

Approved: 2-8-96
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on February 1, 1996 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Linda Lubensky, Kansas Home Care Association
John Grace, President and CEO, Kansas Association of Homes and Services for the Aging
Greg Bien, attorney, St. Francis Hospital and Medical Center
Dr. Ivan Osorio, KUMC

Others attending: See attached list

Introduction of bills

Linda Lubensky, representing the Kansas Home Care Association as well as the Kansas State Board of Pharmacy and Kansas Pharmacists Association, requested introduction of a bill that would address a current problem in regard to the use of certain legend drugs by home care agencies. (Attachment 1) Senator Ramirez made a motion the Committee recommend introduction of the proposed legislation, seconded by Senator Langworthy. The motion carried.

John Grace, Kansas Association of Homes for the Aging, requested introduction of a bill that would allow continuing care retirement community residents who are enrollees in an HMO or other managed care organizations to utilize their retirement community to receive covered services. (Attachment 2) Senator Hardenburger made a motion the Committee recommend introduction of the proposed legislation, seconded by Senator Langworthy. The motion carried.

Greg Bien, St. Francis Hospital and Medical Center, requested introduction of a bill that would allow not-for-profit corporations as well as other not-for-profit business and governmental entities to provide dental services to the indigent. (Attachment 3) Senator Walker made a motion the Committee recommend introduction of the proposed legislation, seconded by Senator Langworthy. The motion carried.

Presentation of automated epileptic seizure detection

Ivan Osorio, M.D., Co-Director, Comprehensive Epilepsy Center, University of Kansas Medical Center, briefed the Committee on automated seizure detection and prediction methods. It was noted by Dr. Osorio that the possibility exists that brain pacemakers will be available to control epileptic seizures seconds or minutes before the seizures occur.

Adjournment

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

The next meeting is scheduled for February 6, 1996.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 2-1-96

NAME	REPRESENTING
Jim O'Toole	Farm Bureau
Linda Swain	" "
Donna Bates	NE Room. Ks. Farm Bureau
Geulil Henise m.d.	SRS
Linda Lubensky	KS Home Care Assn
JUDY MAYO	SELF
Tom Bruno	Allen + Assoc.
Stacey Riehl	KAADs
Russell McHenry	Farm Bureau
Linda Benhart	Farm Bureau
Pat Johnson	Board of Nursing
Patricia	Board of Pharmacy
Amy S. Tetter	ASU Student Nurse
Goshua S. Tyson	" " "
HARRY SPACK	HUMAPA
Rien Gutierrez	Health Midwest
Melissa Wanyemana	Hein Ebert & Weir
JOHN FEDERICO	Pete Mcbill + Assoc
Bob Williams	Ks. Pharmacist Assoc

Tom Bell
Michelle Peterson

KHA
Peterson Public Affairs Group

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 2/19/96

NAME	REPRESENTING
Sandy Strand	Ks Advocates for Better Care
Debra Zehn	KAHSA
John Graue	KAHSA



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To: Senate Public Health & Welfare Committee
From: Kansas Home Care Association, Kansas State Board of
Pharmacy, Kansas Pharmacists Association
Date: February 1, 1996
Re: Request for bill introduction concerning use of
certain legend drugs by home care agencies

The Kansas Home Care Association, The Kansas State Board of Pharmacy, and the Kansas Pharmacists Association respectfully request your assistance in introducing legislation that would address a current problem in regard to the use of certain legend drugs by home care agencies.

For years home care nurses have carried, and agencies stored, certain drugs for emergency purposes. These drugs include sterile water and sterile saline for injection or irrigation, heparin flush solution, diphenhydramine injectable, and epinephrine injectable. Although it has been common practice to purchase these drugs in bulk for the use by home care nurses, this does not technically meet the letter of the law. They are classified as legend drugs, and as such require a specific prescription label for a particular patient. In order to help our nurses comply with current laws and yet be able to have the supplies on hand for emergency situations, we feel that legislation is necessary.

Our three associations have worked together to devise such legislation to meet our needs. What we present to you is language to amend the Pharmacy Practice Act. It is patterned after a statute currently used in Oklahoma. The process that this legislation would mandate is one that we feel is workable, without placing undue burden on either pharmacists or home care providers. It allows the pharmacy to retain ownership of the drugs, sets up accountability measures, but still insures their availability for emergency situations.

We appreciate your consideration and hope that you will support the introduction of this legislation.

Senate Public Health and Welfare
Date: 2-1-96
Attachment No. 1

TO: Senate Public Health and Welfare Committee
FROM: John Grace, President/CEO
RE: Request for Committee Bill Introduction

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The Kansas Association of Homes and Services for the Aging (KAHSA) is a not-for-profit association representing over 150 not-for-profit retirement, nursing, and community service providers throughout Kansas. KAHSA members provide diverse services to individuals in a variety of settings, including over 10,000 nursing beds, over 4,000 apartments and duplexes, and a wide range of other services such as assisted living/residential health care, home health care, congregate meals, and adult and intergenerational day care.

On behalf of the Kansas Association of Homes and Services for the Aging and their residents, I respectfully request the introduction of a bill by the committee which would allow continuing care retirement community (CCRC) residents who are enrollees in an HMO or other managed care organization to utilize their retirement community to receive covered services.

Persons who live in these settings expect, and prefer, to return home, to a familiar and self-selected environment, to convalesce after a hospitalization. Unfortunately, if the individual is enrolled in an HMO, he or she may be sent to the facility with which the HMO has contracted to provide services, without consideration for personal preference or prior contractual agreement with the CCRC.

With this bill, CCRC residents can return home to receive services if: 1) their physician finds that this would be in their best interest; 2) the CCRC agrees to be reimbursed at the managed care organization's contract rate; and 3) the facility meets all contract provider guidelines established by the managed care organization.

Thank you very much for your consideration.

Summary of proposed legislation:

The proposed legislation allows not-for-profit corporations as well as other not-for-profit business and governmental entities to provide dental services to the indigent. Current law does not allow corporations to employ dentists or hygienists to provide dental services. Furthermore, a licensee of dentistry who becomes an employee of a proprietor of dental services may have his license revoked.

The indigent are defined in accordance with K.A.R. 28-53-3 which provides as follows:

Persons shall qualify as medically indigent if they are:

(a) determined to be a member of a family unit earning at or below 200% of poverty income guidelines based on the annual update of "poverty income guidelines" published in the federal register by the United States department of health and human services;

(b) not indemnified against costs arising from medical and hospital care by a policy of accident and sickness insurance; an employee health benefits plan, a program administered by the state or federal government, or any such coverage; and

(c) seek health care at:

- (1) an indigent health care clinic;
- (2) a federally qualified health center; or
- (3) a participating local health department.

The proposed legislation would also allow dentists defined as "retired" by the Kansas Dental Board to provide dental services to the indigent in the charitable health care provider entities that are referenced.