

Approved: April 1, 1999
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on March 30, 1999 in Room 423-S of the Capitol.

All members were present except: Representative Brenda Landwehr, Excused

Committee staff present: Emalene Correll, Kansas Legislative Research
Norman Furse, Revisor of Statutes
June Evans, Secretary

Conferees appearing before the committee: Kerrie Ruhlman, Executive Director, Kansas Professional Nursing Home Administrators Association
Senator Sandy Praeger
Dennis Allin, M.D., Chairman, EMS/Trauma Policy Group
Connie McAdam, President, Kansas Emergency Medical Services Association
Charles Wheelen, Kansas Association of Osteopathic Medicine
Richard J. Morrissey, Director, Office of Local and Rural Health
Roger Peck, M.D., Kansas Society of Internal Medicine, Great Bend
Jerry Slaughter, Executive Director, Kansas Medical Society
Terry Roberts, Kansas State Nurses Association

Others Attending: See Attached Sheet

The Chairperson stated minutes of March 17 and 22 were distributed and would ask for approval later and gave an overview of what the committee would be doing today.

The Chairperson reviewed the balloon on **HB 2529 - Persons and practices regulated by state board of cosmetology.**

Representative Long moved and Representative Bethell seconded to accept the balloon and move HB 2529 out of committee as amended. The motion carried.

The Chairperson stated if there was no objection would like to work **SB 232 - Establishing a task force on long term care services.**

Representative Long moved and Representative Morrison seconded to move SB 232 out favorably. The motion carried.

Written testimony was provided by Kerrie Ruhlman, Executive Director, KPNHAA. (See Attachment #1)

The Chairperson opened the hearing on **Sub SB 106 - Concerning emergency medical and trauma services.**

Staff gave a briefing on **Sub SB 106** and the amendment.

Senator Sandy Praeger testified in favor of **Sub SB 106**, stating the bill did have some problems and those problems have been worked out in the amendment. The \$1.00 fee fine on violation changed from \$2.00 as

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it would create an accounting nightmare. The amount of the docket fee was changed to include the increase needed but there won't be a need to change the computer program. Encourage the committee to look favorably upon the bill and the balloon amendment and move it out favorably. (See Attachment #2)

Dennis Allin, M.D., Chairman, EMS/Trauma Policy Group, testified in support of **Sub SB 106**, stating he had chaired a trauma group over 3 years and there was knowledge that over ½ of states in the United States have an organized trauma system and have shown reductions in mortality of 30%. The state of Kansas trauma system plan calls for the inclusion of all facilities, recognizing the fact that 85% of traumas could be managed at local facilities, and called for regional oversight of the system by the providers of the care within that region. Dr. Allin presented a budget for the Kansas EMS/Trauma Systems Plan. Dr. Allin concurred with the balloon and felt the funding would be adequate. (See Attachments #3 & 4).

Connie McAdam, President, Kansas Emergency Medical Services Association, testified as a proponent to **Sub SB 106** stating that unintentional injury is the leading cause of death for Kansas citizens between the ages of 1 and 44. It is not known how many total trauma related injury deaths occur in Kansas because there is no system for collecting and processing that information. The trauma registry would provide valuable information necessary for system development and prevention efforts throughout the state. (See Attachment #5)

Charles Wheelen, Kansas Association of Osteopathic Medicine, testified in support of **Sub SB 106** and offered an amendment that would allow the Association to appoint a member to the Advisory Committee rather than be appointed by the Governor. (See Attachment #6)

Richard J. Morrissey, Director, Office of Local and Rural Health, testified as a proponent to **Sub SB 106**, stating KDHE was active in a partnership with the Kansas Board of Emergency Medical Services and the Kansas Medical Society that formed the coalition of seventeen organizations and developed the Kansas EMS/Trauma Systems Plan. The partnership organized in 1994 and applied for and received grant funds to support the project from the Kansas Health Foundation. The consequences of trauma in Kansas represent a critical public health issue that can be addressed to save lives and reduce the severity of injuries. Information and planning can be applied to prevent many of the situations that cause traumatic injury. (See Attachment #7)

Dr. Roger Peck, Kansas Society of Internal Medicine, Great Bend, testified as a proponent to **Sub SB 106**, stating in 1994 it culminated that something needed to be done regarding EMS/Trauma Services. There are interventions that if carried out efficiently will impact upon morbidity and mortality of critically ill and injured patients. The need for data uniformity is very critical.

Jerry Slaughter, Executive Director, Kansas Medical Society, testified as a proponent to **Sub SB 106**, stating a really important thing this bill does is set up a system to collect data. There is very little data now on which to base decision making. This would change that.

Terry Roberts, Kansas State Nurses Association, testified as a proponent to **Sub SB 106**, stating the KSNA is very supportive of the state of Kansas moving forward in a deliberate and focused manner to implement a statewide trauma system with a trauma registry component. Registered Nurses are the only providers whose qualifications are specified in the bill, requiring a "licensed professional nurse specializing in trauma care". RN's outnumber all other healthcare providers in the state by a very wide margin (27,000 RN's licensed in Kansas), and they are responsible for triage and stabilization at hospitals, the care of trauma victims in trauma centers, and the rehabilitation of these same clients. In order to be fair and reflective of the health providers involved with and responsible for trauma care, the number of RN's on the board must be at least the two now currently on the board. We would also like to recommend that the qualification language be modified slightly to include RN's specializing in emergency nursing or

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trauma care. There are so few trauma centers in Kansas, that to limit the RN's to only those "specializing in trauma care" would exclude consideration of RN's working in emergency rooms in hospitals throughout Kansas. The RN's participating in emergency room triage, stabilization and transport have a perspective that would be very helpful in the design of the Kansas statewide trauma system. (See Attachment #8)

The Chairperson closed the hearing on **Sub SB 106**.

Written testimony was provided by Kansas Hospital Association (See Attachment #9).

Representative Geringer moved and Representative Morrison seconded to accept amendment to change the percentages. The motion carried.

Representative Geringer moved to accept Kansas Association of Osteopathic Medicine amendment. The motion failed for lack of a second.

Representative Morrison moved and Representative Bethell seconded to move **Sub SB 106** out as amended. The motion carried.

The Chairperson thanked the committee for their good work and hopefully this would be the last meeting of the session.

Representative Haley moved and Representative Lightner seconded to approve the minutes of March 17 and March 22. The motion carried.

The meeting adjourned at 3:00 p.m.

KANSAS PROFESSIONAL NURSING HOME ADMINISTRATORS ASSOCIATION

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Topeka, Kansas 66614
Phone: 785—273-4393



Thank you Mr. Chairman, Members of the Committee. I am Kerrie Ruhlman, Executive Director of the Kansas Professional Nursing Home Administrators Association (KPNHAA). I appreciate very much that the Chairman allowed me to testify on SB 232 re-establishing a Task Force on Long-Term Care Services.

The Task Force on Long-Term Care Services met last year during the interim. This bill merely re-establishes the Task Force structure until July 1, 2000. This Task Force provides an opportunity for legislative leadership, long-term care providers, and consumers to interact and become better informed about the complexities involved in long-term care services. In addition, this "learning together" opportunity that the Task Force promotes is too valuable to let lapse. Also, from the point of view of my industry, this Task Force is especially important because it provides us with the opportunity to discuss our issues with legislative leadership to learn your concerns as well as those of our consumers.

