100% of the moneys so received  
17 shall be credited to the appropriate fund of such funds, whenever  
18 in any fiscal year:

19 **(1)** With respect to the Kansas wheat commission fund, such 20%  
20 credit to the state general fund in relation to such fund in that fiscal  
21 year is equal to that portion of \$100,000 that bears the same pro-  
22 portion to \$100,000 as the amount credited to the Kansas wheat  
23 commission fund during the preceding fiscal year bears to the total  
24 of the amounts credited to the Kansas wheat commission fund, the  
25 Kansas corn commission fund, the Kansas grain sorghum commission  
26 fund and the Kansas soybean commission fund during the preceding  
27 fiscal year;

28 **(2)** with respect to the Kansas corn commission fund, such 20%  
29 credit to the state general fund in relation to such fund in that fiscal  
30 year is equal to that portion of \$100,000 that bears the same pro-  
31 portion to \$100,000 as the amount credited to the Kansas corn com-  
32 mission fund during the preceding fiscal year bears to the total of  
33 the amounts credited to the Kansas wheat commission fund, the  
34 Kansas corn commission fund, the Kansas grain sorghum commission  
35 fund and the Kansas soybean commission fund during the preceding  
36 year;

37 **(3)** with respect to the Kansas grain sorghum commission fund,  
38 such 20% credit to the state general fund in relation to such fund  
39 in that fiscal year is equal to that portion of \$100,000 that bears the  
40 same proportion to \$100,000 as the amount credited to the Kansas  
41 grain sorghum commission fund during the preceding fiscal year  
42 bears to the total of the amounts credited to the Kansas wheat  
43 commission fund, the Kansas corn commission fund, the Kansas grain

1 sorghum commission fund and the Kansas soybean commission fund  
 2 during the preceding fiscal year; and  
 3 (4) with respect to the Kansas soybean commission fund, such  
 4 20% credit to the state general fund in relation to such fund in that  
 5 fiscal year is equal to that portion of \$100,000 that bears the same  
 6 proportion to \$100,000 as the amount credited to the Kansas soybean  
 7 commission fund during the preceding fiscal year bears to the total  
 8 of the amounts credited to the Kansas wheat commission fund, the  
 9 Kansas corn commission fund, the Kansas grain sorghum commission  
 10 fund and the Kansas soybean commission fund during the preceding  
 11 fiscal year.

12 (e) As used in this section, "grain research and market devel-  
 13 opment agencies" means the Kansas wheat commission, the Kansas  
 14 corn commission, the Kansas grain sorghum commission and the  
 15 Kansas soybean commission. Such agencies have been created to  
 16 fund appropriate research projects; to conduct campaigns of devel-  
 17 opment, education and publicity; and to find new markets or maintain  
 18 existing markets for commodities and products made from those  
 19 commodities, among their other duties. Such grain research and  
 20 market development agencies shall be funded by an assessment col-  
 21 lected from the grower at the time of the sale of such commodity  
 22 by the first purchaser. The assessment shall be sent to the proper  
 23 grain research and market development agency.

24 Sec. 9. K.S.A. 65-4016 and ~~75-3170a~~ are hereby repealed.  
 25 Sec. 10. This act shall take effect and be in force from and after  
 26 its publication in the statute book.

Sec. 6. K.S.A. 65-4016 attached  
 Sec. 7. K.S.A. 1991 Supp. 74-7507 attached  
 New Sec. 8. Sections 1 to 5, inclusive, and amendments  
 thereto, shall be known and may be cited as the alcohol  
 and other drug abuse counselor registration act.

Sec. K.S.A. 1991 Supp. 74-7507

1       Sec. 6. K.S.A. 65-4016 is hereby  
 2 amended to read as follows: 65-4016. The  
 3 secretary shall adopt rules and  
 4 regulations and standards with respect  
 5 to all treatment facilities to be  
 6 licensed hereunder as may be designed to  
 7 further the accomplishment of the  
 8 purposes of this law in promoting a safe  
 9 and adequate treatment program for  
 10 individuals in treatment facilities in  
 11 the interest of public health, safety  
 12 and welfare. Boards of trustees or  
 13 directors of institutions licensed  
 14 pursuant to the provisions of this act  
 15 shall have the right to select the  
 16 professional staff members of such  
 17 institutions and to select and employ  
 18 interns, nurses and other personnel and  
 19 ~~no rules and regulations or standards of~~  
 20 ~~the secretary shall be valid which, if~~  
 21 ~~enforced, would interfere in such~~  
 22 ~~selection or employment.~~

or certified  
 including, but not limited to, minimum qualifications  
 for employees of licensed programs which are less than  
 the qualifications required for a registered alcohol  
 and other drug abuse counselor

