Approved: 2-1-99
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on January 27, 1999 in Room 526-S of the Capitol.
All members were present except:

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

Conferees appearing before the committee:
Judy Keller, Executive Director, American Lung Association
Larry Froelich, Executive Secretary, Kansas State Board of Pharmacy
Debra Zehr, Vice President, Kansas Association of Homes and Services for the Aging
Dennis Allin, M.D., Chairman, KUMC Emergency Medicine

Others attending: See attached list

Introduction of Bills

Judy Keller, American Lung Association, requested introduction of legislation that would add respiratory screening to school health assessments in Kansas. (Attachment 1) Senator Becker made a motion the Committee introduce the proposed legislation, seconded by Senator Salmans. The motion carried.

Larry Froelich, Kansas State Board of Pharmacy, requested introduction of legislation regarding administrative changes within the Board of Pharmacy and technical clean-up of statutes to comply with federal laws and regulations. (Attachment 2) Senator Salmans made a motion the Committee introduce the proposed legislation, seconded by Senator Becker. The motion carried.

Debra Zehr, Kansas Association of Homes and Services for the Aging, requested introduction of legislation that would create a Kansas Long-term Care Training Program. (Attachment 3) Senator Hardenburger made a motion the Committee introduce the proposed legislation, seconded by Senator Langworthy. The motion carried.

Overview of the Statewide Emergency Trauma Plan

Dennis Allin, M.D., Chairman, KUMC Emergency Medicine, briefed the Committee on the Statewide Emergency Trauma Plan. (Attachment 4) Dr. Allin noted that there is no established structure for leadership or coordination of EMS/trauma care in Kansas. The efficient and cost effective delivery of care for persons with medical emergencies and victims of trauma would be greatly improved with central coordination. In 1994, the Kansas Medical Society developed a task force to study the problem of emergency medical care in Kansas and develop a model for centralized coordination. Seventeen organizations and agencies came together to work on this project over the last three years with Dr. Allin as the Chairman. They consulted national experts, collected all available data, and performed 50 community visits. Dr. Allin noted that trauma problems in rural areas differ greatly than in urban areas, and outlined six levels of care. 13% of Kansas hospitals would qualify for Level 2, which would have a trauma surgeon on-call, and 40% of Kansas hospitals would qualify for the Level 3 position which has the capacity for initial resuscitation and operative intervention. The Chair called the Committee's attention to **SB 106** which would create a 14 member board to implement the trauma plan, establish a trauma registry and establish a trauma board fund which would be located and administered by the Wichita branch of the University of Kansas School of Medicine. The bill will be scheduled for a hearing by the Committee in the coming week.

Adjournment

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

The next meeting date is scheduled for January 28, 1999.

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

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 1-27-99

NAME	REPRESENTING
Jason White	Kansas EMS Asso / MAST Ambulance
Trudy Keller	American Lung Assn / KS
Doug Smith	Ks Academy of Physician Assistants
Jan Pratt	Medical Case Management, Inc.
Debra Zehr	KAHSA
Barb Walden Hittle	Board of EMS
Robert Stoneman	KDRB
Dennis Tietze	KAFP
Rich Guthrie	Health Midwest
Tom Bell	Ks. Hosp. Assn.
Mary Draper	KMS
Jerry Slaughter	"
Steve Montgomery	United HealthCare
Larrie Ann Brown	KAHP
Sally Finney	Ks. Public Health Association
Chip Wheelen	KS Assn of Osteopathic Med.
Joe Fund	KDHE
Stacy Soldan	Hein & Weir Chtd.
Kathy Damron	~~Shawnee County~~ St. Luke's Shawnee Mission Medical

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 1-27-99

NAME	REPRESENTING
Jim Keating	Kans. State Board Of E.M.S.
Pat Lehman	Ks. Fire Service Alliance
Larry Froelich	Board of Pharmacy

Ronald Weiner, MD
President

Al Baldwin, PhD, RRT
President-Elect

Karen Schell, BSRT, RRT
Vice President

Jim Pelch, RRT, RPFT
Secretary

Robert A. Whippo
Treasurer

Judy S. Keller
Executive Director

State Office

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Topeka, KS 66604-2419
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In State: 1-800-LUNG-USA
Fax: (785) 272-9297
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Asthma Screening Legislation
Summary

On behalf of the American Lung Association of Kansas, we are requesting introduction of legislation to add respiratory screening to school health assessments in our state.

