Approved: 3-25-96
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 March 18, 1996 in Room 526-S of the Capitol.

All members were present except:

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

Conferees appearing before the committee:

James O'Connell, Secretary, Kansas Department of Health and Environment
Bob Williams, Executive Director, Kansas Pharmacists Association
Daniel Lord, Ph.D., Mental Health Credentialing Coalition
Carl S. Myers, KNASW and Washburn University

Others attending: See attached list

Health Care Data Governing Board

James O'Connell, Secretary of the Kansas Department of Health and Environment, distributed copies to the Committee of the annual report of the Health Care Data Governing Board. Secretary O'Connell noted that the report summarizes the Board's accomplishments during 1995 to establish a health care database for Kansas, and that the emphasis continues to be on those measures that will allow them to determine the quality of life and health care received by Kansans. Committee discussion related to the report's compatibility with HEDIS medicaid program, meeting goals as set out in the implementation of the Data Board in 1993 Legislative Session, the lack of uniformity with gathering data, and the system used in the state of Pennsylvania for gathering information. A copy of the 61 page Health Care Data Governing Board Report is available from KDHE upon request.

Hearing on SB 750 - Controlled substances act schedule IV substance removal from schedule

Bob Williams, Kansas Pharmacists Association, testified in support of **SB 750** which would deschedule the drug Fenfluramine, an anti-obesity compound. The drug would no longer be classified as a controlled substance, and use of such drug would require a doctor's prescription. (Attachment 1)

There were no opponents to **SB 750**.

Senator Lee made a motion the Committee recommend **SB 750** favorably for passage, and because of its non-controversial nature, be placed on the consent calendar, seconded by Senator Hardenburger. The motion carried

Subcommittee Report on HB 2423 - Alcohol and drug screening program for welfare recipients

Senator Langworthy, Chair of the Subcommittee on **HB 2423** gave the subcommittee report -- Section 1 related to SRS implementing a drug and alcohol screening program for recipients on general assistance, and Section 2 of the bill which was amended on the House floor, addressed the Kansas Department of Health and Environment's laboratory standards. A compromise had been reached on Section 2 of the bill earlier by KDHE through their Rules and Regulations, and a request was made by Senator Lee to have such agreement in writing from KDHE. Senator Langworthy noted that there are approximately 23,000 Kansans on AFDC, and 5,500 in the Kan-Work Program - 20% of those recipients would be eligible. Senator Langworthy recommended that the bill address only those in the Kan-Work program, that a progress report on the program be given in one year, a sunset provision the second year, with the possibility of expanding the drug screening program in the future. Senator Ramirez, member of the subcommittee, agreed with the Chair's recommendations, and Senator Jones, also a member of the subcommittee, opposed the bill altogether. It was suggested that Connie Hubbell, SRS Commissioner, be in

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.

attendance at the next Committee meeting to address some of the issues raised during Committee discussion pertaining to funding for the drug screening program as well as AFDC and other welfare programs that would be effected by the bill.

Continued Discussion and Hearing on HB 2692 - Licensing master level psychologists, marriage and family therapists, and professional psychologists

Dan Lord, Mental Health Credentialing Coalition, expressed his support for the bill with the following comments: licensure is the appropriate level of credentialing in mental health service delivery because of the public's distress at the time of seeking professional help, that the standards for education and training of evenly credentialed peer professions should be consistent across professions and should reflect a level of quality appropriate to the credentialing level of licensure, and that the concept of a state regulatory board with peer professions equally sharing the responsibility of enacting the state's credentialing laws can be made to be cost-effective and promote understanding and collaboration among professions working together at the same table. (Attachment 2)

Carl S. Myers, KNASW and Assistant Professor at Washburn University, noted that the Committee should consider **HB 2771** which offers some additional criteria if the scope of practice were to be changed, and to look at insurance codes of the state rather than at licensure for behavioral science practitioners and providers in regard to the reimbursement issue.

The Chair appointed a subcommittee to study **HB 2692** consisting of Senator Praeger, Chair, Senators Ramirez and Lee as members.

Adjournment

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

The next meeting is scheduled for March 19, 1996.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

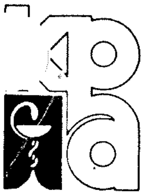
DATE: 3-18-96

NAME	REPRESENTING
Robert R Williams	Ks. Pharmacists Assoc.
Crystal Coley	KPhA
[illegible] Johnson	Ks ASAP Assn
STEVE KEARNEY	KNASW
CARL S. Myers	KNASW.
Kinderknecht	BSRB
LISA BENLON	LEG.
David Elsbury	KAMP
Boyd [illegible]	KAMP
[illegible]	KAMFT
Ron Hein	MHCC
Lorne Phillips	KDHE
[illegible]	KDHE
Lou [illegible]	KDHE
Sandy Strand	Ks Advocates for Better Care
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Kathy Waddell	BSRB Representative SW
Susan Linn	KPA - Kansas Psychological Assoc
Gary Haulmark	KPA

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 3-18-96

NAME	REPRESENTING
Phyllis G. Gilmore	Alliance of Ind. Mental Health Practitioners
Melissa Wangemann	Hein Ebert & Weir
Missa Griggs	KNASW
Robert L. Kircher	Kansas School Counselor Assoc.
[illegible]	RACES
[illegible]	KMHCA
Carol Dellinger	KMHCA
[illegible]	MACC



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ROBERT R. (BOB) WILLIAMS, M.S., C.A.E.
EXECUTIVE DIRECTOR

TESTIMONY

SENATE PUBLIC HEALTH AND WELFARE

MARCH 18, 1996

My name is Robert R. Williams, I am the Executive Director of the Kansas Pharmacists Association. Thank you for this opportunity to address the committee.

