

Approved: 3-26-97
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 20, 1997 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:

Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Edwin Fonner, Jr., Director of Health Information Systems, Kansas Health Institute
Susan E. Adamchak, Project Consultant, Kansas Health Institute

Others attending: See attached list

Action on HB 2200 - Discipline of dentists and dental hygienists

The Chair briefed the Committee on a balloon of HB 2200 showing proposed technical clean-up of language relating to assessment and enforcement of fines. (Attachment 1)

Senator Becker made a motion the Committee adopt the amendments as shown in the balloon of the bill, seconded by Senator Bleeker. The motion carried.

Senator Becker made a motion the Committee recommend **HB 2200 as amended** favorably for passage, seconded by Senator Jones. The motion carried.

Briefing on Public Health Improvement Plan Feasibility Study

Edwin Fonner, Jr., Director of Health Information Systems, and Susan E. Adamchak, Project Consultant, of the Kansas Health Institute, briefed the Committee on research findings relating to the feasibility of developing a Public Health Improvement Plan in Kansas. (Attachment 2)

Briefing on SB 242 - Respiratory therapist licensure

Staff briefed the Committee on a balloon of SB 242 showing proposed amendments relating to licensure of respiratory therapists. (Attachment 3) During Committee discussion, Russ Bass, representing the Kansas Respiratory Care Society, commented on the proposed amendments to the bill. The Chair noted that further discussion on the bill would be continued at the next meeting.

Adjournment

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

The next meeting is scheduled for March 24, 1997.

BPA

Senate Public Health & Welfare
Dates *3-20-97*
Attachment No. *1*

1 board.

2 (c) As used in this section, "professionally incompetent" means:

3 (1) One or more instances involving failure to adhere to the appli-

4 cable standard of dental or dental hygienist care to a degree which consti-

5 tutes gross negligence, as determined by the board;

6 (2) repeated instances involving failure to adhere to the applicable

7 standard of dental or dental hygienist care to a degree which constitutes

8 ordinary negligence, as determined by the board; or

9 (3) a pattern of dental or dental hygienist practice or other behavior

10 which demonstrates a manifest incapacity or incompetence to practice

11 dentistry.

12 (d) In addition to or in lieu of one or more of the actions described

13 in subsections (b)(1) through (b)(4), the board ~~shall have the authority to~~

14 assess a fine not in excess of \$10,000 against a licensee. All fines collected

15 pursuant to this subsection shall be remitted to the state treasurer. ~~Such~~

16 ~~deposits shall be credited to the state general fund. An~~ amount equal to

17 the board's actual costs related to fine assessment and enforcement ~~shall~~

18 ~~be deducted and~~ credited to the dental board fee fund.

19 (e) The board may, upon its own motion or upon the request of any

20 licensee who is a party to a licensure action, may require a physical or

21 mental examination, or both, of such licensee either prior to a hearing to

22 be held as a part of a licensure action or prior to the termination of any

23 period of suspension or the termination of any restrictions imposed upon

24 the licensee as provided in subsection (b).

25 Sec. 3. K.S.A. 1996 Supp. 65-1436 is hereby repealed.

26 Sec. 4. This act shall take effect and be in force from and after its

27 publication in the statute book.

may

Of the amount so remitted, an

under this subsection, as certified by the president of the board to the state treasurer,

and the balance shall be credited to the state general fund

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**The Feasibility of Developing
a
Public Health Improvement Plan in Kansas**

**Presentation of Research Findings
for
The Senate Committee on Public Health and Welfare**

20 March 1997

**Presentation
by
The Public Health Improvement Plan Steering Committee**

Represented by

**Charles Gessert, M.D., President, The Kansas Health Institute
Edwin Fonner, Jr., Dr.P.H., Director of Health Information Systems, KHI
Susan E. Adamchak, Ph.D., Project Consultant**

