

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on February 21, 1995 in Room 423-S of the State Capitol.

All members were present.

Committee staff present: Norman Furse, Revisor of Statutes
Bill Wolff, Legislative Research Department
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:
Representative David Adkins
Deborah Alfano, KDHE Director of the Bureau of Disease Control
Elizabeth Budd, Kansas City

Others attending: See Guest List, Attachment 1.

The minutes of the committee meetings held on February 13 and February 14, 1995 were approved.

HB 2376 - Authority of relatives and custodians to authorize immunization of minors

The hearing was opened. Representative David Adkins presented testimony in support of the bill by providing the history of immunizations of the state; stating reasons (barriers) to immunizations; and providing elements of the proposed legislation (see Attachment 2).

Elizabeth Budd, a parent, from Kansas City, testified as a mother in favor of **HB 2376**, stating strong support by saying Kansas needs to remove barriers to immunizations in order to include the many children who do not have access to healthcare.

Deborah Alfano, KDHE Director of the Bureau of Disease Control, presented testimony to support **HB 2376** (see Attachment 3), stating the verbal authority provided in the bill may assist working parents in getting their children immunized.

Chairperson Mayans indicated that written testimonies in support of **HB 2376** have been received from the following:
Chip Wheelen, Kansas Medical Society (Attachment 4)
Wyandotte County District Judge Carlos Murqui (Attachment 5)
Lora Cray, Community Volunteer, Kansas City (Attachment 6)

The hearing was opened to questions of the proponents. Representative Haley asked Representative Adkins how to insure against over-immunizations particularly where children have several caretakers (parents, grandparents, day care, etc.). Representative Adkins responded it is important that the parents be responsible and act as "gatekeepers." Ms. Alfano reported that immunization records are checked, either by written reports brought in with the children or by telephone calls. Histories are taken to determine where the child is in the immunization schedule. Representative Haley also pointed out this bill may allow family conflicts to cause immunizations to be given against the will of the parent or legal guardian.

Representative Landwehr asked Representative Adkins why this bill was proposed as it appears to give legitimacy to verbal authorizations that are already being done under current law. Representative Adkins reiterated his testimony that this bill would accomplish needed immunizations to children who are being missed. Representative Landwehr asked why not extend local Health Department hours in the communities to help the parents. Representative Freeborn questioned the bill, saying there is a trend to "one-stop shopping" for the state's requirements on children and she is concerned this bill may abrogate the parent's responsibilities.

Several members questioned the provision for verbal authorization as it may cause adverse reactions to children who might receive the same immunizations more than once.

CONTINUATION PAGE

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S State Capitol, at 1:30 p.m. on February 21, 1995

Representative Landwehr questioned the Kansas Department of Health and Environment records on children's immunizations. Ms. Alfano replied all immunizations of kindergarteners are reviewed by the Department. There is a specific formula that is used to develop the rates shown for the counties. Representative Landwehr wondered if the fiscal impact of this bill is known, and if the bill is duplicative or unnecessary.

There being no opponents present to testify, the hearing on **HB 2376** was closed.

Chairperson Mayans asked the committee to consider action on bills previously heard by the committee.

HB 2306 - Method of selection of board members of district hospital

The committee discussed **HB 2306**, after which, on motion of Representative Geringer, seconded by Representative Merritt, on voice vote, the committee passed **HB 2306** and asked that it be placed on the consent calendar.

HB 2434 - Controlled substances act substances scheduling

Chairperson Mayans indicated that written testimony concerning **HB 2434** from Brad Smoot (who represents two pharmaceutical manufacturers of hydrocodone products) has been distributed to committee members (see Attachment 7).

The committee then considered action on **HB 2434**. On motion of Representative Landwehr, seconded by Representative Haley, by voice vote, the committee voted that **HB 2434** be not passed.