This bill would deschedule the drug Fenfluramine. Fenfluramine was established as a Schedule IV product in 1973 by the Bureau of Narcotics & Dangerous Drugs, now called the Drug Enforcement Agency (DEA). At that time it was stated that when further data became available a petition to consider removing Fenfluramine from Schedule IV might be considered. The determination to establish a compound as a schedule drug is based in part on its potential for abuse, misuse, elicit diversion and drug tolerance development. DEA monitoring of prescription writing and distribution has not shown evidence of abuse or diversion. Since the mid 1970's there have been no published reports of abuse. There have been no case reports of abuse in the United States or in world literature since 1980. Clinical studies have shown that tolerance to this drug does not develop following six months of therapy (amphetamine tolerance develops at two months) and Fenfluramine does not metabolize to an amphetamine-like substance. This data and the associated lack of abuse led the Drug Abuse & Advisory Committee to vote in favor of descheduling Fenfluramine at its September 29, 1995 meeting. The matter is now being reviewed by the Office of Health Affairs, the National Institute of

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Drug Abuse and the FDA General Counsel's office. When those three groups sign off on the matter the recommendation will be forwarded to the DEA. We anticipate that occurring sometime this spring. As the amendment is written, the descheduling of Fenfluramine in Kansas is dependent on the descheduling of Fenfluramine at the federal level. We are seeking passage of this legislation so we will not have to wait another year to deschedule Fenfluramine.

Fenfluramine is an anti obesity compound. It is most commonly prescribed in conjunction with the drug Phentermine for those individuals who find it impossible to keep off pounds they shed through dieting alone. Individuals participating in this type of a weight loss program are closely monitored. The programs have been highly successful. Attached to my testimony are two letters from health care providers--one a physician and the other a pharmacist who support the descheduling of Fenfluramine.

It is important to note that with the adoption of this amendment, Fenfluramine will remain a legend drug and still require a prescription. The difference is the length of time a prescription is good. A prescription for a legend drug is good for one year. A prescription for a schedule drug is only good for six months before a patient must return to the physician and get the prescription renewed.

Thank you.

Senate Public Health and Welfare Committee
Summary Testimony in Support of HB 2692
by Daniel Lord, Ph.D., Convener
Mental Health Credentialing Coalition
March 18, 1996

Senator Praeger and Committee Members,

Thank you for allowing us this additional time for summarizing our ideas and the legislation before you.

As you heard Friday, the three professions involved in this bill are the only three regulated by the BSRB who have graduate education and training in mental health services and have been through the initial credentialing process beneath KDHE. This has given us a common viewpoint on the issues before us.

> Each of us have watched the current two tier system of credentialing for over a decade. Professional counselors were the first group to follow the KDHE process for initial credentialing in the early 1980s.
>
> We have had the same experience with the voluntary credential of registration, watching its failure to protect the public from unqualified service providers while costing the state the expense of regulation parallel to licensure.
>
> We have also shared the same confusion from watching the two professions previously licensed in Kansas practice the same services for which we are trained as peer professions and yet our credentialing level be set so differently.
>
> And we each have struggled with the BSRB, with representation by optional advisory committees, with delays and inattention to the regulatory process directly affecting our professions, and recently with the cut of funding to support the advisory committees to even meet face to face or attend selected board sessions.

We chose to cooperate on this bill for one basic reason. The message each profession would bring you, should we appear before you separately, would be the same.

> We believe that the most constructive regulatory structure for Kansas would regulate peer mental health professions delivering parallel services to the public through an equal level of credentialing.
>
> We believe that licensure is the appropriate level of credentialing in mental health service delivery because of the public's distress at the time of seeking professional help. Only licensure assures the public that the services they are seeking are to come from a professional who has met comprehensive standards set by the state.

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We believe that the standards for education and training of evenly credentialed peer professions should be consistent across professions and should reflect a level of quality appropriate to the credentialing level of licensure.

Finally, we endorse the concept of a state regulatory board with peer professions equally sharing the responsibility of enacting the state's credentialing laws. We believe this concept not only can be made to be cost-effective but that it can also promote understanding and collaboration among professions working together at the same table.

These are our basic ideas. This bill simply puts them in action. Though a little long, it is not really complicated. This bill changes the level of credentialing from registration to licensure for our three professions. It improves the training standards through a consistent framework developed with broad input during the House subcommittee process. It brings new blood to the BSRB through equal representation of the licensed groups. And it provides for an orderly transition from the status quo to a better, more productive approach to regulation in mental health.

In years past, each of us have been occupied with the complaint that the state's regulatory system itself promoted the very turf battles all of us dislike so much. Last March, prompted by a credentialing reform bill heard in this committee, we changed our focus instead to the question of "How could the state's regulatory structure promote a better, healthier multidisciplinary mental health services delivery system?" This is the question we have worked on for over a year. We've done our homework. HB 2692 is our answer. We ask you to consider it carefully and judge for yourself on its merits for our state.

Thank you. I would like to respond to whatever specific questions you might have.