

Approved: 2-11-99
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 February 3, 1999 in Room 526-S of the Capitol.

All members were present except:

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

Conferees appearing before the committee:

Elizabeth Saadi, Director, Health Care Information, KDHE
Cassie Lauver, Director, Bureau for Children, Youth and Families, KDHE
Carolyn Middendorf, Kansas State Nurses Association
Pat Johnson, Executive Administrator, Kansas State Board of Nursing

Others attending: See attached list

Annual Report on Health Care Data Governing Board

Lou Saadi, Ph.D., Director, Bureau for Children, Youth and Families, KDHE, presented the Annual Report to the Committee on the Health Care Data Governing Board. Copies of the report were distributed to Committee members as well as on file with the Kansas Legislative Research Department. Dr. Saadi outlined the accomplishments and background of the Governing Board for the Committee, and noted that findings of a recent Post Audit report concluded that supplemental funding is recommended for additional staff needed to carry out the initiatives assigned by the Health Care Data Governing Board in order to facilitate efforts in terms of maintaining and updating health care information for dissemination to legislators, policy makers, programs managers and the public. In regard to obtaining information from the Board of Healing Arts relating to active health professionals, Dr. Saadi noted that the Board of Healing Arts has agreed to change their computer system, and data will soon be available from them. Dr. Saadi pointed out that they are in the process of monitoring local and federal efforts relating to confidentiality of records. In regard to drug and alcohol substance abuse information, she noted the Governing Board is getting that information as part of the health status indicators from SRS. They would also be able to obtain data on tobacco use from the state Department of Education's Behavior Youth Risk Factor Survey, and morbidity information could be obtained from hospitals. Child abuse data is collected by SRS.

Hearing on: SB 107 - School health assessments

Cassie Lauver, Director, Bureau for Children, Youth and Families, KDHE, provided testimony to the Committee in support of **SB 107** which would repeal the sunset provision of the law requiring all students nine years of age or younger, who have not previously enrolled in a Kansas school, receive a health care assessment before admission to school. (Attachment 1) Also speaking in support of the bill was Carolyn Middendorf, Kansas State Nurses Association, who noted that child health assessments at school entry are considered especially beneficial to children who have had little access to health care providers for primary and preventive health care. (Attachment 2) During Committee discussion it was pointed out that children could be exempt from the assessment for religious reasons or if they saw a physician on a regular basis. A copy of the assessment form was requested by a member of the Committee.

There were no opponents to the bill.

Senator Langworthy made a motion the Committee recommend SB 107 favorably for passage, seconded by Senator Becker. The motion carried.

Hearing on: SB 110 - Requirements for an exempt license for board of nursing

Staff gave an overview of **SB 110** which would end the current requirement that an applicant be a charitable health care provider when applying for an exempt license. Exempt licenses are provided to persons not regularly practicing their profession. The bill was requested by the Health Care Reform Legislative Oversight Committee during the interim.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S, Statehouse, at 10:00 a.m. on February 3 1999.

Pat Johnson, Executive Administrator, Kansas State Board of Nursing, testified in opposition to **SB 110** noting that there is nothing in the proposed language indicating that those who have an exempt license are doing volunteer work. The current language allows those with exempt licenses to be paid even through working in charitable health care clinics. Current language ties the exempt status to work in charitable health care facilities that include community health, indigent care, and public health clinics. The nurses may practice fully and are listed under the Kansas Department of Health and Environment, so they are protected from liability by the Tort Claims Act. Patients may tap into the Tort Claims fund if a charitable provider is found liable. She noted that with a change to broaden the law, there will be nurses not working in charitable health care, and so neither they nor their patients will be subject to tort claims. Since defining regular practice may be difficult, Ms. Johnson hopes the Committee will not change the statutes in **SB 110**. (Attachment 3)

The Chair announced that the hearing on **SB 110** would continue at a later date.

Introduction of bills

The Chair called the Committee's attention that legislation is needed in order for the Cancer Registry to be under the supervision of the Health Care Data Governing Board. Senator Jones made a motion the Committee introduce the proposed legislation, seconded by Senator Salmans. The motion carried.

Adjournment

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

The next meeting is scheduled for February 4, 1999.