HB 2246 - State board of pharmacy grounds for disciplinary actions, costs of proceedings and appointment of executive director

Representative Morrison questioned the change of title from "Executive Secretary" to "Director" as set out in the bill and if it was correct that the current Executive Secretary agreed that the title probably should not be changed at this time. Mr. Furse replied that was his understanding and if the title is changed, it would cause amendments to 13 or 14 other statutes. After discussion, on motion of Representative Kirk, seconded by Representative Geringer, the committee amended the bill by deleting the title "director" and inserting in lieu thereof the title "executive secretary" wherever it appears in **HB 2246**. The motion carried.

Mr. Furse also indicated a balloon amendment has been developed in response to the committee's discussion to add language to Section 1(a)(14) dealing with the agency's responsibilities in handling investigations of impaired licensees (see Attachment 8). On motion of Representative Rutledge, seconded by Representative Geringer, the committee adopted the amendments set forth on Attachment 8. On motion of Representative Geringer, seconded by Representative Rutledge, by voice vote, the committee passed **HB 2246**, as amended.

The meeting was adjourned at 2:42 p.m.

The next meeting is scheduled for February 22, 1995.

HOUSE COMMITTEE ON HEALTH AND HUMAN
SERVICES COMMITTEE
GUEST LIST
FEBRUARY 21, 1995

NAME	REPRESENTING
Amson Peterson	Ks. Medical Society
Deborah Alfano	KDHE
Marica Mayer	KDHE
Rich Guthrie	Health Midwest
Joe Furjanic	KCA
KATH R SANDIS	CHRISTIAN SCIENCE COMM ON PUBLICATION FOR KS
David Agzide	KS Dental Assn
Rosilyn Jones-Martin	SRS
ERTA GRAYSON	KSNA
Nicki Rodman	KSNA
Sandy Strand	KINH
Robert	KPLA + KSOS
Elizabeth Bud	Self
LISA ADKINS	Partnership for Children
Gary Robbins	Ks Optometric Assn
Terri Roberts	KSNA
Sydney Hardman	Ks Action for Children
Michelle Peterson	Ks Gov Consulting
Tom Bell	Ks Hosp. Assn.

STATE OF KANSAS
HOUSE OF REPRESENTATIVES

STATE CAPITOL
TOPEKA, KANSAS 66612
(913) 296-7678

RESIDENCE
8021 BELINDER ROAD
LEAWOOD, KANSAS 66206
(913) 341-1232



COMMITTEES
CHAIRMAN SELECT COMMITTEE ON
JUVENILE CRIME
CHAIRMAN JOINT COMMITTEE ON ARTS AND
CULTURAL RESOURCES
MEMBER FEDERAL AND STATE AFFAIRS
JUDICIARY

REPRESENTATIVE DAVID ADKINS
TWENTY-EIGHTH DISTRICT

Testimony on HB 2376
February 21, 1995

Mr. Chairman and members of the committee:

Thank you for this opportunity to appear before you in support of HB 2376. This legislation will be a "real shot in the arm" to our efforts in Kansas to improve immunization rates.

I. CURRENT STATUS OF IMMUNIZATION

- Diseases that are easy to prevent and expensive to treat make a strong case for the importance of immunizations. The Centers for Disease Control and Prevention estimate that every dollar spent on immunization saves \$10 in treatment; therefore, it makes economic and emotional sense to get children immunized as early as possible.
- Nine of the most serious childhood diseases, including polio, measles, and whooping cough, can be prevented through timely immunizations. These diseases can cause severe illness, crippling physical and mental disabilities, and even death.
- According to public health authorities, two years of age is the optimal completion date for immunizations for greatest effectiveness. Epidemics spread quickly among those age two and younger, and diseases like whooping cough and measles can kill the very young. To prevent outbreaks of vaccine-preventable diseases, and protect all children, it is necessary to immunize children at the earliest appropriate age.
- In 1993 in Kansas, only 57% of our kindergartners were fully immunized by age two. There was no appreciable change in the immunization rate for 1993 as compared to the base years 1989-1990, and 1992.