Senate Public Health and Welfare
Date: 3-20-97
Attachment No. 2

Study on the Feasibility of Developing a PHIP in Kansas

Key Research Findings

Study Purpose

- To identify current knowledge and beliefs about the public health system
- To assess the feasibility of developing a PHIP for Kansas
- To solicit advice on the process of developing a PHIP
- To inform respondents about public health concerns in Kansas

Methodology

- 62 respondents: 22 public policy makers; 20 business, administration and community leaders; 20 public health and medical professionals and non-profit organizations
- 2 structured interview guides, using open-ended questions
- Interviews conducted October to December, 1996

Key Findings

- Knowledge of the public health system and services it provides is limited. When asked to name essential public health services important for the well-being of Kansans, about one-third of respondents listed accessible and affordable primary health care, immunizations, environmental monitoring, and education and health promotion. Sixteen percent or fewer cited enforcement of water and sanitation safety regulations, data collection, surveillance and monitoring of community health, or policy development.
- The populations most frequently mentioned as being at risk and in need of public health services are children, the working poor and uninsured, and the elderly, particularly older citizens living in remote rural areas. Few respondents mentioned the community as a whole being at risk or in need of public health services.
- Insufficient funding was mentioned by more than half the respondents as a barrier to meeting public health needs, although a number of people qualified their concern with funding by saying they would like more accountability of how current resources are spent. One-third of the respondents cited lack of legislative support as a barrier. More than one quarter of respondents mentioned limited planning for the future as an impediment.
- Business leaders and policy makers indicated that comparative data and cost-benefit calculations are of value to them in their decision making. Information should be presented as clearly, concisely, and attractively as possible. Several respondents suggested tying hard data to "real life" situations to make the information more salient.
- There is consensus that services should be delivered by the level of government closest to the population in need, with the Federal and State roles limited to policy and standard setting, and provision of some funds. At the same time, a number of respondents noted

that the county commissioners, who in many cases serve as the health boards in their communities and who bear primary responsibility for many budget decisions, are often ill-informed about public health issues.

- Legislators have no clear public health agenda. Rather, they tend to focus on health care in general and on issues of insurance, health care accessibility and managed care in particular.
- Legislators are not systematically briefed on public health issues. Often they are not familiar with relative inter-state performance in public health, or with the essential functions of the public health service in their own districts. They are rarely informed about successful programs, or about their impact on improving the health of their constituents.
- A number of respondents remarked that public health professionals need to do a better job of marketing their discipline, so that both the general public and legislators are more informed about the nature and scope of public health.
- Legislators do not generally hear from their constituents on public health issues. They acknowledge that in part this is likely due to the fact that the populations using public health services are often disenfranchised and isolated from the political system.
- No strong, visible advocate for public health is recognized in the state. Some respondents noted that KDHE is not seen as taking a guiding role. To the extent that the agency has promoted a stronger public health system, it is sometimes seen as doing so for its own self-interest (i.e., to maintain jobs and resources).
- Respondents recognized the need to be more creative in developing collaborative relationships among health care providers and other support organizations, but had few substantive suggestions for how to do so. A basic recommendation was to be as inclusive as possible, and to make an effort to improve communication particularly among local providers, in order to develop complementary services and reduce duplication of efforts.
- Nearly three-fourths of those interviewed endorsed the need for a PHIP for the state. It was viewed as an important tool to foster improvements in the state system, and to move public health issues to the forefront.
- Generally, it was thought that having the support of the Governor, with a well-known public figure named as a commission chair, would give this effort needed visibility. At the same time, it was noted that having legislative support from the outset of the process will also be important, perhaps by including key legislative leaders among the commission members.
- Few specific suggestions were offered re: the development of a PHIP in Kansas. Most often mentioned was the need to have "all players at the table", while acknowledging that the more people and organizations participating, the more difficult it becomes to reach consensus on important issues.

SENATE BILL No. 242

By Committee on Public Health and Welfare

2-10

9 AN ACT concerning respiratory therapy; relating to licensure; amending
10 K.S.A. 65-5502, 65-5503, 65-5504, 65-5505, 65-5506, 65-5507, 65-
11 5508, 65-5509, 65-5510, 65-5511, 65-5512, 65-5514 and 65-5516 and
12 repealing the existing sections.

