Approved: 3-6-96
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 14, 1996 in Room 526-S of the Capitol.

All members were present except:

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

Conferees appearing before the committee:

Terri Roberts, Kansas State Nurses Association
Tom Bell, Kansas Hospital Association
John Grace, Kansas Association of Homes and Services for the Aging
Richard M. Catlett, President, Lakeview Village, Lenexa
John J. Federico, Humana Health Care Plans and Kansas Managed Care Association

Others attending: See attached list

Continued Hearing on SB 538 - Board of nursing authorization to issue exempt licenses and collect certain fees

Terri Roberts, KSNA, testified in support of **SB 538** which would allow the Board of Nursing to license charitable health care providers. Ms. Roberts suggested an amendment that would limit the authority to approve such individuals to the Board, by striking the words "or" and inserting "and" on page 6, line 41, as well as recommended language change regarding continuing nurse education. (Attachment 1) Committee discussion related to licensure outside of the state, mandatory continuing nurse education, and separate delegation for school nurses.

Tom Bell, KHA, expressed his support for the bill and encouraged members of the committee to support an amendment to KSA 65-119 offered by the Kansas State Nurses Association that would authorize certain categories of continuing education to satisfy requirements for relicensure. (Attachment 2) During Committee discussion it was noted that staff would draft balloon of bill showing proposed amendments.

Hearing on SB 624 - Provision of health services to continuing care retirement community residents enrolled in an HMO managed care organization

John Grace, KAHSA, testified in support of **SB 624** which would propose a new section to the Health Maintenance Organization Act. The bill would allow a person who is enrolled in an HMO or managed care organization, or both, and who resides in a continuing care retirement community or a licensed retirement facility to receive covered services through that retirement community. Mr. Grace noted that the bill would have a big impact on a small number of people as there are 3,600 older persons living in retirement housing portions of our communities. (Attachment 3)

Richard M. Catlett, Lakeview Village, expressed his support for **SB 624** stating that residents in retirement communities need to have the security of continued health care where they reside, and all entities need to work together for a better understanding on this issue. (Attachment 4)

John Federico, on behalf of Humana Health Care Plans, testified in opposition to **SB 624** stating that the Kansas Managed Care Association, of which Humana is a member, generally opposes all legislation which endorses "any willing provider" principles. He noted that the passage of **SB 624** would set an unwelcome precedent for other areas of the health care industry. It was pointed out that Humana is sympathetic to the concerns as noted by Mr. Grace, and Mr. Frederico suggested the Committee allow both parties additional time to discuss the issue and make a good faith effort to work out a solution in a timely manner. (Attachment 5)

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

Action on SB 537

Staff briefed the Committee on balloon amendments to **SB 537**. (Attachment 6) After Committee discussion on sharing confidential information and the Missouri law, it was noted that language needed to be stricken in the bill relating to political subdivisions and language added in reference to the privilege statutes. Senator Walker made a motion to adopt the balloon amendment and additional language to be drafted by staff, seconded by Senator Hardenburger. The motion carried.

Senator Jones made a motion the Committee recommend **SB 537 as amended** favorably for passage, seconded by Senator Hardenburger. The motion carried.

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

The next meeting is scheduled for February 15, 1996.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 2-14-96

NAME	REPRESENTING
Keith R. Landis	Christian Science Committee on Publication for Kansas
Kathy Peterson	Prudential Insurance
[illegible] Posen	KDHE
Sandy Strand	Ks Advocates for Better Care
Pat Johnson	Board of Nursing
Pat McKillip	KSBN
[illegible]	KSBN
Delaryn Wilson	KSBN
Roberta Kellogg	KSBN
Genny Nicholas	Children's Mercy
Bill Gross	SMMC
Stacy Miller	Central Plains Area Agency on Aging
[illegible] Davis	Central Plains AAA
Bill Sneed	HIAA
[illegible]	HIAA
[illegible]	Ks. Health Institute
David Hanzlick	KS Dental Ass'n
Linda DeCoursey	KS Insurance Dept
Melissa Wangemann	Hein, Ebert & Weir

Meggan [illegible] — Kearney & Assoc.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 2-14-96