To answer the most likely two questions you may have: The fiscal note is \$13,532 in FY1999 and \$14,209 in FY2000; secondly, the only opposition raised was possible duplication with other Commissions involving the elderly. This is not the case because this Task Force has a majority of legislators and its focus is on governmental policies for our industry. We urge your support for re-establishing the Task Force.

I would be pleased to answer any questions. Thank you.

Kerrie Ruhlman
Exe. Dir. KPNHAA

HHS
3-30-9
Atch #1

HHS
3-30-99
Atch #2

Substitute for SENATE BILL No. 106

By Committee on Public Health and Welfare

3-16

9 AN ACT concerning emergency medical and trauma services; establish-
10 ing an advisory committee on trauma; establishing a trauma registry;
11 providing for administration by the secretary of health and environ-
12 ment; amending [K.S.A. 20-2801 and] K.S.A. 1998 Supp. [6-2106] 12-
13 4117, [2-4214 and 12-4905], and repealing the existing sections.

20-367 and 28-172a

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

16 New Section 1. As used in sections 1 to 8, inclusive, and amendments
17 thereto:

18 (a) "Advisory committee" means the advisory committee on trauma
19 established under section 2 and amendments thereto.

20 (b) "Council" means one of the regional trauma councils.

21 (c) "Hospital" means a hospital as defined by K.S.A. 65-425, and
22 amendments thereto.

23 (d) "Physician" means a person licensed by the state board of healing
24 arts to practice medicine and surgery.

25 (e) "Secretary" means the secretary of health and environment.

26 New Sec. 2. (a) There is hereby established an advisory committee
27 on trauma. The advisory committee on trauma shall be advisory to the
28 secretary of health and environment and shall be within the division of
29 health of the department of health and environment as a part thereof.

30 (b) The advisory board shall be composed of 15 members represent-
31 ing both rural and urban areas of the state appointed as follows:

32 (1) Three members shall be persons licensed in medicine and sur-
33 gery, two of whom shall be appointed by the governor from a list of six
34 who shall be nominated by the Kansas medical society and one of whom
35 shall be appointed by the governor from a list of three who shall be
36 nominated by the Kansas association of osteopathic medicine;

37 (2) three members shall be representatives of hospitals appointed by
38 the governor from a list of six who shall be nominated by the Kansas
39 hospital association;

40 (3) two members shall be licensed professional nurses specializing in
41 trauma care appointed by the Kansas state nurses association;

42 (4) two members shall be attendants as defined in K.S.A. 65-6112
43 and amendments thereto who are on the roster of an ambulance service

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1 permitted by the board of emergency medical services, one of whom shall
2 be appointed by the Kansas emergency medical services association and
3 one of whom shall be appointed by the Kansas emergency medical tech-
4 nician association;

5 (5) one member shall be a representative of the department of health
6 and environment appointed by the secretary thereof;

7 (6) one member shall be a representative of the board of emergency
8 medical services appointed by the board of emergency medical services;

9 (7) one member shall be an administrator of an ambulance service
10 appointed by the governor from a list of four, two nominated by the
11 Kansas emergency medical technician association and two nominated by
12 the Kansas emergency medical services association; and

13 (8) two legislators, one from the house of representatives and one
14 from the senate shall be members. The speaker of the house shall appoint
15 one member and the president of the senate shall appoint the other mem-
16 ber. The appointees from the legislature shall be from opposing political
17 parties.

18 All members shall be residents of the state of Kansas. At least one
19 member appointed under paragraphs (4) and (7) of this subsection shall
20 be from a rural area. Appointments to the advisory committee shall be
21 made with due consideration that representation of the four congressional
22 districts of the state is ensured. Organizations under this section which
23 submit lists of names to the governor for appointment by the governor
24 from such lists to the advisory committee shall submit names of people
25 who reside in both rural and urban areas of the state.

26 (c) Of the members first appointed to the advisory committee, five
27 shall be appointed for terms of one year, five for terms of two years, and
28 five for terms of three years. Thereafter, members shall be appointed for
29 terms of three years and until their successors are appointed and quali-
30 fied. In the case of a vacancy in the membership of the advisory com-
31 mittee, the vacancy shall be filled for the unexpired term. All members
32 appointed to fill vacancies in the membership of the advisory committee
33 and all members appointed to succeed members appointed to the advi-
34 sory committee shall be appointed in like manner as that provided for
35 the original appointment of the member succeeded.

36 (d) The advisory committee shall meet at least four times annually
37 and at the call of the chairperson or at the request of any eight members
38 of the advisory committee. At the first meeting of the advisory committee
39 after January 1 each year, the members shall elect a chairperson and a
40 vice-chairperson who shall serve a term of one year. The vice-chairperson
41 shall exercise all of the powers of the chairperson in the absence of the
42 chairperson.

(e) The first person appointed by the governor to the advisory com-

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1 mittee shall call the first meeting of the advisory committee and shall
2 serve as temporary chairperson of the advisory committee until a chair-
3 person and vice-chairperson are elected by the advisory committee at
4 such meeting.

5 (f) The advisory committee shall be advisory to the secretary of health
6 and environment on all matters relating to the implementation and ad-
7 ministration of this act.

8 (g) Members of the advisory committee attending meetings of the
9 advisory committee or attending a subcommittee of the advisory com-
10 mittee or other authorized meeting of the advisory committee shall not
11 be paid compensation but shall be paid amounts provided in subsection
12 (e) of K.S.A. 75-3223 and amendments thereto.

13 (h) The advisory committee shall make an interim report along with
14 any recommendations the advisory committee deems appropriate to the
15 committee on public health and welfare of the senate and to the com-
16 mittee on health and human services of the house of representatives on
17 or before January 10, 2000. The advisory committee shall make a final
18 report and recommendations, including recommendations about the ap-
19 propriate oversight of the trauma system and whether the advisory com-
20 mittee should be continued, to the committee on public health and wel-
21 fare of the senate and to the committee on health and human services of
22 the house of representatives on or before January 8, 2001.

23 New Sec. 3. The secretary of health and environment, after consul-
24 tation with and consideration of recommendations from the advisory com-
25 mittee, shall:

26 (a) Develop rules and regulations necessary to carry out the provi-
27 sions of this act;

28 (b) develop a statewide trauma system plan including the establish-
29 ment of regional trauma councils, using the 1998 Kansas EMS-Trauma
30 Systems Plan study as a guide and not more restrictive than state law.
31 The secretary shall ensure that each council consist of at least six mem-
32 bers. Members of the councils shall consist of persons chosen for their
33 expertise in and commitment to emergency medical and trauma services.
34 Such members shall be chosen from the region and include prehospital
35 personnel, physicians, nurses and hospital personnel involved with the
36 emergency medical and trauma services and a representative of a county
37 health department. The plan should:

38 (1) Maximize local and regional control over decisions relating to
39 trauma care;

40 (2) minimize bureaucracy;

41 (3) adequately protect the confidentiality of proprietary and personal
42 health information;

43 (4) promote cost effectiveness;