- In 1993 in approximately one-third of Kansas counties less than half of the two year olds were fully immunized.
- In 1993 no Kansas county had yet reached the national goal for the year 2000, which is to fully immunize 90 percent of all two year olds.
- In Finney, Graham, Neosho, Woodson, and Wyandotte counties, less than one-third of our two year olds were fully immunized.
- Currently, "fully immunized" consists of three doses of vaccine against diphtheria, pertussis, tetanus, polio, Hib, and Hepatitis B; one dose of vaccine against measles, mumps and rubella.
- In Kansas in 1993, more than 14,000 kindergartners were not fully immunized by age two, as recommended by the Advisory Committee on Immunization Practices, leaving them vulnerable to preventable disease.
- Barriers to immunization include awareness, education, motivation, mistaken belief that the child is fully immunized, and increasing demands on families. Unless parents receive assistance from employers, relatives or neighbors, limited doctor and clinic hours, lack of transportation, or lack of child care for older siblings can prevent a parent or guardian from ensuring that their youngest children are fully immunized on schedule.
- All children are behind in receiving their immunizations, regardless of income, race or locality. Nationally, non-poor children accounted for almost three-quarters of the total number of two year olds who were not appropriately immunized in 1992. More than 40 percent of white children, children who live in suburban communities, and children who live above the poverty line are not properly immunized.
- Over the past decade (1981-1991) measles immunization rates for infants in developing countries rose from 18 to 77 percent. In comparison, over the same time period in the United States children became less likely to be protected against vaccine-preventable diseases. Between 1989 and 1991 a measles epidemic struck more than 55,000 Americans, hospitalized more than 11,000, and caused the deaths of 72 children younger than five. Forty-four percent of all cases were in preschool children under five years of age. The resurgence of measles was directly attributable to our failure to immunize our children on schedule.

II. BARRIERS TO IMMUNIZATION

- One of the greatest barriers to fully immunizing our children are the increasing demands on families, including the challenge of ensuring children visit a health care provider regularly. Unless parents receive assistance from employers, relatives or neighbors, limited doctor and clinic hours, lack of transportation, or lack of child care for older siblings may prevent a parent or guardian from ensuring that their youngest children are fully immunized on schedule. Part of the solution is for providers to offer more “user-friendly” hours for parents BUT part of the solution is allowing a responsible adult, with the parent’s permission, to present the child for immunization. Currently, only the parent can present the child for immunization.

III. ELEMENTS OF THE PROPOSED LEGISLATION

- The proposed legislation will expand the number of individuals who can provide informed consent for the immunization of a minor. The legislation allows parents to give permission to family members and other caregivers to present their child for immunization. Family members would include grandparents, adult brothers or sisters, adult aunts or uncles, and stepparents.
- With the new legislation parents may give permission to another responsible adult, such as a day care provider, to present their child for immunization.
- At the doctor’s office or immunization site the responsible adult will provide a basic medical history to identify symptoms that might preclude immunizing the child on that day. This adult will be given information about the immunization and sign a consent form.
- The National Childhood Injury Compensation Act allows such alternate consent if State law allows it. No specific forms are required for the parental delegation or alternate consent, but sample forms that could be used to document the required information in the medical record are available.

Parental Delegation Form
Authorizing the Immunization of a Minor

_____, am the
print name

- Natural or adoptive parent of
- Guardian of
- Person who, under court order, is authorized to give consent for

the minor, _____
print name of minor

I, hereby, delegate _____
print name of person to whom authority is delegated

to give consent to the immunization of the above named minor. The relationship of this person to the minor is:

- A grandparent
- An adult brother or sister
- An adult aunt or uncle
- A stepparent
- Another adult who has care and control of the above named minor