NAME	REPRESENTING
Jason Pitsenberger	RGC
Harold Riehm	KAOM
Rich Guthrie	Health Midwest
Debra Zehr	KAHSA
Richard Cattell	Lakeview Village, Lenexa
John Grace	KAHSA
Tom Bell	KHA

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Topeka, Kansas 66603-3731

913/233-8638 * FAX 913/233-5222

the Voice of Nursing in Kansas

Betty Smith-Campbell, M.N., R.N., ARNP
President

Terri Roberts, J.D., R.N.
Executive Director

For More Information Contact:

Terri Roberts J.D., R.N.
Executive Director

February 14. 1996

S.B. 538 NURSE PRACTICE ACT AMENDMENTS

Chairperson Praeger and members of the Senate Public Health and Welfare Committee, my name is Terri Roberts R.N. and I am the Executive Director of the Kansas State Nurses Association.

The Kansas State Nurses Association is here today to support S.B. 538. We support the creation of a category of the Exempt License so that individuals can maintain a license in order to serve as a charitable healthcare providers. This will accommodate those individuals retiring from full-time employment, but wishing to continue to offer RN services for underserved populations through work as a charitable healthcare provider only. The added expense of obtaining the mandatory 30 hours of continuing education for re-licensure will not be required for the Exempt License. We also support the fee cap proposed in statute for this category of recognition.

The bill raises the fee cap for Licensed Mental Health Technicians biennial renewal from $30 to $60. The fee cap change will permit the Board of Nursing to make the license renewal of LMHT's commensurate with that of LPN's and RN's, which is now at $50.

This bill proposed to revise the language of one of the "exceptions" to the nurse practice act, one passed in 1987 to address nurses working in schools settings. The revision to "k" in K.S.A. 65-1124 would authorize the issue rules and regulations related to school nursing delegation to unlicensed persons.

There is new language being proposed in the section that speaks to the "Approval of Continuing Education and Single Offerings" that would give the Board, or their designee, the authority to approve individual educational offerings for licensees in accordance with rules and regulations. The Board has been engaged in the activity addressed by this statutory provision since the inception of mandatory continuing education for relicensure in 1978.

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to advocate for the health and well-being of all people.

Constituent of The American Nurses Association

Senate Public Health & Welfare
Date: 2-14-96
Attachment No. 1

However, in a recent set of proposed regulations being reviewed by the Attorney Generals Office, specific regulations that implemented this were found to be without statutory authority. This provision gives the Board the requisite authority to perform this function. Again, this has been going on since the inception of mandatory CE. What is new to the process in this section is the "or its designee" language. There has been much debate about permitting the Board of Nursing the authority to give/mandate that providers of continuing education engage in the review of programs which they did not sponsor. This function, has always been carried out by the Board of Nursing, albeit without the requisite statutory authority. To not permit the Board to evaluation programs attended by licensees, that have not been approved by a recognized provider of continuing nursing education would create a hardship for many licensees who attend such programs to enhance their skills. We strongly endorse the provision on Page 6, line 41-42. We do however ask that this committee consider a amendment that would limit the authority to approve such individuals offerings to the Board, by striking the words "or 'adding "and" ". For consistency and ease of availability, we believe licensees should be able to continue to ask the Board of Nursing to review and approve such courses and do not want to see this option eliminated by giving the Board the option of designating yet another entity to conduct these reviews. This has been the practice for almost twenty years and it has worked very well. Right now licensees pay nothing for this agency service and the volume is only about 6-8 programs per day that are reviewed for this purpose. The process is simple and easy to understand and we wish to maintain this for licensees of the Board.

The recent Attorney Generals letter to the Board has raised another very significant issue for KSNA. We are offering an amendment to another section of the Nurse Practice Act to address it and would like this committees serious consideration. It too deals with CE courses. Since 1978 the Board of Nursing has always recognized six or seven entities and or forms of continuing education, these have also been in regulation and/or guidelines and currently are the accepted practice. We believe that the amendment, which adds college courses, courses accredited or sponsored by a list of national nursing organizations, and publishing papers, lectures and teaching to that which will be accepted by the Board of Nursing will reduce to statute the current practice of the Board and address uncertainty raised in the Attorney Generals office letter about statutory authority. We have tried to reflect in the language the guidelines and regulations that now exist and believe that they would be best placed in the section of the Nurse Practice Act that addresses the provision requiring mandatory CE for relicensure (K.S.A. 65-1117). We only received a copy of the AG's letter within the last week and have not had the opportunity to discuss this at a Board of Nursing meeting. One is scheduled for February 20-21 and we will be asking for their support of this provision.