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- 1 (5) encourage participation by groups affected by the system;
- 2 (6) emphasize medical direction and involvement at all levels of the
- 3 system;
- 4 (7) rely on accurate data as the basis for system planning and devel-
- 5 opment; and
- 6 (8) facilitate education of health care providers in trauma care;
- 7 (c) plan, develop and administer a trauma registry to collect and an-
- 8alyze data on incidence, severity and causes of trauma and other pertinent
- 9 information which may be used to support the secretary's decision-mak-
- 10ing and identify needs for improved trauma care;
- 11 (d) provide all technical assistance to the regional councils as neces-
- 12sary to implement the provisions of this act;
- 13 (e) collect data elements for the trauma registry that are consistent
- 14 with the recommendations of the American college of surgeons commit-
- 15tee on trauma and centers for disease control;
- 16 (f) develop a phased-in implementation schedule for each component
- 17 of the trauma system, including the trauma registry, which considers the
- 18 additional burden placed on the emergency medical and trauma
- 19 providers;
- 20 (g) develop standard reports to be utilized by the regional trauma
- 21 councils and those who report data to the registry in performing their
- 22 functions;
- 23 (h) assess the fiscal impact on all components of the trauma system,
- 24 and thereafter recommend other funding sources for the trauma system
- 25 and trauma registry;
- 26 (i) prepare and submit an annual budget in accordance with the pro-
- 27visions of this act. Such budget shall include costs for the provision of
- 28 technical assistance to the regional trauma councils and the cost of de-
- 29veloping and maintaining the trauma registry and analyzing and reporting
- 30 on the data collected;
- 31 ~~(j) in addition to any fine or penalty charged for a moving traffic~~
- 32 ~~violation under K.S.A. 8-2118, and amendments thereto, as defined by~~
- 33 ~~rules and regulations adopted under K.S.A. 8-249, and amendments~~
- 34 ~~thereto, there is hereby imposed on all traffic infractions classified as~~
- 35 ~~moving violations under chapter 8 of the Kansas Statutes Annotated, city~~
- 36 ~~ordinance or county resolution a \$1 surcharge to be deposited in the~~
- 37 ~~trauma fund; and~~
- 38 (k) enter into contracts as deemed necessary to carry out the duties
- 39 and functions of the secretary under this act.
- 40 New Sec. 4. (a) The secretary of health and environment shall de-
- 41velop and maintain a statewide trauma registry and consult with the health
- 42care data governing board in developing the registry. All designated
- 43trauma centers, prehospital trauma providers, designated trauma facilities

and

(j)

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1 and acute medical care facilities that provide any service or care to or for
2 persons with trauma injury in this state shall collect and report to the
3 trauma registry data and information deemed appropriate by the secre-
4 tary, after consultation with the health care data governing board, to mon-
5 itor patient outcome.

6 (b) The secretary is hereby authorized to collect data pertaining to
7 all trauma care occurring in Kansas. The secretary shall adopt rules and
8 regulations which use the most efficient, least intrusive means for col-
9 lecting the trauma care data consistent with ensuring the quality, timeli-
10 ness, completeness and confidentiality of the trauma registry.

11 (c) Any health care provider, whether a person or institution, who
12 reports trauma information to the registry in good faith and without mal-
13 ice, in accordance with the requirements of this section, shall have im-
14 munity from any liability, civil or criminal, which might otherwise be
15 incurred or imposed in an action resulting from such report. Notwith-
16 standing K.S.A. 60-427 and amendments thereto, there shall be no priv-
17 ilege preventing the furnishing of such information or reports as required
18 by this act by any health care provider. Nothing in this section shall be
19 construed to apply to the unauthorized disclosure of confidential or priv-
20 ileged information when such disclosure is due to gross negligence or
21 willful misconduct.

22 (d) The information obtained by the trauma registry, including dis-
23 cussions and activities using the information generated from the trauma
24 registry, shall be confidential and shall not be disclosed or made public,
25 upon subpoena or otherwise, except such information may be disclosed
26 if:

27 (1) No person can be identified in the information to be disclosed
28 and the disclosure is for statistical purposes;

29 (2) all persons who are identifiable in the information to be disclosed
30 consent in writing to its disclosure;

31 (3) the disclosure is necessary, and only to the extent necessary, to
32 protect the public health, and does not identify providers or facilities; or

33 (4) the information to be disclosed is required in a court proceeding
34 involving child abuse and the information is disclosed *in camera*.

35 New Sec. 5. To aid the purposes of section 1 through section 4 and
36 amendments thereto, one of the documents given to the trauma patient
37 or responsible party accompanying the trauma patient shall contain a dis-
38 closure statement stating that nonidentifying data regarding the trauma
39 injury and trauma care may be reported to a central registry to facilitate
40 better prevention and care of trauma injuries.

41 New Sec. 6. Nothing in the trauma system act shall limit a patient's
42 right to choose the physician, hospital, facility, rehabilitation center, spe-
43 cialty level burn or pediatric trauma center, or other provider of health

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1 care services. Nothing in sections 1 to 8, inclusive, and amendments
2 thereto shall limit an individual's right to choose care in accordance with
3 a method of treatment which relies on spiritual means alone for healing.

4 New Sec. 7. The statutes, rules and regulations and procedures shall
5 be consistent with the federal consolidated omnibus budget reconciliation
6 act of 1989, 42 U.S.C. § 1395cc (COBRA) and the emergency medical
7 treatment and active labor act, 42 U.S.C. § 1395dd (EMTALA).

8 New Sec. 8. (a) There is hereby established in the state treasury the
9 trauma fund which shall be administered by the secretary of health and
10 environment. All moneys received from ~~the \$1 surcharge levied on mov-~~
11 ~~ing violations under subsection (j) of section 3,~~ and amendments thereto,
12 for the purpose of financing the activities and expenses of the secretary
13 in administration of sections 1 to 8, inclusive, and amendments thereto,
14 regional trauma councils, and the trauma registry, shall be deposited in
15 the state treasury and credited to the trauma fund. All expenditures from
16 the trauma fund shall be made in accordance with appropriation acts upon
17 warrants of the director of accounts and reports issued pursuant to vouch-
18 ers approved by the secretary or by a person or persons designated by
19 such secretary.

20 (b) On or before the 10th of each month, the director of accounts
21 and reports shall transfer from the state general fund to the trauma fund
22 established in subsection (a) interest earnings based on:

- 23 (1) The average daily balance of money in the trauma fund for the
- 24 preceding month; and
- 25 (2) the net earnings rate of the pooled money investment portfolio
- 26 for the preceding month.