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

14 Section 1. K.S.A. 65-5502 is hereby amended to read as follows: 65-
15 5502. As used in K.S.A. 65-5501 to 65-5517, inclusive *and amendments*
16 *thereto:*

17 (a) "Board" means the state board of healing arts.

18 (b) "Respiratory therapy" is a health care profession whose ~~practi-~~
19 ~~tioners are employed therapists practice~~ under the supervision of *and*
20 *with the prescription of a licensed physician in the providing* therapy,
21 management, rehabilitation, diagnostic evaluation and care of patients
22 with deficiencies and abnormalities which affect the pulmonary system
23 and associated aspects of cardiopulmonary and other systems functions;
24 *and includes. The duties which may be performed* ~~[in any clinic, hospital,~~
25 ~~skilled nursing facility, outpatient setting and private dwelling]~~ *include,*
26 ~~but are not limited to]~~ all of the following:

27 (1) Direct and indirect ~~pulmonary care~~ *respiratory therapy* services
28 that are safe, aseptic, preventative and restorative to the patient.

29 (2) Direct and indirect respiratory ~~care~~ *therapy* services, including
30 but not limited to, the administration of pharmacological and diagnostic
31 and therapeutic agents related to respiratory care procedures necessary
32 to implement a treatment, disease prevention, pulmonary rehabilitative
33 or diagnostic regimen prescribed by a physician.

34 (3) ~~Observation and monitoring of signs and symptoms; general be-~~
35 ~~havior; general physical response to respiratory care treatment and di-~~
36 ~~agnostic testing; determination of whether such signs, symptoms; reac-~~
37 ~~tions; behavior or general response exhibit abnormal characteristics and~~
38 ~~implementation based on observed abnormalities of appropriate report-~~
39 ~~ing or referral or respiratory care protocols; or changes in treatment reg-~~
40 ~~imen; pursuant to a prescription by a physician on the initiation of emer-~~
41 ~~gency procedures.~~

42 (4) The diagnostic and therapeutic use of any of the following, in
43

by a respiratory therapist

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1 accordance with the prescription of a physician: Administration of medical
 2 gases, exclusive of general anesthesia; aerosols; humidification; environ-
 3 mental control systems and ~~baromedical therapy; pharmacologic;~~ tran-
 4 scription and implementation of written or verbal orders of a physician
 5 pertaining to the practice of respiratory care; the implementation of res-
 6 piratory care protocols as defined by the medical staff of the institution;
 7 changes in treatment pursuant to the written or verbal orders of a phy-
 8 sician or the initiation of emergency procedures under the regulations of
 9 the board or as otherwise permitted in this act. The administration of
 10 pharmacological agents related to respiratory care procedures; mechan-
 11 ical or, physiological, ventilatory or circulatory support; bronchopulmon-
 12 ary hygiene; cardiopulmonary resuscitation; maintenance of the natural
 13 airways; insertion and maintenance of endwelling arterial catheters and
 14 maintenance of artificial airways without cutting tissues and maintenance
 15 of artificial airways; diagnostic and testing techniques required for imple-
 16 mentation of respiratory care protocols; collection of specimens of blood;
 17 collection of specimens from the respiratory tract; analysis of blood gases
 18 and respiratory secretions, and electrolytes; and collection and analysis of
 19 electrophysiological data.

20 (5) The transcription and implementation of the written and verbal
 21 orders of a physician pertaining to the practice of respiratory therapy.

22 (c) "Respiratory therapist" means a person who is registered licensed
 23 to practice respiratory therapy as defined in this act.

24 (d) "Person" means any individual, partnership, unincorporated or-
 25 ganization or corporation.

26 (e) "Physician" means a person who is licensed by the board to prac-
 27 tice medicine and surgery.