Thank you for this opportunity to present today.

1 schools for both professional and practical nurses whose graduates, if they
2 have the other necessary qualifications provided in this act, shall be eli-
3 gible to apply for a license as a registered professional nurse or as a
4 licensed practical nurse. A survey of the institution or institutions and of
5 the schools applying for accreditation shall be made by an authorized
6 employee of the board or members of the board, who shall submit a
7 written report of the survey to the board. If, in the opinion of the board,
8 the requirements as prescribed by the board in its rules and regulations
9 for an accredited school for professional nurses or for practical nurses are
10 met, it shall so approve and accredit the school as either a school for
11 professional nurses or practical nurses, as the case may be. From time to
12 time, as deemed necessary by the board, it shall cause to be made a
13 resurvey of accredited schools and written reports of such resurveys sub-
14 mitted to the board. If the board determines that any accredited school
15 of nursing is not maintaining the standards required by this act and by
16 rules and regulations prescribed by the board, notice thereof in writing,
17 specifying the failures of such school, shall be given immediately to the
18 school. A school which fails to correct such conditions to the satisfaction
19 of the board within a reasonable time shall be removed from the list of
20 accredited schools of nursing until such time as the school shall comply
21 with the standards. All accredited schools shall maintain accurate and
22 current records showing in full the theoretical and practical courses given
23 to each student.
24 (e) ~~Providers~~ *Approval of continuing nursing education offerings. (1)*
25 To qualify as an approved provider of continuing education offerings,
26 persons, organizations or institutions proposing to provide such continu-
27 ing education offerings shall apply to the board for approval and submit
28 evidence that the applicant is prepared to meet the standards and require-
29 ments established by the rules and regulations of the board for such con-
30 tinuing education offerings. Initial applications shall be made in writing
31 on forms supplied by the board and shall be submitted to the board
32 together with the application fee fixed by the board. Qualification as an
33 approved provider of continuing education offerings shall expire five years
34 after the granting of such approval by the board. An approved provider
35 of continuing education offerings shall submit annually to the board the
36 annual fee established by rules and regulations, along with an annual
37 report for the previous fiscal year. Applications for renewal as an approved
38 provider of continuing education offerings and annual reports shall be
39 made in writing on forms supplied by the board and shall be submitted
40 to the board together with the application fee fixed by the board.
(2) The board ~~or~~ its designee shall have the authority to approve individual educational offerings for licensees in accordance with rules and
43 *regulations adopted by the board.*

"and"

1-3

65-1117. Renewal of licenses; inactive license, fee; continuing education requirements; rules and regulations; reinstatement of lapsed license; notification of change in name or address. (a) All licenses issued under the provisions of this act, whether initial or renewal, shall expire every two years. The expiration date shall be established by the rules and regulations of the board. The board shall mail an application for renewal of license to every registered professional nurse and licensed practical nurse at least 60 days prior to the expiration date of such person's license. Every person so licensed who desires to renew such license shall file with the board, on or before the date of expiration of such license, a renewal application together with the prescribed biennial renewal fee. Every licensee who is no longer engaged in the active practice of nursing may so state by affidavit and submit such affidavit with the renewal application. An inactive license may be requested along with payment of a fee which shall be fixed by rules and regulations of the board. Except for the first renewal period following licensure by examination or for the first nine months following licensure by reinstatement or endorsement, the board shall require every licensee with an active nursing license to submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the board. The board by duly adopted rules and regulations shall establish the requirements for such program of continuing education. Continuing nurse education means organized learning experiences which are designed to enhance knowledge, improve skills and develop attitudes that enhance nursing and improve health care to the public. Upon receipt of such application, payment of fee, upon receipt of the evidence of satisfactory completion of the required program of continuing education and upon being satisfied that the applicant meets the requirements set forth in K.S.A. 65-1115 or 65-1116 and amendments thereto in effect at the time of initial licensure of the applicant, the board shall verify the accuracy of the application and grant a renewal license.