27 ~~Sec. 9. K.S.A. 1998 Supp. 8-2106 is hereby amended to read as fol-~~
28 ~~lows: 8-2106. (a) A law enforcement officer may prepare and deliver to a~~
29 ~~person a written traffic citation on a form approved by the division of~~
30 ~~motor vehicles, if the law enforcement officer stops the person for a~~
31 ~~violation of:~~

- 32 (1) The uniform act regulating traffic on highways, which violation is
- 33 a misdemeanor or a traffic infraction;
- 34 (2) K.S.A. 8-262, 8-2,144, 8-1599, 21-3610, 21-3610a, 21-3722, 21-
- 35 3724, 21-3725, 21-3728, 21-4101, 40-3104, 40-3106, 41-715, 41-724, 41-
- 36 727, 41-2719, 41-2720, 41-2721, 47-607, 66-1,111, 66-1,129, 66-1,139,
- 37 66-1,140, 66-273, 66-1314, 66-1324, 66-1325, 66-1330, 66-1331, 66-1332,
- 38 68-2104, 68-2106 or subsection (b) of K.S.A. 79-34,122, and amendments
- 39 thereto;
- 40 (3) K.S.A. 31-155 and amendments thereto involving transportation
- 41 of bottle rockets;
- 42 (4) K.S.A. 66-1314 or 66-1328, and amendments thereto, and any
- 43 rules and regulations adopted pursuant thereto;

fees collected under K.S.A. 12-4214 and 28-172a

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1 (5) any rules and regulations adopted pursuant to K.S.A. 2-1212, 68/
2 2001 or 31-146, and amendments thereto;
3 (6) any rules and regulations adopted pursuant to K.S.A. 31-133 and
4 amendments thereto relating to transportation of materials or fuel; or
5 (7) K.S.A. 8-1343 through 8-1347 and amendments thereto relating
6 to the child passenger safety act; or
7 (8) K.S.A. 8-2501 through 8-2507 and amendments thereto relating
8 to the safety belt use act.

9 (b) The citation shall contain a notice to appear in court, the name
10 and address of the person, the type of vehicle the person was driving,
11 whether hazardous materials were being transported, whether an acci-
12 dent occurred, the state registration number of the person's vehicle, if
13 any, a statement whether the vehicle is a commercial vehicle, whether
14 the person is licensed to drive a commercial motor vehicle, the offense
15 or offenses charged, the time and place when and where the person shall
16 appear in court, the signature of the law enforcement officer, and any
17 other pertinent information. *The citation shall also provide for a \$1 sur-*
18 *charge to be collected if the traffic violation was a moving violation.*

19 (c) The time specified in the notice to appear shall be at least five
20 days after the alleged violation unless the person charged with the vio-
21 lation demands an earlier hearing.

22 (d) The place specified in the notice to appear shall be before a judge
23 of the district court within the county in which the offense is alleged to
24 have been committed.

25 (e) Except in the circumstances to which subsection (a) of K.S.A. 8-
26 2104, and amendments thereto, apply, in the discretion of the law en-
27 forcement officer, a person charged with a misdemeanor may give written
28 promise to appear in court by signing at least one copy of the written
29 citation prepared by the law enforcement officer, in which event the law
30 enforcement officer shall deliver a copy of the citation to the person and
31 shall not take the person into physical custody.

32 (f) When a person is charged with a traffic infraction, the notice to
33 appear shall provide a place where the person may make a written entry
34 of appearance, waive the right to a trial and plead guilty or no contest.
35 The notice to appear shall provide a space where the law enforcement
36 officer shall enter the appropriate fine specified in the uniform fine sched-
37 ule contained in K.S.A. 8-2118, and amendments thereto, for the violation
38 charged and court costs in the amount provided by law. *If the fine spec-*
39 *ified in the uniform fine schedule contained in K.S.A. 8-2118, and amend-*
40 *ments thereto, is a moving violation the law enforcement officer shall enter*
41 *the required \$1 surcharge under subsection (j) of section 3, and amend-*
42 *ments thereto.* If the notice to appear does not do so, the law enforcement
43 officer shall provide a person charged with a traffic infraction a form

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1 ~~Explaining the person's right to appear and right to a trial, the person's~~
 2 ~~right to pay the appropriate fine and court costs prior to the appearance~~
 3 ~~date, and that failure to either pay such fine and court costs or appear at~~
 4 ~~the specified time may result in suspension of the person's driver's license.~~
 5 ~~The law enforcement officer shall provide the person with the address of~~
 6 ~~the court to which the written entry of appearance, waiver of trial, plea~~
 7 ~~of guilty or no contest and payment of fine and court costs shall be mailed.~~

8 ~~(g) Any officer violating any of the provisions of subsection (f) is guilty~~
 9 ~~of misconduct in office and shall be subject to removal from office.]~~

9.

10 Sec. ~~10.~~ K.S.A. 1998 Supp. 12-4117 is hereby amended to read as
 11 follows: 12-4117. (a) On and after July 1, 1996, in each case filed in
 12 municipal court charging a criminal or public offense or charging an of-
 13 fense defined to be a moving violation by rules and regulations adopted
 14 pursuant to K.S.A. 8-249 and amendments thereto, where there is a find-
 15 ing of guilty or a plea of guilty, a plea of no contest, forfeiture of bond or
 16 a diversion, a sum in an amount of \$6 \$7 shall be assessed and such
 17 assessment shall be credited as follows:

18 (1) During the period commencing July 1, 1996, and ending June 30,
 19 1997, \$1 to the local law enforcement training reimbursement fund es-
 20 tablished pursuant to K.S.A. 74-5620 and amendments thereto, \$4 to the
 21 law enforcement training center fund established pursuant to K.S.A. 74-
 22 5619 and amendments thereto, \$.50 to the protection from abuse fund
 23 established pursuant to K.S.A. 74-7325 and amendments thereto and \$.50
 24 to the crime victims assistance fund established pursuant to K.S.A. 74-
 25 7334 and amendments thereto; and

26 (2) on and after July 1, 1997, \$1 to the local law enforcement training
 27 reimbursement fund established pursuant to K.S.A. 74-5620 and amend-
 28 ments thereto, \$2 to the law enforcement training center fund established
 29 pursuant to K.S.A. 74-5619 and amendments thereto, \$2 to the juvenile
 30 detention facilities fund established pursuant to K.S.A. 79-4803 and
 31 amendments thereto to be expended for operational costs of facilities for
 32 the detention of juveniles, \$.50 to the protection from abuse fund estab-
 33 lished pursuant to K.S.A. 74-7325 and amendments thereto and \$.50 to
 34 the crime victims assistance fund established pursuant to K.S.A. 74-7334
 35 and amendments thereto; and

36 (3) on and after July 1, 1999, \$1 to the trauma fund established pur-
 37 suant to section 8, and amendments thereto.

38 (b) The judge or clerk of the municipal court shall remit at least
 39 monthly the appropriate assessments received pursuant to this section to
 40 the state treasurer for deposit in the state treasury to the credit of the
 41 local law enforcement training reimbursement fund, the law enforcement
 42 training center fund, the juvenile detention facilities fund ~~and~~ the crime
 43 victims assistance fund, as provided in this section.

;

and the trauma fund

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1 (c) For the purpose of determining the amount to be assessed ac-
2 cording to this section, if more than one complaint is filed in the municipal
3 court against one individual arising out of the same incident, all such
4 complaints shall be considered as one case.