28 (f) "Qualified medical director" means the medical director of any
 29 inpatient or outpatient respiratory care service, department or home care
 30 agency. The medical director shall be a physician who has interest and
 31 knowledge in the diagnosis and treatment of respiratory problems. This
 32 physician shall be responsible for the quality, safety and appropriateness
 33 of the respiratory services provided and require that respiratory care be
 34 ordered by a physician who has medical responsibility for the patient.
 35 The medical director shall be readily accessible to the respiratory care
 36 practitioner.

37 Sec. 2. K.S.A. 65-5503 is hereby amended to read as follows: 65-
 38 5503. The board, in the manner as hereinafter provided, shall administer
 39 the provisions of this act.

40 Sec. 3. K.S.A. 65-5504 is hereby amended to read as follows: 65-
 41 5504. (a) There is established a respiratory therapist care council to advise
 42 the board in carrying out the provisions of this act. The council shall
 43 consist of five seven members, all citizens and residents of the state of

KSAA?

non-central arterial catheters with the exception of umbilical artery catheters

This term is not used in the bill and should be deleted.



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ansas appointed as follows: One member shall be a physician appointed
 2 by the state board of healing arts; one member shall be the president of
 3 the state board of healing arts or a person designated by the president;
 4 *two members shall be from the public sector who are not engaged, directly*
 5 *or indirectly, in the provision of health services* ~~and shall be appointed~~
 6 ~~by the governor for a term of two years~~; and three members shall be
 7 respiratory therapists appointed by the governor. The governor, insofar
 8 as possible, shall appoint persons from different geographical areas and
 9 persons who represent various types of respiratory therapy treatment
 10 practice. If a vacancy occurs on the council, the appointing authority of
 11 the position which has become vacant shall appoint a person of like qual-
 12 ifications to fill the vacant position for the unexpired term, if any. The
 13 Kansas respiratory therapy care society shall recommend the names of
 14 respiratory therapists to the governor in a number equal to at least twice
 15 the positions or vacancies to be filled, and the governor may appoint
 16 members to fill the positions or vacancies from the submitted list. The
 17 terms of the members of the council appointed by the governor prior to
 18 the effective date of this act shall expire on July 1, 1988. Members of the
 19 council appointed by the governor on and after the effective date of this
 20 act shall be appointed for terms of three years and until their successors
 21 are appointed and qualified except that of the members first appointed
 22 by the governor on or after the effective date of this act one shall be
 23 appointed for a term of one year, one shall be appointed for a term of
 24 two years and one shall be appointed for a term of three years, as des-
 25 ignated by the governor. The member appointed by the state board of
 26 healing arts shall serve at the pleasure of the state board of healing arts.
 27 A member designated by the president of the state board of healing arts
 28 shall serve at the pleasure of the president.

29 (b) Members of the council attending meetings of the council, or
 30 attending a subcommittee meeting thereof authorized by the council,
 31 shall be paid amounts provided in subsection (e) of K.S.A. 75-3223 and
 32 amendments thereto from the healing arts fee fund.

33 Sec. 4. K.S.A. 65-5505 is hereby amended to read as follows: 65-
 34 5505. The board shall pass upon the qualifications of all applicants for
 35 examination and registration licensure, provide for and conduct all ex-
 36 aminations, determine the applicants who successfully pass the exami-
 37 nation, duly register license such applicants and adopt rules and regula-
 38 tions as may be necessary to administer the provisions of this act. The
 39 board shall keep a record of all proceedings under this act and a roster
 40 of all individuals registered licensed under this act. Only an individual
 41 be registered licensed under this act.

42 . 5. K.S.A. 65-5506 is hereby amended to read as follows: 65-
 43 5506. (a) An applicant applying for registration licensure as a respiratory

See line 25.

, except that members appointed from the public
 sector shall be appointed for terms of two
 years and until their successors are appointed

1 therapist shall file a written application on forms provided by the board,
2 showing to the satisfaction of the board that the applicant meets the
3 following requirements:

4 (1) Education: The applicant shall present evidence satisfactory to the
5 board of having successfully completed the ~~academic requirements~~ of an
6 educational program in respiratory therapy ~~recognized~~ *approved* by the
7 board.