(b) Any person who fails to secure a renewal license within the time specified herein may secure a reinstatement of such lapsed license by making verified application therefor on a form provided by the board, by rules and regulations, and upon furnishing proof that the applicant is competent and qualified to act as a registered professional nurse or licensed practical nurse and by satisfying all of the requirements for reinstatement including payment to the board of a reinstatement fee as established by the board.

(c) Each licensee shall notify the board in writing of a change in name or address within 30 days of the change. Failure to so notify the board shall not constitute a defense in an action relating to failure to renew a license, nor shall it constitute a defense in any other proceeding.

History: L. 1949, ch. 331, § 6; L. 1975, ch. 316, § 5; L. 1976, ch. 274, § 1; L. 1978, ch. 240, § 4; L. 1980, ch. 187, § 1; L. 1983, ch. 206, § 8; L. 1988, ch. 242, § 1; L. 1993, ch. 194, § 11; L. 1995, ch. 97, § 1; July 1.

2/14/96

KSNA Recommended language changes

Add to K.S.A. 65-1117 (the section of the Nurse Practice Act that addresses the requirement for continuing education for RN/LPN license renewal):

Continuing nurse education shall include, but is not limited to, the following:

(1) college courses,
(2) programs sponsored by other state Boards of Nursing, the National League for Nursing, the National Federation of Licensed Practical Nurses, national specialty nursing organizations and agencies accredited or approved by the American Nurses Credentialing Center,
(3) publishing papers,
(4) lecturing and teaching shall be granted two contact hours for each hour of original presentation for up to half of the hours required for the renewal period.

KONE

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

TO: Senate Public Health and Welfare Committee

FROM: Kansas Organization of Nurse Executives
Kansas Hospital Association

RE: **Senate Bill 538**

DATE: February 8, 1996

The Kansas Organization of Nurse Executives and the Kansas Hospital Association appreciate the opportunity to comment regarding the provisions of Senate Bill 538. This proposal includes several amendments to the Kansas Nurse Practice Act.

While we support the bill, we would like to encourage the committee to entertain an amendment. We support an amendment to K.S.A. 65-1119 being offered today by the Kansas State Nurses Association (KSNA). The amendment would authorize certain categories of continuing education to satisfy requirements for relicensure. Those categories include: 1) college courses, 2) programs approved by other state boards of nursing as well as other organizations as specified in the amendment, and 3) publishing papers, lecturing and teaching.

Currently the Nurse Practice Act does not authorize these three categories of continuing education to be applied towards relicensure. Over the years, the Board of Nursing has adopted various policies and regulations recognizing these continuing education activities for relicensure, but in different ways at different times. The proposed amendment would finally authorize and clarify ways to satisfy continuing education requirements.

We encourage the committee to adopt this amendment and to act favorably on Senate Bill 538.

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KANSAS ASSOCIATION OF
HOMES AND SERVICES FOR THE AGING

TESTIMONY

John R. Grace, President
Wednesday, February 14, 1996
Presented to: Senate Public Health and Welfare Committee
Senator Sandy Praeger, Chairman
RE: Senate Bill 624

The Kansas Association of Homes and Services for the Aging is a trade association of over 150 not-for-profit retirement and nursing facilities and social service programs for the elderly of Kansas. We support Senate Bill 624.

Residents of our retirement communities are faced with a big problem and are asking for your assistance. When an older person moves to a retirement community, they give up their home and move to a new "home." The major reason they are moving there is for health care services if and when they will ever need them and safety and security, or fellowship of other people.

Residents of these facilities have contracts that state "nursing facility care will be provided to you..." if and when they need the services. So, when a resident needs these services they expect and are guaranteed that the retirement community provide those services.

Recently, some of our members have found that when their residents sign up with an HMO, and they subsequently need nursing home care, the HMO will not allow them to return home to their own facility, or if they do, they will not pay for their care. I don't think the resident is informed at the time they sign up that the resident may not be able to return home to that facility.

Residents want to return to this facility because they already know the staff and the staff know them well. In many instances, the spouse lives on the campus and they can visit their loved one conveniently.