5 ~~Sec. 11. K.S.A. 1998 Supp. 12-4214 is hereby amended to read as~~
6 ~~follows: 12-4214. (a) Except as provided further, when a person is charged~~
7 ~~with an ordinance traffic infraction or an ordinance cigarette or tobacco~~
8 ~~infraction, the notice to appear shall provide a place where the person~~
9 ~~may make a written entry of appearance, waive the right to a trial and~~
10 ~~plead guilty or no contest. The notice to appear shall provide a space in~~
11 ~~which the law enforcement officer, except as provided in subsection (b),~~
12 ~~shall enter the appropriate fine specified in the fine schedule established~~
13 ~~by the municipal judge in accordance with K.S.A. 12-4305 and amend-~~
14 ~~ments thereto, and a space in which the law enforcement officer shall~~
15 ~~enter a \$1 surcharge for traffic infractions which are moving violations,~~
16 ~~in the case of a traffic infraction, or a fine of \$25, in the case of an~~
17 ~~ordinance cigarette or tobacco infraction. Either the notice to appear or~~
18 ~~a separate form provided to the person by the law enforcement officer~~
19 ~~shall provide an explanation: (1) Of the person's right to appear and right~~
20 ~~to trial and the person's right to pay the appropriate fine prior to the~~
21 ~~appearance date; (2) that failure to either pay such fine or appear at the~~
22 ~~specified time may result in issuance of a warrant for the person's arrest;~~
23 ~~and (3) in the case of a traffic infraction, that failure to either pay such~~
24 ~~fine or appear at the specified time may result in the suspension of the~~
25 ~~person's driver's license. The law enforcement officer shall provide the~~
26 ~~person with the telephone number and address of the municipal court to~~
27 ~~which the written entry of appearance, waiver of trial, plea of guilty or~~
28 ~~no contest and payment of fine shall be mailed.~~

29 (b) In lieu of the law enforcement officer entering the appropriate
30 fine for an ordinance traffic infraction, the officer may direct the person
31 charged with an ordinance traffic infraction to contact the clerk of the
32 municipal court to determine the applicable fine or provide the person
33 with a copy of the fine schedule established by the municipal judge in
34 accordance with K.S.A. 12-4305 and amendments thereto. *If the traffic*
35 *infraction violated is a moving violation and the law enforcement officer*
36 *did not fill in the \$1 surcharge, the clerk of the municipal court shall add*
37 *the \$1 surcharge to the fine to be collected.*

38 (c) When a person is charged with an ordinance cigarette or tobacco
39 infraction, the judge may require the juvenile to appear in court with a
40 parent or legal guardian.

41 (d) This section shall be a part of and supplemental to the provisions
42 of article 42 of chapter 12 of the Kansas Statutes Annotated and acts
43 amendatory thereof or supplemental thereto.]

0-10
2

1 Sec. 12. K.S.A. 1998 Supp. 12-4305 is hereby amended to read as
2 follows: 12-4305. (a) The municipal judge shall establish a schedule of
3 fines which shall be imposed for municipal ordinance violations that are
4 classified as ordinance traffic infractions. Also, the municipal judge may
5 establish a schedule of fines which shall be imposed for the violation of
6 certain other ordinances. Any fine so established shall be within the min-
7 imum and maximum allowable fines established by ordinance for such
8 offenses by the governing body. The following traffic violations are spe-
9 cifically excluded from any schedule of fines:

10 (1) Reckless driving;

11 (2) driving while under the influence of alcohol or drugs, or both, or
12 driving with a blood or breath alcohol concentration of .08 or more;

13 (3) driving without a valid license issued or on a canceled, suspended
14 or revoked license;

15 (4) fleeing or attempting to elude a police officer; or

16 (5) offense comparable to those prescribed by K.S.A. 8-1602, 8-1603
17 and 8-1604 and amendments thereto.

18 (b) A person charged with the violation of an ordinance contained in
19 a schedule of fines established under subsection (a) shall, except as pro-
20 vided in subsection (c), appear at the place and time specified in the
21 notice to appear. If the person enters an appearance, waives right to trial,
22 pleads guilty or no contest, the fine shall be no greater than that specified
23 in the schedule *plus the \$1 surcharge if the traffic ordinance violated was*
24 *a moving violation.*

25 (c) Except as provided in subsection (c) of K.S.A. 12-4214, and
26 amendments thereto, prior to the time specified in the notice to appear,
27 a person charged with an ordinance cigarette or tobacco infraction or a
28 violation of an ordinance contained in a schedule of fines established
29 under subsection (a) may enter an appearance, waive right to trial, plead
30 guilty or no contest and pay the fine for the violation as specified in the
31 schedule or in subsection (a) of K.S.A. 12-4214 and amendments thereto.
32 At the election of the person charged, such appearance, waiver, plea and
33 payment may be made by mail or in person and payment may be by
34 personal check. The complaint shall not have been complied with if a
35 check is not honored for any reason, or the fine is not paid in full prior
36 to the time specified in the notice to appear. When a person charged with
37 an ordinance cigarette or tobacco infraction or an ordinance traffic in-
38 fraction or other ordinance violation on a schedule of fines makes pay-
39 ment without executing a written waiver of right to trial and plea of guilty
40 or no contest, the payment shall be deemed such an appearance, waiver
41 of right to trial and plea of no contest.

42 The municipal judge may authorize the clerk of the municipal court or
43 some other person to accept by mail or in person such voluntary appear

11
2

1 ~~ance, plea of guilty or no contest and payment of the fine imposed by the~~
2 ~~schedule or by subsection (a) of K.S.A. 12-4214 and amendments thereto.~~

3 ~~The schedule of fines and notice of the \$1 surcharge for moving vio-~~
4 ~~lations of the traffic ordinance, and persons authorized to accept such~~
5 ~~pleas shall be conspicuously displayed in the office where such voluntary~~
6 ~~appearance, plea of guilty and payment of fine occurs.~~

7 ~~Sec. 13. K.S.A. 20-2801 is hereby amended to read as follows: 20-~~
8 ~~2801. (a) At least monthly the clerk of the district court shall remit all~~
9 ~~moneys payable to the state treasurer from fines, surcharges, penalties~~
10 ~~and forfeitures to the state treasurer, and the state treasurer shall deposit~~
11 ~~the same in the state treasury to the credit of the state general fund,~~
12 ~~except as provided in K.S.A. 74-7336 and section 8 and amendments~~
13 ~~thereto.~~

14 ~~(b) In order to determine the amount of moneys available pursuant~~
15 ~~to this section, the director of accounts and reports or the state treasurer,~~
16 ~~whenever it is deemed necessary by either of such officers, may request~~
17 ~~the clerk of the district court to provide such information as provided in~~
18 ~~this section. Within 10 days of the receipt of any such request, such clerk~~
19 ~~shall certify the amount of moneys collected pursuant to this section to~~
20 ~~the director of accounts and reports and the state treasurer.~~

21 ~~(c) This section shall not apply to municipal courts.~~

22 ~~Sec. 14, K.S.A. 20-2801 and K.S.A. 1998 Supp. 8-2106 12-4117, 12-~~
23 ~~4214 and 12-4305 are hereby repealed.~~

24 ~~Sec. 15, This act shall take effect and be in force from and after its~~
25 ~~publication in the statute book.~~

See attached

12.

20-367 amd 28-172a

13.