Signature of Parent or Guardian

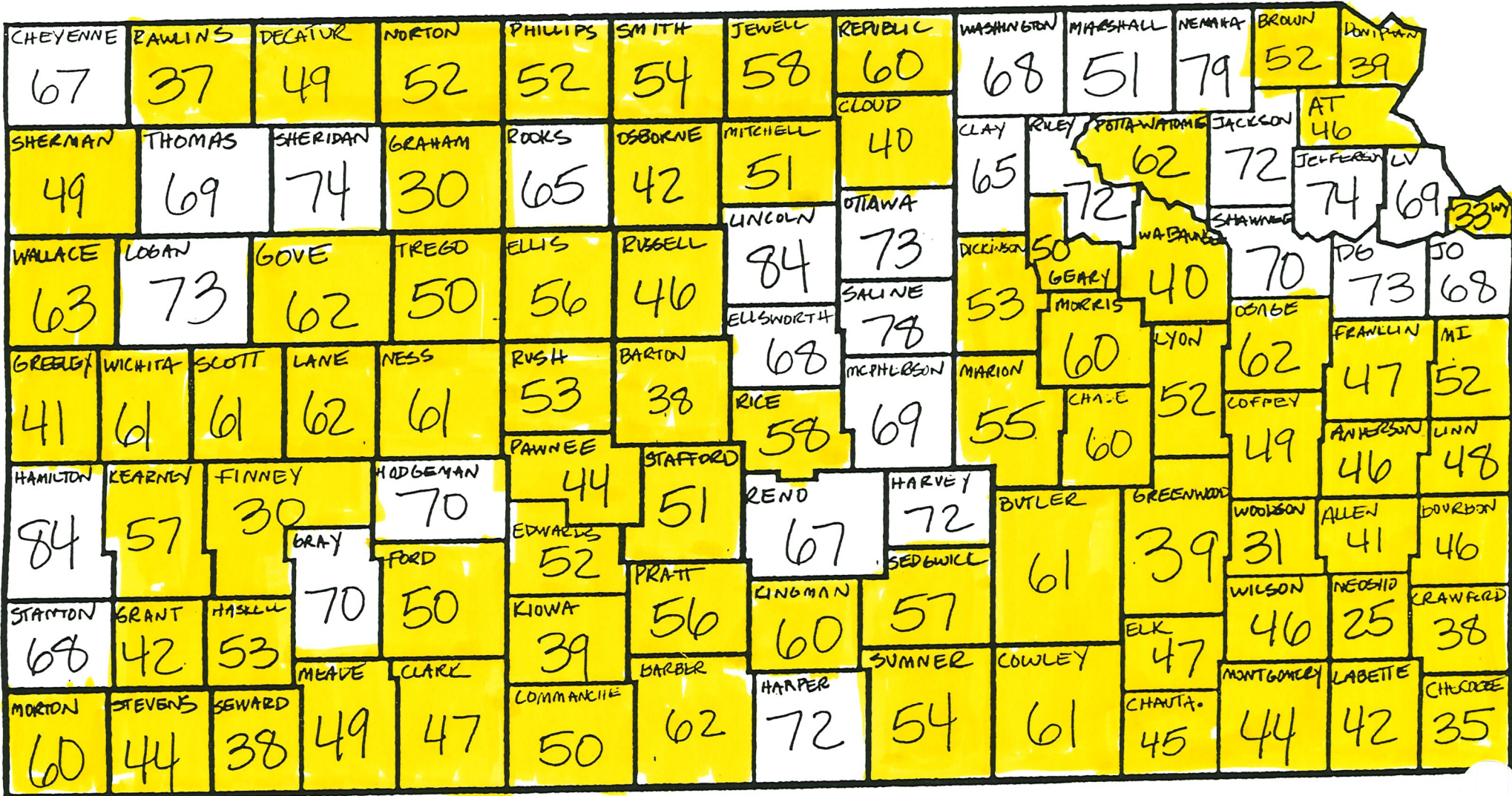
Date

Witness

Date

PERCENTAGE OF CHILDREN FULLY IMMUNIZED BY AGE 2
 SOURCE: 1995 KANSAS KIDS COUNT DATA BOOK

KANSAS



Testimony presented to
House Committee on Health and Human Services
by
The Kansas Department of Health and Environment
House Bill 2376

The proposed House Bill 2376 is an ACT concerning minors; relating to consent to immunizations. This Act provides that a parent may delegate verbally or in writing, authority of another adult to consent to the immunization of a minor; related adults (biologically and through adoption) are listed as are adults who have care and control of the minor. The Act also defines the limitations of a parent who is considered 'not reasonably available' and provides definition of the revocations of such given authority. The Act also provides release of liability to the health care provider and the person who consents for damages arising from such immunizations.