This bill will have a big impact on a small number of people. There are 3,600 older persons living in our retirement housing portions of our communities. If all of them were to sign with an HMO this would represent less than 1% of the total elderly population in Kansas.

Because of the provision of the bill, I don't see any major cost for the HMO because we have agreed to accept the rate they pay other nursing facilities under contract. In summary, we are asking on behalf of our residents, for their right to return to their own home for nursing facility care.

Thank you.

700 SW HARRISON, SUITE 1106
TOPEKA, KANSAS 66603-3759

Senate Public Health & Welfare
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Attachment No. 3

LAKEVIEW VILLAGE

9100 PARK, LENEXA, KANSAS 66215 • (913) 888-1900 • FAX (913) 888-4141

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
February 14, 1996

We support Senate Bill 624

Lakeview Village is a 501 C(3) Continuing Care Retirement Community in Lenexa. It began operation in 1964 and offers a full range of housing, residential services and health care options in order to serve older residents as their health care needs change over time. Lakeview Village's continuum of care allows residents to live independently and receive certain residential services such as meals, activities, housekeeping, and maintenance; wellness programs, assistance with daily activities as required and health center services when they become temporally ill or who require long-term nursing care.

The vision, purpose and mission of Lakeview Village is to keep the resident living in their independent apartment as long as possible, but should they require assistance it is available on campus and immediately.

Lakeview Village, Inc. currently has a population of 590 residents; 80 in two levels of nursing care and the balance of 510 living independently, in either one of the 280 garden cottages or in one of the 180 independent living apartments in two five story buildings.

When a resident moves to Lakeview Village they pay an entrance fee and they pay a monthly maintenance fee. Cost varies depending on the size of apartment they selected. Their monthly maintenance fee does not change regardless of what level of care they require.

All of Lakeview Village residents chose to come to Lakeview Village because they wanted to put "certainty" in an other otherwise uncertain health care environment. Knowing where they will be if they ever need nursing home care is their goal.

If they belong to an HMO, the HMO has the right to send them to any nursing home they desire, thereby defeating one of the major reasons the resident choose to live at Lakeview Village.

We have seen several situations that have had a direct impact a Lakeview resident:

First: The HMO agreed to allow the resident to come back from the hospital to the Lakeview Village Health Center and they would pay $320 per day to Lakeview. The HMO later decided they had "not really agreed to pay Lakeview." Lakeview received nothing. The resident was in the Lakeview Village, Health Center for two weeks.

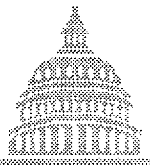
Second: The HMO would not allow the resident to come to Lakeview Village. The resident elected to come back to the Lakeview Village Health Center anyway. The resident received none of the benefits she was entitled to from Medicare. The HMO paid nothing for two weeks of skilled nursing care for one of their insured.

Richard M. Catlett
President/CEO

A Commitment to Excellence

Senate Public Health & Welfare
Date: 2-14-96
Attachment No. 4

PETE
McGILL
& ASSOCIATES INC.



GOVERNMENT AFFAIRS & PUBLIC RELATIONS

300 WEST EIGHTH • THIRD FLOOR • TOPEKA, KANSAS 66603-3912 • 913-233-4512 • FAX 913-233-2206

Testimony In Opposition To SB 624

John J. Federico

On Behalf of Humana Health Care Plans

Senate Public Health & Welfare Committee

February 14, 1996

I am John Federico of Pete McGill & Associates and I appear today on behalf of our client, Humana Health Care Plans. For clarification purposes let me say that although I'm here on behalf of Humana, I have been asked by the Kansas Managed Care Association, of which Humana is a member, to make a statement that the Association generally opposes all legislation which endorses "any willing provider" principles.

Let me preface my remarks further that I respect John Grace as a person and a professional but with all due respect, stand in opposition to SB 624 quite simply because it is a bad bill!

The entities that conduct business in the managed care arena have dual interests; cost-control and quality of care. If the HMO is hamstrung in their efforts to control either,... their health care delivery system breaks down. Specific to the problems that the proponents of the bill have testified to, SB 624 would directly interfere with the concept of managed care by not allowing a continuum of health care planning and the delivery of care by means of prevention, and utilization of acute care and/or convalescent care.