8 (2) Experience: The applicant shall submit to the board evidence of
9 having successfully completed a period of supervised field work at a min-
10 imum ~~recognized~~ by the board.

11 ~~(3)~~ Examination: The applicant shall pass an examination as provided
12 for in K.S.A. 65-5507 and amendments thereto.

13 ~~(4)~~ (3) Fees: The applicants shall pay to the board all applicable fees
14 established under K.S.A. 65-5509 and amendments thereto.

15 (b) The board shall adopt rules and regulations establishing the cri-
16 teria ~~which~~ *how* an educational program in respiratory therapy *that* shall
17 satisfy ~~to be recognized~~ *successful recognition* by the board under para-
18 graph (1) of subsection (a). The board may send a questionnaire devel-
19 oped by the board to any school or other entity conducting an educational
20 program in respiratory therapy for which the board does not have suffi-
21 cient information to determine whether the program should be recog-
22 nized by the board and whether the program meets the rules and regu-
23 lations adopted under this section. The questionnaire providing the
24 necessary information shall be completed and returned to the board in
25 order for the program to be considered for recognition. The board may
26 contract with investigative agencies, commissions or consultants to assist
27 the board in obtaining information about an educational program in res-
28 piratory therapy. In entering such contracts the authority to recognize an
29 educational program in respiratory therapy shall remain solely with the
30 board.

31 Sec. 6. K.S.A. 65-5507 is hereby amended to read as follows: 65-
32 5507. (a) Each applicant for ~~registration licensure~~ under this act shall be
33 examined by a written examination ~~required~~ *chosen* by the board to test
34 the applicant's knowledge of the basic and clinical sciences relating to
35 respiratory therapy, and respiratory care theory and practice, including
36 the applicant's professional skills and judgment in the utilization of res-
37 piratory therapy techniques and methods, and such other subjects as the
38 board may deem useful to determine the applicant's fitness to practice.

39 (b) Applicants for ~~registration licensure~~ shall be examined at a time
40 and place and under such supervision as the board may determine. Ex-
41 aminations shall be given at least twice each year at such places ~~within~~
42 *this state* as the board may determine and the board shall give *or cause*
43 *to be given* reasonable public notice of such examinations at least 60 days

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prior to their administration.

2 (c) Applicants may obtain their examination scores.

3 Sec. 7. K.S.A. 65-5508 is hereby amended to read as follows: 65-
4 5508. (a) The board shall waive the examination, education and experi-
5 ence requirements and grant ~~registration licensure~~ to any person who
6 applies for ~~registration licensure~~ on or before July 1, 1987 1998, who pays
7 the application fee and who, was registered or certified immediately by
8 the state of Kansas prior to the effective date of this act as a respiratory
9 therapist or respiratory therapy technician by the national board for res-
10 piratory care or who has been employed as a respiratory therapist for the
11 purpose of providing respiratory therapy for at least two years within the
12 three-year period immediately prior to the effective date of this act and
13 has passed a licensure examination administered or recognized by the
14 board, providing such credential has not been suspended or revoked.

15 (b) The board may waive the examination, education or experience
16 requirements and grant ~~registration licensure~~ to any applicant who pres-
17 ents proof of current licensure or registration as a respiratory therapist in
18 another state, the District of Columbia or territory of the United States
19 which requires standards for licensure or registration determined by the
20 board to be equivalent to or exceed the requirements for ~~registration~~
21 ~~licensure~~ under this act.

22 (c) At the time of making an application under this section, the ap-
23 plicant shall pay to the board the application fee as required under K.S.A.
24 65-5509 and amendments thereto.