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

Testimony presented to
Senate Public Health and Welfare Committee

February 3, 1999

by
Kansas Department of Health and Environment

Overall, the view from the field is that child health assessment at school entry has been beneficial for Kansas school children. Many families have children who, often from birth, do not receive any regular health checks from a health care provider. The families tend to use hospital emergency rooms for health crisis care only and this markedly raises the cost of health care which gets passed on to all consumers. Periodic health checks during infancy and early childhood identify health problems at an early stage. Young children can also be treated prior to development of major health impairments and chronic health problems. Child health assessment at school entry is viewed as particularly beneficial to the children who have very little access to primary and preventive health care. School entry is a logical time to target children since all children must be enrolled in school.

During the summer and fall of 1998, two Wichita State graduate students in the Masters of Public Health program conducted two surveys. The first survey was addressed to school nurses in the state and elicited their feedback regarding the five year implementation period. The feedback from the nurses was overwhelmingly positive regarding the impact of the law on healthy children ready to learn. The second survey was sent to school superintendents. With half the superintendents responding, 12% recommended no reauthorization, 15% were unsure, but the majority 73% recommended reauthorization.

Many groups feel strongly about continuing the law. Since accessing this service at school entry assures that young children have a medical home for future care and for management of identified health problems, reauthorization is supported by the American Academy of Pediatrics. Other supporters have included the Kansas School Nurse Organization, Kansas State Nurses Association, Kansas Action for Children, and the Kansas Public Health Association.

Testimony presented by: Cassie Lauver, ACSW
Director
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Senate Bill 107



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February 3, 1999

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**S.B. 110 REMOVAL OF THE SUNSET PROVISION FOR
CHILD HEALTH ASSESSMENT AT SCHOOL ENTRY**

Chairperson Praeger and members of the Senate Public Health and Welfare Committee, my name is Carolyn Middendorf M.N., R.N. and I am the legislative chairperson for the KANSAS STATE NURSES ASSOCIATION. We are supporting removal of the 5 year sunset provision on the current statute, K.S.A. 72-5214, requiring "child health assessment" at school entry. It is in many Kansas school districts the responsibility of the school nurse to review and maintain the assessment forms and to insure that specific health issues that have implications in a child's learning are communicated to teachers and other appropriate personnel.

These child health assessments at school entry are considered especially beneficial to children who have had little access to health care providers for primary and preventive health care. With the states implementation of the Healthwave program, this requirement for health assessment at school entry is well aligned with their standards and timelines for pediatric physical assessments.

We have been pleased with school districts implementation over the past five years and look for even greater opportunities to improve access to "timely pediatric physical assessments" to identify health problems at an early age, so that treatment can begin and the development of chronic health problems delayed, reduced or eliminated.

Thank you for your consideration.

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To: The Honorable Senator Sandy Praeger
and Members of the Public Health and Welfare Committee

From: Patsy L. Johnson, M.N., A.R.N.P.
Executive Administrator
Kansas State Board of Nursing

Date: February 3, 1999

Re: SB 110

Thank you for allowing me to testify on SB 110 for the Board of Nursing. The Board would like the Public Health and Welfare Committee **not** to change the language as proposed in SB 110.

The rationale for the Board's position is in the difficulty of defining what is regularly engaged in the practice of nursing. This suggested language is similar to the physician's exempt status in the Healing Arts Act. However, the Board felt that determining regular practice of medicine was easier to define. Physicians usually have one setting where the practice takes place with a set group of clients. It does not change much. Nurses are mobile, changing employment positions more readily.

Are these nurses **not** regularly engaged in nursing and eligible for an exempt license under the proposed change in statutes?

- ◆ A nurse changes jobs two or three times a year with a break of a few weeks between positions.

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- ◆ A nurse works full time only during the summer as a camp nurse.
- ◆ A retired nurse volunteers one day a week at the local health clinic.
- ◆ A mother serves as a part-time school nurse by occasionally going to the school and by being on call during the school day. Is getting no pay.

There is nothing in the proposed language indicating that those who have an exempt license are doing volunteer work. The current language allows those with exempt licenses to be paid even though working in charitable health care clinics.

Current language ties the exempt status to work in charitable health care facilities that include community health, indigent care, and public health clinics. The nurses may practice fully and are listed under the Department of Health and Environment so they are protected from liability by the Tort Claims Act. Patients may tap into the tort claims fund if a charitable provider is found liable. With a change to broaden the law, there will be nurses not working in charitable health care and so neither they nor their patients will be subject to tort claims.

Since defining regular practice may be difficult, the Board hopes the committee will **not** change the statutes in SB 110.

Thank you. I am available for questions.