Sec. 10. K.S.A. 1998 Supp. 20-367 is hereby amended to read as follows: 20-367. Of the remittance of the balance of docket fees received monthly by the state treasurer from clerks of the district court pursuant to subsection (f) of K.S.A. 20-362, and amendments thereto, the state treasurer shall deposit and credit to the access to justice fund, a sum equal to ~~6.94%~~ 6.78% of the remittances of docket fees; to the juvenile detention facilities fund, a sum equal to ~~4.45%~~ 4.35% of the remittances of docket fees; to the judicial branch education fund, the state treasurer shall deposit and credit a sum equal to ~~3.42%~~ 3.34% of the remittances of docket fees; to the crime victims assistance fund, the state treasurer shall deposit and credit a sum equal to ~~.92%~~ .9% of the remittances of the docket fees; to the protection from abuse fund, the state treasurer shall deposit and credit a sum equal to ~~2.75%~~ 2.68% of the remittances of the docket fees; to the judiciary technology fund, the state treasurer shall deposit and credit a sum equal to ~~6.93%~~ 6.77% of the remittances of docket fees; to the dispute resolution fund, the state treasurer shall deposit and credit a sum equal to ~~.57%~~ .56% of the remittances of docket fees; to the Kansas endowment for youth trust fund, the state treasurer shall deposit and credit a sum equal to ~~2.03%~~ 1.98% of the remittances of docket fees; and to the permanent families account in the family and children investment fund, the state treasurer shall deposit and credit a sum equal to ~~.33%~~ .32% of the remittances of docket fees and; to the trauma fund, a sum equal to 2.34% of the remittance of docket

2-12

fees. The balance remaining of the remittances of docket fees shall be deposited and credited to the state general fund.

Sec. 11. K.S.A. 1998 Supp. 28-172a is hereby amended to read as follows: 28-172a. (a) Except as otherwise provided in this section, whenever the prosecuting witness or defendant is adjudged to pay the costs in a criminal proceeding in any county, a docket fee shall be taxed as follows:

On and after July 1, 1998:

Murder or manslaughter.....	\$164.50
Other felony.....	134.50
Misdemeanor.....	102.50
Forfeited recognizance.....	62.50
Appeals from other courts.....	62.50

(b) (1) Except as provided in paragraph (2), in actions involving the violation of any of the laws of this state regulating traffic on highways (including those listed in subsection (c) of K.S.A. 8-2118, and amendments thereto), a cigarette or tobacco infraction, any act declared a crime pursuant to the statutes contained in chapter 32 of Kansas Statutes Annotated and amendments thereto or any act declared a crime pursuant to the statutes contained in article 8 of chapter 82a of the Kansas Statutes Annotated, and amendments thereto, whenever the prosecuting witness or defendant is adjudged to pay the costs in the action, a docket fee of \$45 shall be charged. When an action is disposed of under subsections (a) and (b) of K.S.A. 8-2118 or subsection (f) of K.S.A. 79-3393, and amendments thereto, whether by mail or in person, the docket fee to be paid as court costs shall be \$45.

(2) In actions involving the violation of a moving traffic violation under K.S.A. 8-2118, and amendments thereto, as defined by rules and regulations adopted under K.S.A. 8-249, and

amendments thereto, whenever the prosecuting witness or defendant is adjudged to pay the costs in the action, a docket fee of \$46 shall be charged. When an action is disposed of under subsection (a) and (b) of K.S.A. 8-2118, and amendments thereto, whether by mail or in person, the docket fee to be paid as court costs shall be \$46.

(c) If a conviction is on more than one count, the docket fee shall be the highest one applicable to any one of the counts. The prosecuting witness or defendant, if assessed the costs, shall pay only one fee. Multiple defendants shall each pay one fee.

(d) Statutory charges for law library funds, the law enforcement training center fund, the prosecuting attorneys' training fund, the juvenile detention facilities fund, the judicial branch education fund, the emergency medical services operating fund and the judiciary technology fund shall be paid from the docket fee; the family violence and child abuse and neglect assistance and prevention fund fee shall be paid from criminal proceedings docket fees. All other fees and expenses to be assessed as additional court costs shall be approved by the court, unless specifically fixed by statute. Additional fees shall include, but are not limited to, fees for Kansas bureau of investigation forensic or laboratory analyses, fees for detention facility processing pursuant to K.S.A. 1998 Supp. 12-16,119, and amendments thereto, fees for the sexual assault evidence collection kit, fees for conducting an examination of a sexual assault victim, fees for service of process outside the state, witness fees, fees for transcripts and depositions, costs from

other courts, doctors' fees and examination and evaluation fees. No sheriff in this state shall charge any district court of this state a fee or mileage for serving any paper or process.

(e) In each case charging a violation of the laws relating to parking of motor vehicles on the statehouse grounds or other state-owned or operated property in Shawnee county, Kansas, as specified in K.S.A. 75-4510a, and amendments thereto, or as specified in K.S.A. 75-4508, and amendments thereto, the clerk shall tax a fee of \$2 which shall constitute the entire costs in the case, except that witness fees, mileage and expenses incurred in serving a warrant shall be in addition to the fee. Appearance bond for a parking violation of K.S.A. 75-4508 or 75-4510a, and amendments thereto, shall be \$3, unless a warrant is issued. The judge may order the bond forfeited upon the defendant's failure to appear, and \$2 of any bond so forfeited shall be regarded as court costs.

SB106
TESTIMONY OF DENNIS ALLIN M.D.
CHAIRMAN, EMS/TRAUMA POLICY GROUP
MARCH 30, 1999

Early in this legislative session, I presented a brief to this committee on the process that resulted in a trauma system plan for the State of Kansas and eventually to SB106. In short summary, over a 3 year period I chaired a group of 30 people representing hospitals, nursing, pre-hospital, and multiple medical specialties, in the authoring of the state's first trauma system plan. We came together in response to recognized short-comings in Kansas emergency medical services and in the knowledge that over 1/2 of states in the United States have an organized trauma system and have shown reductions in mortality of 30%. Some fear that a trauma system is synonymous with the bypass of rural facilities dictated by a large state bureaucracy. In fact, the State of Kansas trauma system plan calls for the inclusion of all facilities, recognizing the fact that 85% of traumas can be managed at local facilities, and calls for regional oversight of the system by the providers of the care within that region.

During their deliberations this summer, it was recognized by the Legislative Oversight Committee that some of the particulars of the trauma plan remained somewhat controversial but that all parties were in agreement on two issues; the life-saving effects of an organized trauma system, and the need for adequate trauma data through a trauma registry. This led to SB 106 which is before you now. This bill would create a committee of physicians, nurses, hospital representatives, pre-hospital providers, and legislators with the charge of implementing a trauma system in Kansas, using the current EMS/Trauma plan as a blueprint. This will allow opportunity for further deliberations and input to assure that the trauma plan is implemented in a step-wise fashion and is right for our state.

Crucial to these deliberations however is the review of data on who is injured, how are they injured, how seriously are they injured, and what are their outcomes. This data does not exist in Kansas at this time but is addressed in SB106 by the implementation of a trauma registry for Kansas. This would not amount to just another collection of data points that no one looks at and no one knows how to use. Trauma registries are nationally standardized data collection and evaluation tools that are designed to provide specific feedback on the functioning of the system and opportunities for prevention of trauma. It would be the charge of the new committee to review the current data collections in the state so that the trauma registry would be implemented with a minimum of redundancy.

One issue that must be addressed with the current form of SB106 is the funding of the system. The original version of 106 provided for a \$2.00 surcharge to moving violations to fund the state committee, the implementation of a trauma registry and the implementation of the regional infrastructure, in keeping with the budget proposed by 30 member EMS/Trauma task force. In revising the bill, the surcharge was reduced to \$1.00, thus reducing the funding to approximately \$220,000. The fact that the committee would be under a current state agency was anticipated by the EMS/Trauma task force and the budget which is included with this testimony should be considered a minimum to "start-up" the system. Although funding sources can be explored as the system matures, it is important to properly fund these initial phases. I would respectfully request that the surcharge be increased to \$1.50 in order to meet the proposed budget.