This Act may help to eliminate the barrier of location of a parent for a signature to receive immunizations in the State of Kansas. The verbal release of authority may indeed assist the working parents in getting their children immunized by grandparents and child care providers.

The Kansas Department of Health and Environment supports HB 2376.

Testimony presented by: Deborah Alfano
Director of Bureau of Disease Control
Kansas Department of Health and Environment



KANSAS MEDICAL SOCIETY

623 SW 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383
WATS 800-332-0156 FAX 913-235-5114

February 21, 1995

To: House Health and Human Services Committee
From: C. L. Wheelen, KMS Director of Public Affairs *Chiz*
Subject: House Bill 2376; Consent to Immunizations

Thank you for the opportunity to comment on the merits of HB2376. This bill would facilitate appropriate immunization of children whose parents delegate to a member of their family the authority to grant consent for administration of vaccines.

Under existing Kansas laws, a patient must give a health care provider consent to treatment before services are rendered. In the case of children or incapacitated adults, the consent must be granted by a parent or guardian. There are, of course, exceptions to the general rule of law in cases of emergency when the patient is seriously ill or injured and is physically unable to consent to treatment. The rule of implied consent in emergencies applies to children as well as adults.

In the case of immunizations, however, the parent or guardian must give consent for the administration of vaccine products. If a grandmother or sister brings the child to a physician's office or public health clinic for immunizations, proper consent cannot be granted by the relative no matter how good the intentions of the relative or the parents.

House Bill 2376 would make it clear that a family member can sign the necessary consent form and thereby relieve the health care provider of any potential liability that might otherwise accrue if the shots were given without consent. In this regard, we are particularly supportive of the protections in section 5 (starting at line 20, page 3).

Thank you for considering our comments. We respectfully request your favorable action on HB2376.

HOUSE H&HS COMMITTEE
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Attachment 4

DISTRICT COURT OF KANSAS

CHAMBERS OF
CARLOS MURGUIA
JUDGE



COURTHOUSE
KANSAS CITY, KANSAS
66101

WYANDOTTE COUNTY

February 21, 1995

Re: House Bill No. 2376
Consent to immunization

Dear Chairman Mayans and Members of the
Health and Human Services Committee:

I write you today to express support for H.B. 2376, an act relating
to consent to immunization.

Immunization is a simple and cost effective way to prevent the
introduction and spread of nine vaccine-preventable diseases,
including polio, measles, and whooping cough. It is unquestionable
that these typically childhood diseases can cause severe illness,
crippling physical and mental disabilities, and even death.

Public health authorities tell us that two years of age is the
optimal completion date for immunization of children for greatest
effectiveness. The latest data reveals that only 57 percent of
Kansas kindergartners were fully immunized by age two. In Wyandotte
county, where I work and reside, the figure is only 33 percent.
To ensure that all children have the opportunity to be fully
immunized by two, we must ensure access. This is why I urge your
support for H.B. 2376, as it grants parents assistance and greater
accessibility is getting their children immunized on time.

Reasons as to why parents may not be able to personally take their
child for immunizations are numerous: increasing demands on families,
employment obligations, limited doctor and clinic hours, lack of
transportation, or lack of child care for an ill or older sibling.
These types of barriers would be dramatically reduced with the
passage of H.B. 2376.

House Bill No. 2376 permits a parent to give permission to an adult
relative or caregiver of the child, to present the child for the
immunization. It is a simple and straightforward measure, that is
family and child friendly. Thank you for your consideration of
this measure, and I again urge you support.

Sincerely,

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LAURA A. CRAY

February 21, 1995

RE: House Bill No. 2376/Consent to Immunization

Dear Chairman Mayans and Members of the Health and Human
Services Committee:

I wish to express my strong support for HB 2376, which is concerned with consent for immunization. I urge you to approve this measure.