25 (d) The board may issue a special permit to a student enrolled in an
26 approved school of respiratory therapy who applies for such special per-
27 mit on a form provided by the board and who pays to the board the special
28 permit fee as required under K.S.A. 65-5509 and amendments thereto.
29 The special permit shall authorize a student who is enrolled in an ap-
30 proved school of respiratory therapy and who holds such special permit
31 to practice respiratory therapy under the supervision of a registered res-
32 piratory therapist. Such special permit shall expire on the date that the
33 student graduates from an approved school of respiratory therapy or oth-
34 erwise ceases to be enrolled in an approved school of respiratory therapy.

35 (e) The board may issue a temporary ~~registration license~~ to an appli-
36 cant for ~~registration licensure~~ as a respiratory therapist who applies for
37 temporary ~~registration licensure~~ on a form provided by the board, who
38 meets the requirements for ~~registration licensure~~ or who meets all of the
39 requirements for ~~registration licensure~~ except examination and who pays
40 to the board the temporary ~~registration licensing~~ fee as required under
41 S.A. 65-5509 and amendments thereto. Such temporary ~~registration~~

42 ~~ensure~~ shall expire one year from the date of issue or on the date that
43 the board approves the application for ~~registration licensure~~, whichever

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occurs first. No more than one such temporary registration license shall be permitted to any one person, without the majority approval of the members of the board.

(f) The board may waive the examination and education requirements and issue a license to individuals who have not taken and passed a licensure exam administered or approved by the board, yet were registered by the board under the previous act as a respiratory therapist, providing these individuals have been registered by the board and employed as respiratory therapists since the inception of the initial registration act in 1987.

Sec. 8. K.S.A. 65-5509 is hereby amended to read as follows: 65-5509. (a) The board shall charge and collect in advance fees provided for in this act as fixed by the board by rules and regulations, subject to the following limitations:

Application fee, not more than.....	40
Temporary registration licensing fee, not more than.....	40
Special permit fee, not more than.....	40
Registration License renewal fee, not more than.....	40
Registration License late renewal fee, not more than.....	40
Registration License reinstatement fee, not more than.....	40
Certified copy of registration license, not more than.....	20

(b) The board shall charge and collect in advance fees for any examination administered by the board under the respiratory therapy practice act as fixed by the board by rules and regulations in an amount equal to the cost to the board of the examination. If the examination is not administered by the board, the board may require that fees paid for any examination under the respiratory therapy practice act be paid directly to the examination service by the person taking the examination.

Sec. 9. K.S.A. 65-5510 is hereby amended to read as follows: 65-5510. (a) The board may deny, refuse to renew, suspend or revoke a registration license where the registrant licensee or applicant for registration licensure has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare or safety of the public. Unprofessional conduct includes:

- (1) Obtaining a registration license by means of fraud, misrepresentation or concealment of material facts;
- (2) being guilty of unprofessional conduct as defined by rules and regulations adopted by the board;
- (3) being convicted of a felony if the acts for which such person was convicted are found by the board to have a direct bearing on whether person should be entrusted to serve the public in the capacity of a respiratory therapist;
- (4) violating any lawful order or rule and regulation of the board; and

Note: Limits "grandfather" to those who have passed licensure exam unless originally registered in "1987." Equal protection problem. See also p. 5, l. 3-14. Usual policy of legislature in changing from registration to licensure is to provide that all persons registered become licensed on the effective date of the act. See K.S.A. 65-1631 as an example.

Note: In line 10, original act effective 7-1-86.

(5) violating any provision of this act.

z (b) Such denial, refusal to renew, suspension or revocation of a reg-
 3 ~~istration license~~ may be ordered by the board after notice and hearing on
 4 the matter in accordance with the provisions of the Kansas administrative
 5 procedure act. Upon the end of the period of time established by the
 6 board for the revocation of a ~~registration license~~, application may be made
 7 to the board for reinstatement. The board shall have discretion to accept
 8 or reject an application for reinstatement and may hold a hearing to con-
 9 sider such reinstatement. An application for reinstatement shall be ac-
 10 companied by the ~~registration licensing~~ reinstatement fee established un-
 11 der K.S.A. 65-5509 *and amendments thereto*.