HHS
3-30-99
Atch #3

In congratulate the Kansas Legislature on the effort and consideration already given to the issue of trauma this year. When data, which has been consistent in all states in which it was collected, is applied to Kansas, we find 200 deaths a year that could have been prevented by an organized trauma system. You are presented here with the opportunity to take the first steps to end these needless tragedies.

TRAUMA SYSTEMS BUDGET

PERSONNEL

TRAUMA SYSTEMS MANAGER	1.0 FTE	\$60,000	
CLERICAL SUPPORT	1.0 FTE	<u>\$24,000</u>	
TOTAL PERSONNEL EXPENSES:			\$84,000

OPERATING EXPENSES

REGISTRY SOFTWARE (ALL SITES)		\$20,000 ¹	
ANNUAL REGISTRY FEES		\$10,000 ²	
QUARTERLY SEMAC MEETINGS		\$8,000 ³	
SUPPLIES AND MATERIAL		\$5,000	
COMMUNICATIONS AND POSTAGE		\$5,000	
REPAIRS AND MAINTENANCE		\$2,000	
STAFF TRAINING		\$3,000	
TRAVEL		\$10,000	
EQUIPMENT		<u>\$10,000</u>	
TOTAL OPERATING EXPENSES:			\$73,000

CONTRACTUAL SERVICES

QUALITY IMPROVEMENT ACTIVITIES			
SUPPORT TO REMACS	\$25,000		
TECHNICAL ASSISTANCE	<u>\$20,000</u>	\$45,000	
TRAUMA REGISTRY SYSTEMS MANAGEMENT			
REGISTRY USERS GROUP MEETINGS	\$3,000		
DATABASE MANAGEMENT/ANALYSIS	<u>\$105,000</u>	\$108,000	
OPERATING EXPENSES			
SUPPLIES	\$5,000		
COMMUNICATIONS AND POSTAGE	<u>\$5,000</u>	<u>\$10,000</u>	
TOTAL CONTRACTUAL SERVICES EXPENSES:			<u>\$163,000</u>
TOTAL EXPENSES:			<u>\$320,000</u>

¹ Onetime start-up cost for initial purchase.

² Estimated annual licensing fee, software upgrades, and service contract to begin in the second year.

³ Based on 30 participants with in-state travel, per diem costs and meeting room expense.



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Testimony

To the Health & Human Services Committee
March 30, 1999

By Connie McAdam, President

Regarding SB 106 "The Trauma Bill"

Unintentional injury is the leading cause of death for Kansas Citizens between the ages of 1 and 44 years. No one knows how many total trauma related injuries deaths occur in Kansas because there is no system for collecting and processing that information.

National studies indicate that states without trauma systems have preventable death rates as high as 30% and that effective trauma systems reduce those preventable deaths by as much as 25%. Preventable deaths are those that occur because of omission or commission of care. These deaths occur both in pre-hospital and hospital settings. They do not happen because we have poor providers. They occur in trauma because we have no statewide or regional systems for appropriate care.

I am speaking to you today as President of the Kansas EMS Association as well as a full time practicing field paramedic in a system that responds to over 20,000 911 calls for help each year. I have been involved in the delivery of Emergency Medical Care in Kansas since 1982, when I began working as a volunteer EMT in rural southeast Kansas.

There has been concern expressed by some hospitals and physicians that a trauma system will divert all trauma patients away from the local facility. With a properly designed trauma system only those patients in need of immediate surgical or specialized intervention will be diverted to an appropriate facility. In 1998, Johnson County Med-Act ran 20,350 911 calls for help – 4,033 of these were related to trauma but only 392 resulted in trauma system activation by dispatch or on scene crews. These numbers are only a snapshot of EMS call patterns but will be supported by the data collected through the trauma registry.

The Kansas EMS Association believes that trauma systems save lives by decreasing preventable deaths. We believe that a statewide trauma system in Kansas will save lives. It is the intention of the Kansas EMS Association to participate in the education of EMS providers, medical providers and legislators about the value of a statewide trauma system.

We believe SB 106 is the foundation necessary for building a trauma system. The trauma registry will provide valuable information necessary for system development and prevention efforts throughout the state. The proposed state trauma advisory committee will provide the leadership needed for implementation of the system.

"UNITY IS STRENGTH"

HHS
3-30-99
Atch # 5

Kansas Association of Osteopathic Medicine

1260 SW Topeka Boulevard
Topeka, Kansas 66612

Phone (785) 234-5563
Fax (785) 234-5564

Testimony
to the
House Health and Human Services Committee
by Charles Wheelen
March 30, 1999

Thank you for the opportunity to comment on Substitute for SB106. Many osteopathic physicians are members of hospital medical staffs and either serve as full time emergency physicians or take call when an emergency arises. Because of the potential impact of a centrally controlled statewide trauma system plan, particularly in rural areas of the State, our members have a pronounced interest in participation. It is for this reason that we requested representation on the board that would have been created under the provisions of SB106 as introduced.

The original version of SB106 would have created a state agency with authority to adopt administrative laws (rules and regulations). Because of concerns about constitutionality, we requested that the osteopathic member be appointed by the Governor from a list of three nominees submitted by our association. This provision was incorporated in the amended Senate Committee version of SB106 and was later replicated in the substitute version.

But because Substitute SB106 creates an advisory committee rather than a state agency, it is not necessary for members to be appointed by the Governor. It would be far more efficient to simply allow us to appoint a member of the Advisory Committee. A draft amendment to accomplish this is attached for your consideration.

We would note that some of the appointment procedures in Sub. SB106 already provide for direct appointments by associations. These are in paragraphs (3) and (4) of subsection (b) of new section 2.

We respectfully request adoption of our amendment. Thank you.



HHS
3.30.99
Atch #6

Substitute for SENATE BILL No. 106

By Committee on Public Health and Welfare

3-16

9 AN ACT concerning emergency medical and trauma services; establish-
10 ing an advisory committee on trauma; establishing a trauma registry;
11 providing for administration by the secretary of health and environ-
12 ment; amending K.S.A. 20-2801 and K.S.A. 1998 Supp. 8-2106, 12-
13 4117, 12-4214 and 12-4305 and repealing the existing sections.

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

16 New Section 1. As used in sections 1 to 8, inclusive, and amendments
17 thereto:

18 (a) "Advisory committee" means the advisory committee on trauma
19 established under section 2 and amendments thereto.

20 (b) "Council" means one of the regional trauma councils.

21 (c) "Hospital" means a hospital as defined by K.S.A. 65-425, and
22 amendments thereto.

23 (d) "Physician" means a person licensed by the state board of healing
24 arts to practice medicine and surgery.

25 (e) "Secretary" means the secretary of health and environment.

26 New Sec. 2. (a) There is hereby established an advisory committee
27 on trauma. The advisory committee on trauma shall be advisory to the
28 secretary of health and environment and shall be within the division of
29 health of the department of health and environment as a part thereof.