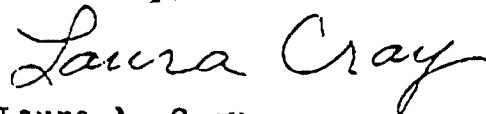
House Bill No. 2376 is a simple and straightforward legislative measure, enabling parents to give permission to an adult relative or caregiver of a child to take that child to be immunized. I would suggest this bill is user friendly for both parent and child.

Immunization is a critically important ingredient to a healthy child. In order to facilitate the procedure for children today, it is necessary to make the action as easy and as available as possible. The positive result of early immunization (before two years of age) has been proven to be of the greatest effectiveness. We cannot afford to overlook the fact that only 57% of Kansas five year olds were fully immunized by age two. During the gap years children are vulnerable whether at home or at play in a child care facility. Access is key to ensure the success of getting our children immunized early.

It is important to help parents accomplish this necessary health care for their children. The greatest resource of our state and county are our children. Let's do all we can to protect and nurture our children through a strong immunization effort.

Thank you for your thoughtful consideration of this measure, and I again urge your support.

Sincerely,



Laura A. Cray
Community volunteer and advisor
Coalition for Positive Family
Relations

HOUSE H&HS COMMITTEE

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Attachment 6

BRAD SMOOT

ATTORNEY AT LAW

EIGHTH & JACKSON STREET
MERCANTILE BANK BUILDING
SUITE 808
TOPEKA, KANSAS 66612
(913) 233-0016
(913) 234-3687 FAX

10200 STATE LINE ROAD
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LEAWOOD, KANSAS 66206
(913) 649-6836

February 21, 1995

The Honorable Carlos Mayans
State Representative
State Capitol, Room 426-S
Topeka, KS 66612

Dear Chairman Mayans:

I represent two pharmaceutical manufacturers of hydrocodone products, namely Forest Pharmaceuticals and Knoll Pharmaceuticals. I am writing in regard to House Bill 2434, which calls for the rescheduling of hydrocodone. After listening to the conferees during the Committee hearings on this bill I thought I might be able to respond to a couple of questions raised by your committee members.

Members seemed concerned with what other states were doing regarding hydrocodone. My preliminary research indicates that no other state has rescheduled this product from a Schedule III to a Schedule II. Four other states have considered it (Alabama, Georgia, Nevada and Texas). All have rejected such action for the same reasons that the medical community cited in their opposing statements.

Your committee members also seemed interested in education of professionals as a preferable solution to perceived problems with hydrocodone abuse. Currently, three companies which make hydrocodone products have completed 41 continuing education programs for health care professionals nationwide, including one in Kansas during 1994. Topics of these programs include thwarting illicit drug seekers, impaired professionals, Rx forgeries and appropriate pain management. Thirty three such programs are currently planned for 1995 with six scheduled for Kansas.

My clients agree that rescheduling of hydrocodone is unnecessary and harmful to patients and providers. In addition, we agree with conferees and some members of the committee who expressed the view that provider education was a preferable

HOUSE H&HS COMMITTEE
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Attachment 7-1

response to the concerns about abuse of this product. For these reasons we would urge your Committee to delete the portions of this bill dealing with hydrocodone.

Please feel free to share this information with your Committee members and other interested parties as you feel necessary. Thank you for consideration of our views and if we may provide additional information, please feel free to contact me at your convenience.

Sincerely,

A handwritten signature in cursive script, appearing to read "Brad Smoot".

Brad Smoot

HOUSE BILL No. 2246

By Committee on Health and Human Services

1-31

9 AN ACT concerning the state board of pharmacy; grounds for disciplinary
10 actions; costs of proceedings; appointment of executive director;
11 amending K.S.A. 65-1627h and 74-1606 and K.S.A. 1994 Supp. 65-
12 1627 and repealing the existing sections.