12 Sec. 10. K.S.A. 65-5511 is hereby amended to read as follows: 65-
 13 5511. Foreign trained respiratory therapists shall satisfy the examination
 14 requirements of K.S.A. 65-5506 *and amendments thereto*. The board shall
 15 require foreign trained applicants to furnish proof of completion of ed-
 16 ucational and ~~supervised field work~~ requirements, substantially equal to
 17 ~~or greater than~~ those contained in K.S.A. 65-5506 *and amendments*
 18 *thereto* prior to taking the examination.

19 Sec. 11. K.S.A. 65-5512 is hereby amended to read as follows: 65-
 20 5512. (a) ~~Registrations Licenses~~ issued under this act shall be effective
 21 for a period of one year and shall expire at the end of such period of time
 22 unless renewed in the manner prescribed by the board, upon the payment
 23 of the ~~registration license~~ renewal fee established under K.S.A. 65-5509
 24 *and amendments thereto*. The board may establish additional require-
 25 ments for ~~registration license~~ renewal which provide evidence of contin-
 26 ued competency. The board may provide for the late renewal of a ~~reg-~~
 27 ~~istration license~~ upon the payment of a late fee established under K.S.A.
 28 65-5509 *and amendments thereto*, but no such late renewal of a ~~registra-~~
 29 ~~tion license~~ may be granted more than five years after its expiration.

30 (b) A person whose ~~registration license~~ is suspended shall not engage
 31 in any conduct or activity in violation of the order or judgment by which
 32 the ~~registration license~~ was suspended. If a ~~registration license~~ revoked
 33 on disciplinary grounds is reinstated, the ~~registrant licensee~~, as a condition
 34 of reinstatement, shall pay the ~~registration license~~ renewal fee and any
 35 late fee that may be applicable.

36 Sec. 12. K.S.A. 65-5514 is hereby amended to read as follows: 65-
 37 5514. (a) On and after July 1, ~~1987~~ 1998, it shall be unlawful for any
 38 person who is not ~~registered licensed~~ under this act as a respiratory ther-
 39 apist or whose ~~registration license~~ has been suspended or revoked to ~~use,~~
 40 ~~in connection with such person's name or place of business, hold them-~~
 41 ~~selves out to the public as a licensed respiratory therapist, or use the~~
 42 ~~abbreviation of CRTT, RRT, RCP or the words "respiratory therapist,"~~
 43 ~~respiratory therapist registered," "respiratory care practitioner" or, "in-~~

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1 halation therapist" or any other words, letters, abbreviations or insignia
 2 indicating or implying that such person is a respiratory therapist, or who
 3 in any way, orally, in writing, in print or by sign, directly or by implication,
 4 represents oneself as a respiratory therapist to practice the art and science
 5 of respiratory therapy as herein defined.

Insert criminal penalty p. 9, lines 13 and 14.

6 (b) ~~The respiratory therapy practice act recognizes the existence of~~
 7 ~~overlapping functions between health care providers. Therefore, nothing~~
 8 in this act is intended to limit, preclude or otherwise interfere with the
 9 practices of other health care providers formally trained and licensed,
 10 credentialed or certified by appropriate agencies of the state of Kansas.
 11 The practice of respiratory therapy shall not be construed to include the
 12 following individuals:

Nothing

registered,

13 (1) Persons rendering gratuitous services in the case of an emergency.
 14 (2) Members of any church practicing their religious tenets ~~provided~~
 15 ~~they shall not be exempt from complying with all public health regulations~~
 16 ~~of the state~~

Gratuitous services only?

17 (3) Persons whose services are performed ~~via~~ the delegation of and
 18 under the supervision of a respiratory therapist who is licensed under this
 19 act.

pursuant to

20 (4) Healthcare providers in the United States armed forces, public
 21 health services, and coast guard or other military service when acting in
 22 the line of duty in this state.

Persons working in federal facilities?