30 (b) The advisory board shall be composed of 15 members represent-
31 ing both rural and urban areas of the state appointed as follows:

32 (1) Three members shall be persons licensed in medicine and sur-
33 gery, two of whom shall be appointed by the ~~governor from a list of six~~ [delete]
34 ~~who shall be nominated by the~~ Kansas medical society and one of whom
35 shall be appointed by the ~~governor from a list of three who shall be~~ [delete]
36 ~~nominated by the~~ Kansas association of osteopathic medicine;

37 (2) three members shall be representatives of hospitals appointed by
38 the governor from a list of six who shall be nominated by the Kansas
39 hospital association;

40 (3) two members shall be licensed professional nurses specializing in
41 trauma care appointed by the Kansas state nurses association;

42 (4) two members shall be attendants as defined in K.S.A. 65-6112
43 and amendments thereto who are on the roster of an ambulance service



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde Graeber, Acting Secretary

Testimony presented to

House Committee on Health and Human Services

by

Kansas Department of Health and Environment

March 30, 1999

Substitute for Senate Bill No.106

Mr. Chairman, committee members, I appreciate the opportunity to appear before you on behalf of the Department of Health and Environment in support of Substitute for Senate Bill No.106.

KDHE was active in a partnership with the Kansas Board of Emergency Medical Services and the Kansas Medical Society that formed the coalition of seventeen organizations and developed the Kansas EMS/Trauma Systems Plan. The partnership organized in 1994 and applied for and received grant funds to support the project from the Kansas Health Foundation. A list of all of the organizations that participated and the individuals who represented them on the Policy Group is in the program brochure that you received with this testimony.

All of the organizations and individuals that came together to work on this project over the last three years did so out of a shared conviction that the real burden of trauma in Kansas, the number of deaths, the severity of injuries and the long term impact on the quality of people's lives, could be reduced through improved planning and communication. The Kansas EMS/Trauma Systems Plan is the result of that effort.

The Policy Group met every other month for most of three years, gathering information, debating the issues and striving for consensus on key points of the plan. The project contracted with national trauma experts who had worked with a number of states and localities in developing trauma systems. Those consultants facilitated the Policy Group process and provided information and expertise in the development of the plan. The Kansas EMS/Trauma Systems Plan before you was completed in January 1998.

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HHS
3-30-99
Atch #7

The Health Care Reform Legislative Oversight Committee held hearings on the plan and developed Senate Bill No. 106 which was the basis for Substitute for Senate Bill No. 106 which is before you today.

There are three key principles reflected in the plan that should be emphasized. First, unlike earlier trauma plans developed in many other states over the last 15 years, the proposed plan is inclusive - no hospital or medical provider is prevented from participating in the system. To the contrary, the system is designed to assure that all providers are able to participate in the system at the level they choose.

Second, the proposed plan takes a voluntary, not a regulatory approach to developing a statewide system. The system will allow providers to decide the level of resource commitment they wish to make, or can make, to providing trauma services.

The third principle is perhaps the most important. The Policy Group wrestled with the need to keep decision making at the local level and settled on the regional approach as the best alternative. Planning to identify necessary resources will occur in regional structures with participation by all the stakeholders in the system. The recommended system of regional councils is intended to allow the necessary system development to improve patient care and outcomes while assuring that a "top- down" approach is not applied. The focus of the process is on quality improvement.

The consequences of trauma in Kansas represent a critical public health issue that can be addressed to save lives and reduce the severity of injuries. Information and planning can be applied to prevent many of the situations that cause traumatic injury. Substitute for Senate Bill No.106 represents a measured and reasonable step to realizing these goals.

The Kansas Department of Health and Environment respectfully recommends that the Committee recommend Substitute for Senate Bill No.106 favorably for passage.

Testimony presented by: Richard J. Morrissey, Director
 Office of Local and Rural Health

7-1



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S.B. 106: Kansas EMS Trauma

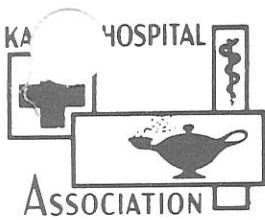
March 30, 1999

Chairperson Boston and members of the House Health and Human Services Committee, I am Terri Roberts, the Executive Director of the KANSAS STATE NURSES ASSOCIATION here to testify in support of S.B. 106.

KSNA is very supportive of the state of Kansas moving forward in a deliberate and focused manner to implement a statewide trauma system with a trauma registry component. The three years of work by the Kansas EMS/Trauma Policy Group has set the stage for continued dialogue, refinement and implementation for a system that meets the public's needs and addresses logistical and mechanical concerns by the various provider groups.

The bill before you proposes a Kansas trauma system board with a composition that includes two registered nurses. We'd like to note that the RN's are the only providers whose qualifications are specified in the bill, requiring a "licensed professional nurse specializing in trauma care". RN's outnumber all other healthcare providers in the state by a very wide margin (27,000 RN's licensed in Kansas), and they are responsible for triage and stabilization at hospitals, the care of trauma victims in trauma centers, and the rehabilitation of these same clients. In order to be fair and reflective of the health providers involved with and responsible for trauma care, the number of RN's on the board must be at least the two now currently on the board. We would also like to recommend that the qualification language be modified slightly to include RN's specializing in emergency nursing or trauma care. There are so few trauma centers in Kansas, that to limit the RN's to only those "specializing in trauma care" would exclude consideration of RN's working in emergency rooms in hospitals throughout Kansas. The RN's participating in emergency room triage, stabilization and transport have a perspective that would be very helpful in the design of the Kansas statewide trauma system.

Thank you.



Donald A. Wilson
President

To: House Health and Human Services Committee
From: Kansas Hospital Association
Date: March 30, 1999
Subject: Testimony on Substitute Senate Bill 106 – Kansas Trauma Plan

The Kansas Hospital Association appreciates the opportunity to comment regarding the provisions of SB 106, which creates the Kansas Trauma Advisory Committee. We recognize that while this legislation is still not perfect, it represents a great deal of time, effort and compromise by many organizations and individuals. We hope our comments will further the goal of reaching consensus on the development of trauma legislation in Kansas.

KHA is pleased to support the establishment of the Kansas Trauma Advisory Committee. This group will provide the leadership necessary to promote sound planning for the prevention and treatment of trauma victims in our state. However, we do have some concerns and suggestions.

1. The creation of a trauma registry that will document the types of trauma and characteristics of trauma victims in Kansas will be an important aspect of trauma system planning and quality improvement. The Senate added language that would assure the appropriate use of these data.
2. We are extremely concerned about the confidentiality issues surrounding data that reside in the trauma registry, specifically, the exception which allows release of the data "to protect the public health". This could be very broadly interpreted. We feel very strongly that any release of trauma registry data should only be in aggregate for planning and quality improvement purposes. Identification of specific providers, both physicians and facilities, should be restricted for use at the facility or medical staff level. Senate amendments accomplish this.
3. We continue to be concerned about the ongoing operational cost of the organization, especially the possibility these costs could be levied against Kansas hospitals. While the study proposes a "voluntary" system, we would like to see cost impact and justification before hospitals are required to implement any unfunded mandates.

In conclusion, we appreciate the opportunity to comment in support of the creation of the Trauma System Advisory Committee and voice our concerns and suggestions. A trauma system designed to meet the unique needs of Kansas is an important goal and has the potential to benefit both public and health care providers. We hope, however, that the plan never becomes a cost burden to Kansas hospitals, and that it never results in the loss of local control of health care.

HHS
3-30-99
Atch #9