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

15 Section 1. K.S.A. 1994 Supp. 65-1627 is hereby amended to read as
16 follows: 65-1627. (a) The board may revoke, suspend, place in a proba-
17 tionary status or deny a renewal of any license of any pharmacist upon a
18 finding that:

19 (1) The license was obtained by fraudulent means;

20 (2) the licensee has been convicted of a felony and the licensee fails
21 to show that the licensee has been sufficiently rehabilitated to warrant
22 the public trust;

23 (3) the licensee is found by the board to be guilty of unprofessional
24 conduct or professional incompetency;

25 (4) the licensee is addicted to the liquor or drug habit to such a degree
26 as to render the licensee unfit to practice the profession of pharmacy;

27 (5) the licensee has violated a provision of the federal or state food,
28 drug and cosmetic act, the uniform controlled substances act of the state
29 of Kansas, or any rule and regulation adopted under any such act;

30 (6) the licensee is found by the board to have filled a prescription not
31 in strict accordance with the directions of the practitioner;

32 (7) the licensee is found to be mentally or physically incapacitated to
33 such a degree as to render the licensee unfit to practice the profession
34 of pharmacy;

35 (8) the licensee has violated any of the provisions of the pharmacy
36 act of the state of Kansas or any rule and regulation adopted by the board
37 pursuant to the provisions of such pharmacy act;

38 (9) the licensee has failed to comply with the requirements of the
39 board relating to the continuing education of pharmacists;

40 (10) the licensee as a pharmacist in charge or consultant pharmacist
41 under the provisions of subsection (c) or (d) of K.S.A. 65-1648 and
42 amendments thereto has failed to comply with the requirements of sub-
43 section (c) or (d) of K.S.A. 65-1648 and amendments thereto;

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1 (11) the licensee has knowingly submitted a misleading, deceptive,
2 untrue or fraudulent misrepresentation on a claim form, bill or statement;

3 (12) the licensee has had a license to practice pharmacy revoked,
4 suspended or limited, has been censured or has had other disciplinary
5 action taken, or an application for license denied, by the proper licensing
6 authority of another state, territory, District of Columbia or other country,
7 a certified copy of the record of the action of the other jurisdiction being
8 conclusive evidence thereof; or

9 (13) the licensee has self-administered any controlled substance with-
10 out a practitioner's prescription order; or

11 (14) in determining whether or not the licensee has violated subsection
12 (a)(3), (a)(4), (a)(7) or (a)(13), the board upon reasonable suspicion
13 of such violation has authority to compel a licensee to submit to mental
14 or physical examination or drug screen, or any combination thereof, by
15 such persons as the board may designate. To determine whether reason-
16 able suspicion of such violation exists, the investigative information shall
17 be presented to the board as a whole.

18 (b) The board may suspend, revoke, place in a probationary status or
19 deny a renewal of any retail dealer's permit issued by the board when
20 information in possession of the board discloses that such operations for
21 which the permit was issued are not being conducted according to law or
22 the rules and regulations of the board.

23 (c) The board may revoke, suspend, place in a probationary status or
24 deny a renewal of the registration of a pharmacy upon a finding that: (1)
25 Such pharmacy has been operated in such manner that violations of the
26 provisions of the pharmacy act of the state of Kansas or of the rules and
27 regulations of the board have occurred in connection therewith; (2) the
28 owner or any pharmacist employed at such pharmacy is convicted, sub-
29 sequent to such owner's acquisition of or such employee's employment
30 at such pharmacy, of a violation of the pharmacy act or uniform controlled
31 substances act of the state of Kansas, or the federal or state food, drug
32 and cosmetic act; or (3) the owner or any pharmacist employed by such
33 pharmacy has fraudulently claimed money for pharmaceutical services.

34 (d) A registration to manufacture or to distribute at wholesale a drug
35 or a registration for the place of business where any such operation is
36 conducted may be suspended, revoked, placed in a probationary status
37 or the renewal of such registration may be denied by the board upon a
38 finding that the registrant or the registrant's agent: (1) Has materially
39 falsified any application filed pursuant to or required by the pharmacy
40 act of the state of Kansas; (2) has been convicted of a felony under any
41 federal or state law relating to the manufacture or distribution of drugs;
42 (3) has had any federal registration for the manufacture or distribution of
43 drugs suspended or revoked; (4) has refused to permit the board or its

OR

.