According to the language in the bill in order to make the necessary calls on certain patients, SB 624 would require that primary care providers, ie; physicians, nurses, etc., and in some cases, specialists, to make special trips to facilities where they do not ordinarily practice. This would not only be a poor approach to delivering health care, but is also burdensome and expensive. In short, it prevents

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the HMO from achieving the maximum quality of care and cost-control potentials.

In the alternative to sending the medical care out to the patient, SB 624 does offer an alternative but it is no more palatable because it forces the HMO to pay fees to a provider with whom they are not contracted with. This defeats one purpose of the managed care principle because it denies the HMO the ability to achieve the maximum quality of care and cost control potentials that come from the "concentration" of patient care with contract providers.

Most troubling though is that the passage of SB 624 would set an unwelcome precedent for other areas of the health care industry. If statutory mandates are permitted in this situation, would it also be allowed for other portions of the health care delivery system, ie; specific pharmacies, medical vendors, etc.? Please be aware that I think that we can all agree that market forces in some respect should at least partly drive this industry as there is no benefit to an dissatisfied customer. In addition, thoughtful legislation and rules and regulations have built in safeguards to protect the consumer and I remind you that this very day, a legislative Subcommittee will meet to suggest changes in the current HMO law that will further strengthen those consumer protections. I only say this because even subtle changes can sometimes bring about unintended detrimental effects. (see line 19; "shall").

In conclusion I want to make it very clear that although we are opposed to the bill it does not mean we are not sympathetic to the concerns of the people we serve and the occasional problems that arise as a result of that service. I and a representative from Humana called John Grace several days ago and discussed the particular problems several of his members were having. The discussion went well and because, as I have mentioned before, there is an incentive to keep the customers satisfied, I think further dialogue will help to resolve the problems without the need for legislation. With that I respectfully ask that the Committee allow the parties additional time to visit and make a good faith effort to work out a solution in a timely manner. If these efforts should fail, and I can honestly say I think that is unlikely, you will once again have the opportunity to consider a legislative alternative.

Thank you and I will be happy to respond to any questions.

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Attachment No. 6

Session of 1996

SENATE BILL No. 537

By Committee on Public Health and Welfare

1-25

9 AN ACT concerning medical records; relating to release of immunization
10 records.

; amending K.S.A. 65-525 and repealing the existing section

11
12 *Be it enacted by the Legislature of the State of Kansas:*
13 Section 1. (a) Information and records which pertain to the immu-
14 nization status of persons against childhood diseases as required by K.S.A.
15 1995 Supp. 65-508, 65-519 or 72-5209, and amendments thereto, may be
16 disclosed and exchanged without a parent or guardian's written release
17 authorizing such disclosure, to the following, who need to know such
18 information to assure compliance with state statutes or to achieve age
19 appropriate immunization status for children:

and 65-519

20 (1) Employees of public agencies, departments or political subdivi-
21 sions;

(a)

22 (2) health records staff of schools as defined in K.S.A. 72-5208, and
23 amendments thereto, and child care facilities, including, but not limited
24 to, facilities licensed by the secretary of health and environment;

(b)

and family day care homes

25 (3) persons other than public employees who are entrusted with the
26 regular care of those under the care and custody of a state agency in-
27 cluding, but not limited to, operators of day care facilities, group homes,
28 residential care facilities and adoptive or foster homes; and

(c)

29 (4) health care professionals.

See Insert

30 Sec. 2. This act shall take effect and be in force from and after its
31 publication in the Kansas register.

3

Sec. 2. K.S.A. 65-525 is hereby amended to read as follows: 65-525. Except as otherwise provided in section 1 and amendments thereto, information received by the licensing agency through filed reports, inspections or otherwise authorized under K.S.A. 65-501 to 65-522, inclusive, and amendments thereto shall not be disclosed publicly in such manner as to identify individuals. In any hearings conducted under the licensing or regulation provisions of K.S.A. 65-501 to 65-522, inclusive, and amendments thereto, the hearing officer may close the hearing to the public to prevent public disclosure of matters relating to individuals restricted by other laws.