Asthma is the leading cause of school absenteeism among chronic diseases in Kansas. It sends more children to the emergency room than any other chronic disease. And its prevalence rate is increasing dramatically—61.2 percent between 1982 and 1994, according to the Centers for Disease Control and Prevention. Most asthma protocols for schools begin with the assumption that asthma has been diagnosed and is being treated. We know that 48,000 children in Kansas have asthma. However, studies show that up to one-third of the school children with asthma are undiagnosed.[1]

Asthma is an inflammation of the airways that, if properly treated can be managed. However, left unchecked, it can lead to a frightening, sudden death. We can help eliminate these preventable deaths, reduce lost school days and decrease emergency room visits, with a simple exercise-induced screening. The screening will lead to early diagnosis and proper medical treatment. It will protect Kansas children.

Diagnosing and treating asthma in schoolchildren is an effective means of controlling the effects of asthma. School medical examinations for such things as sight and hearing, and immunization programs provide the model for asthma screenings in Kansas elementary schools.

Thank you for your consideration.

When You Can't Breathe, Nothing Else Matters®

[1] Danish study of nearly 500 schoolchildren aged 12 – 15 in the British Medical Journal of February 26, 1998.

Senate Public Health and Welfare
Date: 1-27-99
Attachment No. 1

DRAFT

AN ACT concerning basic breathing screening.

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

2 Section 1. **Definitions.** As used in this act:
3 (a) "School board" means the governing body of any school;
4 (b) "school" means all elementary and high schools;
5 (c) "basic breathing screening" means pre- and post-exercising peak flow meter readings, or
6 any other system or method of testing equal thereto or better in the judgment of the school board.

7 Section 2. **Basic breathing screening in schools; report.** Each school board shall provide
8 basic breathing screening without charge to every pupil in its school not less than once every three
9 (3) years, beginning no later than grade 2. All such tests shall be performed by a teacher or some
10 other person designated by the school board. The results of the test and, if necessary, the desirability
11 of examination by a qualified physician shall be reported to the parents or guardians of such pupils.

12 Section 3. **Act inapplicable to certain children.** The requirements of this act shall not
13 apply to a child who has had a basic breathing screening examination within six (6) months prior
14 thereto.

15 Section 4. **Effective date.** This act shall take effect and be in force from and after its
16 publication in the statute book.

Kansas State Board of Pharmacy

LANDON STATE OFFICE BUILDING
900 S.W. JACKSON STREET, ROOM 513
TOPEKA, KANSAS 66612-1231
PHONE (785) 296-4056
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STATE OF KANSAS

EXECUTIVE DIRECTOR
LARRY FROELICH

BILL GRAVES
GOVERNOR

January 27, 1999

The Honorable Sandy Praeger
Chairman, Health and Welfare Committee
Topeka State Capitol, Room 128-S
Topeka, KS 66612

Dear Senator Praeger:

Enclosed please find proposed changes to the Kansas Pharmacy Act for your review.

K.S.A. 65-1627f is added to grant the Board subpoena power in disciplinary and investigative matters.

K.S.A. 65-1635, -1643, and –1676 have been amended so that prescription-only drug language parallels that in the corresponding K.A.R.'s and federal statutes and regulations.

K.S.A. 65-1627 has been amended to permit the Board to undertake a separate disciplinary proceeding for failure to cooperate with the Board's investigation and to allow for emergency license revocation.

If you have any questions or concerns please contact me at 296-8419.

Cordially,

Larry Froelich
Executive Secretary

LF:brs

Senate Public Health & Welfare
Date: 1-27-99
Attachment No. 2

KAHSA
KANSAS ASSOCIATION OF
HOMES AND SERVICES FOR THE AGING

REQUEST FOR BILL INTRODUCTION

To: Senator Sandy Praeger, Chair, and Members,
Senate Public Health and Welfare Committee
From: Debra Zehr, Vice President
Date: Tuesday, January 26, 1999

Thank you Madam Chair, and Members of the Committee.

The Kansas Association of Homes and Services for the Aging (KAHSA) represents 160 not-for-profit nursing homes, retirement communities and housing providers throughout Kansas.

I respectfully request the introduction of a bill to create a Kansas Long-Term Care (KLTC) Training Program. The KLTC Training Program would be a flexible workforce training program designed to meet the specific training and retraining needs of adult care homes, hospital long-term care units, and home health agencies. Recent research conducted in Kansas points to a critical need for enhanced training for all levels of long-term care staff.

The benefits of the KLTC training program would include:

- An increase in consistent and high quality of care for frail Kansas elders
- Stabilization of the long-term care workforce
- Reduction in costs to the State associated with staffing shortages and turnover
- Strengthening of local economies

Thank you for consideration of this request. I would be happy to answer your questions.