23 (5) Medical practitioners licensed under the ~~Healing Arts Act~~ and
 24 practicing their professions, when licensed and practicing in accordance
 25 with the provisions of ~~the Kansas Statutes, or amendments thereto,~~ or
 26 persons performing services pursuant to the delegation of a licensed phy-
 27 sician under subsection (g) of K.S.A. 65-2872 and amendments thereto
 28 ~~and any interpretation thereof by the supreme court of this state~~

healing arts act

law

29 (6) Dentists practicing their professions, when licensed and practicing
 30 in accordance with the provisions of ~~the Kansas Statutes Annotated, and~~
 31 ~~amendments thereto, and any interpretation thereof by the supreme court~~
 32 ~~of this state~~

law

33 (7) Nurses practicing their professions, when licensed and practicing
 34 in accordance with the provisions of ~~the Kansas nurse practice act, and~~
 35 ~~amendments thereto,~~ or persons performing services pursuant to the del-
 36 egation of a licensed nurse under subsection (m) of K.S.A. 65-1124 and
 37 amendments thereto ~~and any interpretation thereof by the supreme court~~
 38 ~~of this state~~

law

39 (8) Health care providers who have been formally trained and have
 40 passed a credentialing or certification examination and are practicing in
 41 accordance with the training and provisions of their respective creden-
 42 tialing organization or have received specific training in one or more
 43 functions included in this act pursuant to established educational proto-

Educational protocols?

3-9
not needed

cols or both.

2 (9) Students while in actual attendance in an accredited health care
3 occupational educational program and under the supervision of a quali-
4 fied instructor.

5 (c) Durable medical equipment companies may deliver and set-up
6 respiratory equipment pursuant to a written prescription by a physician.
7 Any instructions to the patient or client regarding the clinical use of said
8 equipment, any patient monitoring, assessment or other procedures de-
9 signed to evaluate the effectiveness of prescribed therapy must be per-
10 formed by or ~~or~~ the delegation of a licensed respiratory therapist or other
11 health care provider formally trained and licensed or otherwise creden-
12 tialied by appropriate agencies of the state of Kansas.

13 (d) Any violation of this section shall constitute a class C B misde-
14 meanor.

15 (e) Nothing in this act shall be construed to permit the practice of
16 medicine.

17 Sec. 13. K.S.A. 65-5516 is hereby amended to read as follows: 65-
18 5516. All state agency adjudicative proceedings under K.S.A. 65-5501 to
19 65-5517, inclusive, shall be conducted in accordance with the provisions
20 of the Kansas administrative procedure act and shall be reviewable in
21 accordance with the act for judicial review and civil enforcement of
22 agency actions.

23 Sec. 14. K.S.A. 65-5502, 65-5503, 65-5504, 65-5505, 65-5506, 65-
24 5507, 65-5508, 65-5509, 65-5510, 65-5511, 65-5512, 65-5514 and 65-5516
25 are hereby repealed.

26 Sec. 15. This act shall take effect and be in force from and after its
27 publication in the statute book.

Other possible exclusions - see attached.

Durable medical equipment companies?

pursuant to

Delete lines 13 and 14 here and move to p. 8,
1. 5

Penalty change from C to B misdemeanor

and surgery. No statute granting authority to
licensees of the state board of healing arts
shall be construed to confer authority upon
respiratory therapists to engage in any
activity not conferred by this act

Note: There appears to be no need for this
change in K.S.A. 65-5516.

delete

Should this be January 1, 1998? w 99

(allows for rules & reg changes)

Additional sections need terminology change:

- 39-952
- 40-12a01
- 40-3103
- 65-4116
- 65-4915
- 65-4921
- 74-4916
- 74-4960a

Other Possible Exceptions

-- Self-care by a patient or gratuitous care by a friend or family member who does not represent or hold out to the public to be a respiratory therapist;

-- Monitoring, installation or delivery of medical devices, gases and equipment and the maintenance thereof by a nonlicensed person for the express purpose of self-care by a patient or gratuitous care by a friend or family member;

-- Respiratory therapy services rendered in the course of an emergency;

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3-10