(b) In

Information submitted to the board as a whole and all reports, findings and other records shall be confidential and not subject to discovery by or release to any person or entity. The licensee shall submit to the board a release of information authorizing the board to obtain a report of such examination or drug screen, or both. A person affected by this subsection shall be offered, at reasonable intervals, an opportunity to demonstrate that such person can resume the competent practice of pharmacy with reasonable skill and safety to patients. For the purpose of this subsection, every person licensed to practice pharmacy and who shall accept the privilege to practice pharmacy in this state by so practicing or by the making and filing of an annual renewal to practice pharmacy in this state shall be deemed to have consented to submit to a mental or physical examination or a drug screen, or any combination thereof, when directed in writing by the board and further to have waived all objections to the admissibility of the testimony, drug screen or examination report of the person conducting such examination or drug screen, or both, at any proceeding or hearing before the board on the ground that such testimony or examination or drug screen report constitutes a privileged communication. In any proceeding by the board pursuant to the provisions of this subsection, the record of such board proceedings involving the mental and physical examination or drug screen, or any combination thereof, shall not be used in any other administrative or judicial proceeding.

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1 duly authorized agents to inspect the registrant's establishment in accor-
 2 dance with the provisions of K.S.A. 65-1629 and amendments thereto;
 3 (5) has failed to keep, or has failed to file with the board or has falsified
 4 records required to be kept or filed by the provisions of the pharmacy
 5 act of the state of Kansas or by the board's rules and regulations; or (6)
 6 has violated the pharmacy act of the state of Kansas or rules and regu-
 7 lations adopted by the state board of pharmacy under the pharmacy act
 8 of the state of Kansas or has violated the uniform controlled substances
 9 act or rules and regulations adopted by the state board of pharmacy under
 10 the uniform controlled substances act.

(c)

11 ~~[(e)]~~ Orders under this section, and proceedings thereon, shall be sub-
 12 ject to the provisions of the Kansas administrative procedure act.

13 Sec. 2. K.S.A. 65-1627h is hereby amended to read as follows: 65-
 14 1627h. (a) If the order is adverse to the licensee, registrant or permit
 15 holder, the costs shall be charged to such person as in ordinary civil ac-
 16 tions in the district court, but if the board is the unsuccessful party, the
 17 costs shall be paid out of any money in the state board of pharmacy fee
 18 fund. Witness fees and costs may be taxed according to the statutes ap-
 19 plicable in the district courts.

20 (b) All costs accrued at the instance of the state, when it is the suc-
 21 cessful party, and which the attorney general certifies cannot be collected
 22 from the licensee, registrant or permit holder, shall be paid out of any
 23 available funds in the state treasury to the credit of the board.

24 (c) *The board may consider nonpayment of costs which have been*
 25 *assessed against a defendant when considering a motion for reinstatement*
 26 *of a license or registration, or as a condition of probation.*

27 Sec. 3. K.S.A. 74-1606 is hereby amended to read as follows: 74-
 28 1606. (a) Annually, during the month of ~~May~~ June, the board shall or-
 29 ganize by electing a president and a vice-president and shall also appoint
 30 a full-time executive ~~secretary~~ director who shall not be a member of the
 31 board and whose employment shall at all times be subject to the pleasure
 32 of the board. The executive ~~secretary~~ director shall be in the unclassified
 33 service of the Kansas civil service act and shall receive an annual salary
 34 fixed by the board and approved by the state finance council.

35 (b) The board may employ, in accordance with the Kansas civil serv-
 36 ice act, such inspectors, chemists, agents and clerical help as may be
 37 necessary for the purpose of administering and enforcing the provisions
 38 of this act and may employ an attorney to assist in prosecutions under
 39 this act and for such other purposes as the board may designate.

40 (c) *Whenever secretary, executive secretary, or words of like effect, is*
 41 *referred to or designated by a statute, rule and regulation, contract or*
 42 *other document in reference to the director of the state board of pharmacy*
 43 *under the pharmacy act of the state of Kansas, such reference or desig-*

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