700 SW Harrison, Suite 1106
Topeka, Kansas 66603-3759

Senate Public Health and Welfare
Date: 1-27-99
Attachment No. 3

Kansas Trauma System Overview

Dennis Allin M.D.
University of Kansas

1994 KMS Resolution

- Emergency medical care services in Kansas are now fragmented with no central oversight
- The efficient and cost effective delivery of care for persons with medical emergencies and victims of trauma would be greatly improved with central coordination

1994 KMS Resolution

- That the Kansas Medical Society develop a task force to study the problem of emergency medical care in Kansas and develop a model for centralized coordination

Senate Public Health & Welfare
Date: 1-27-99
Attachment No. 4

Scope of Problem

- Trauma the leading cause of death 1-44 yrs old
- Previous studies show 30-80% of deaths preventable in areas with no trauma system

NHTSA Review 1994

- Technical Assistance Team
- 50,000 a year die on the highway
- 70% rural highways
- Assist states in developing integrated plans of trauma and emergency care

NHTSA Review

- Legislate a lead agency with authority to address all aspects of EMS and trauma care
- Develop state EMS plan
- Complete 911 system
- Assure ATLS for rural physicians
- Designate and verify trauma centers

NHTSA Review

- Develop triage and transfer protocols
- Develop public information, education, and prevention program
- Develop statewide trauma plan

Who were we?

- Kansas Hospital Association
- American College of Emergency Phys.
- American College of Surgeons
- American Academy of Family Phys
- Kansas Assoc.. of EMS Administrators
- Kansas Society of Internal Medicine

Who were we?

- Kansas Emergency Nursing Assoc..
- Kansas EMT Association
- Kansas Association of Paramedics
- American Academy of Pediatrics
- Kansas Association of Counties
- Kansas Department of Transportation

Who were we?

- Kansas Nursing Association
- Kansas Board of EMS
- Kansas Department of Health and Environment

What did we do?

- Consulted national experts
- Collected all available data
- Performed 50 community visits
- met every other month for 3 years

What is a trauma system?

- Exclusive-old way of thinking
  - recognize limited number of "trauma centers"
  - designed to care for "trauma patient"
  - distribute regionally
  - rapid transport and bypass of facilities
  - prestige, politics, finance ruled the day

Exclusive System

- Highly regulated
- very few ever achieved
- Didn't fit reality of distribution
- Most patients do not require such specialized care

Inclusive System

- 1990 model trauma care system
- Needs to address
  - medical direction
  - prevention
  - communication
  - triage
  - Prehospital
  - transportation

Inclusive System

- Needs to address
  - Hospital care
  - Rehabilitation
  - Public Education
  - Medical evaluation
- Recognizes that 80% of patients can be treated locally

Lead Agency Role

- Integrate trauma into EMS
- Standardize care of trauma patient
- Collect data for evaluation of system
- Secure funding
- Help plan orderly movement of patients to appropriate trauma facilities

What we came up with

- Administration
  - Lead agency
    - administrate system
    - leadership in planning
    - develop regional infrastructure
    - Maintenance of registry
    - QI of system
    - develop infrastructure needed to carry out SEMAC & REMAC recommendations

Administration

- State oversight committee
  - liaison between lead agency and regions
- REMAC
  - 6 regions
  - direct trauma care in their region

Public information and Prevention

- Collaboration with current activities
- REMAC directed
- Based on registry data

Pre-hospital

- medical direction
- treatment protocols
- transport protocols
- dispatch
- use of CMR
- communication

Hospital Care

- Levels of care
- Level 1
  - directed by Board Certified surgeon with trauma training
  - In-house OR, ER physician, Surgeon, Anesthesia, Radiology, CT
  - most specialties available on call
  - Emergency Physician director of ER
  - ICU directed by surgeon certified in critical care

Level 1

- establish outreach training
- research
- full-time nurse coordinator
- multi-disciplinary QI

Level 2

- trauma surgeon on-call
- no research requirement
- ER director need not be Board Certified in Emergency Medicine
- hand and microvascular surgery coverage not required

Level 3

- capacity for initial resuscitation and operative intervention
- surgeon residency trained
- EM in house 24 hours
- OR on-call

Level 4

commitment to resuscitate
no in-house physician
surgeon may not be available
CRNA covers anesthesia

Level 5

stabilization and transport
no emergency surgery
on-call physicians
no available surgeon

Level 6

no available physicians
PA or NP staffed ED

Facilities standards

- Hospitals voluntarily seek level

Quality Improvement

- registry data
- REMAC

The Kansas Debate

- Will smaller hospitals loss critical volume?
- Will physicians be forced to break established referral patterns?
- Is the plan too regulatory?
- Who will be the lead agency?

Where are we now?

- Bill will allow for board which will implement trauma plan
- Bill funds and allows for development of trauma registry
- Bill calls for use of regional infrastructure as outlined in trauma plan