23       Sec. 7. K.S.A. 1991 Supp. 74-7507  
 24 is hereby amended to read as follows:  
 25 74-7507. The behavioral sciences  
 26 regulatory board shall have the  
 27 following powers, duties and functions:  
 28       (a) Recommend to the appropriate  
 29 district or county attorneys prosecution  
 30 for violations of this act, the  
 31 licensure of psychologists act of the  
 32 state of Kansas, the professional  
 33 counselors registration act, K.S.A.  
 34 65-6301 to 65-6318, inclusive, and  
 35 amendments thereto or the marriage and  
 36 family therapists registration act;

or the alcohol and other drug abuse counselor regis-  
 tration act

37       (b) compile and publish annually a  
 38 list of the names and addresses of all  
 39 persons who are licensed under this act,  
 40 are licensed under the licensure of  
 41 psychologists act of the state of  
 42 Kansas, are registered under the  
 43 professional counselors registration  
 44 act, are licensed under K.S.A. 65-6301

1 to 65-6318, inclusive, and amendments  
2 thereto  registered under the marriage  are  
3 and family therapists registration act;  or are registered under the alcohol and other drug  
4 (c) prescribe the form and contents  abuse counselor registration act  
5 of examinations required under this act,  
6 the licensure of psychologists act of  
7 the state of Kansas, the professional  
8 counselors registration act, K.S.A.  
9 65-6301 to 65-6318, inclusive, and  
10 amendments thereto  the marriage and   
11 family therapists registration act;  or the alcohol and other drug abuse counselor registra-  
12 (d) enter into contracts necessary  tion act  
13 to administer this act, the licensure of  
14 psychologists act of the state of  
15 Kansas, the professional counselors  
16 registration act, K.S.A. 65-6301 to  
17 65-6318, inclusive, and amendments  
18 thereto  the marriage and family   
19 therapists registration act;  or the alcohol and other drug abuse counselor registra-  
20 (e) adopt an official seal;  tion act  
21 (f) adopt and enforce rules and  
22 regulations for professional conduct of  
23 persons licensed under the licensure of  
24 psychologists act of the state of  
25 Kansas, registered under the  
26 professional counselors registration  
27 act, licensed under K.S.A. 65-6301 to  
28 65-6318, inclusive, and amendments  
29 thereto  registered under the marriage   
30 and family therapists registration act;  or registered under the alcohol and other drug abuse  
31 (g) adopt and enforce rules and  counselor registration act  
32 regulations establishing requirements  
33 for the continuing education of persons  
34 licensed under the licensure of  
35 psychologists act of the state of  
36 Kansas, registered under the  
37 professional counselors registration act  
38  licensed under K.S.A. 65-6301 to   
39 65-6318, inclusive, and amendments   
40 thereto;  or registered under the alcohol and other drug abuse  
41 (h) adopt rules and regulations  counselor registration act  
42 establishing classes of social work  
43 specialties which will be recognized for  
44 licensure under K.S.A. 65-6301 to



1 65-6318, inclusive, and amendments  
2 thereto;

3 (i) adopt rules and regulations  
4 establishing procedures for examination  
5 of candidates for licensure under the  
6 licensure of psychologists act of the  
7 state of Kansas, for registration under  
8 the professional counselors registration  
9 act, for licensure under K.S.A. 65-6301  
10 to 65-6318, inclusive, and amendments  
11 thereto, registered under the marriage  
12 and family therapists registration act  
13 and for issuance of such certificates  
14 and such licenses;

[ , registered under the alcohol and other drug abuse  
counselor registration act

15 (j) adopt rules and regulations as  
16 may be necessary for the administration  
17 of this act, the licensure of  
18 psychologists act of the state of  
19 Kansas, the professional counselors  
20 registration act, K.S.A. 65-6301 to  
21 65-6318, inclusive, and amendments  
22 thereto, and the marriage and family  
23 therapists registration act and to carry  
24 out the purposes thereof;

[ and the alcohol and other drug abuse counselor regis-  
tration act

25 (k) appoint an executive director  
26 and other employees as provided in  
27 K.S.A. 74-7501 and amendments thereto;  
28 and

29 (l) exercise such other powers and  
30 perform such other functions and duties  
31 as may be prescribed by law.