

Approved: 3-15-99
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 March 11, 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:

Ivan Osorio, M.D., Director., Comprehensive Epilepsy Center, KUMC
Richard E. Davis, M.D., Kansas City
Susan Arthurs, Executive Director, Alliance for Epilepsy Research

Others attending: See attached list

Hearing and Action on: HCR 5014 - Seizures, interdisciplinary council

Ivan Osorio, M.D., Director, Comprehensive Epilepsy Center, KUMC, expressed his support for **HCR 5014** which requests the creation of a Kansas Interdisciplinary Institute for Epilepsy. The Resolution directs the Institute to find cost-effective, compassionate modes of alternative treatment to current therapies for persons with epilepsy and to find out applications for such treatments for other disciplines involved in the Institute. The resolution further directs that the Board of Regents be involved in supporting the Institute, and that the Institute work with Dr. Ivan Osorio and his colleagues to further develop a device that can predict and control seizures. (Attachment 1)

Richard E. Davis, M.D., and former Dean of the KUMC School of Medicine, addressed the Committee in support of the Resolution and noted that interdisciplinary research is taking place at the KU Medical School today, a research endeavor created by and under the director of Dr. Ivan Osorio. Dr. Davis pointed out that the truly remarkable accomplishments to date by Dr. Osorio and his multidisciplinary team of colleagues has only been possible by the diverse interaction of many scientists from the basic fields of mathematics and computer science from the University of Kansas, by the applied sciences of the fields of engineering, and by the medical clinical sciences of neurology, neurosurgery and nursing. (Attachment 2)

Also speaking in support of the Resolution was Susan Arthurs, President and Executive Director of the Alliance for Epilepsy Research who told the Committee about her experiences with Epilepsy and the help she received from Dr. Osorio as noted in her written testimony. (Attachment 3)

A brief presentation on the facts and figures of Epilepsy, and the interdisciplinary research project was made by Dr. Ivan Osorio. After Committee discussion, Senator Becker made a motion that the Committee recommend HCR 5014 be adopted, seconded by Senator Jones. The motion carried.

Action on: SB 106 - Emergency medical trauma board

The Chair directed the Committee's attention to **SB 106** that was referred back to Committee. Staff provided the Committee with a balloon of the bill showing proposed amendments. (Attachment 4) The Chair noted that new language in the balloon of the bill recommends that there be an advisory committee that reports to the Secretary of Health and Environment, regional plans would be developed according to how regions want to develop them, and the advisory committee will make recommendations to the House Health and Human Services and Senate Public Health and Welfare committees on or before January 8, 2001. Committee discussion related to the amount of surcharge to be collected on a moving traffic violation from \$1.00 to \$2.00. It was decided to keep the \$1.00 surcharge with the recognition there may be an attempt to amend the bill on the floor to \$2.00, and staff recommended moving the definition section up from Sec. 4 to Sec. 1,

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S,
Statehouse, at 10:00 a.m. on March 11, 1999.

as well as other technical language changes. The Committee also recommended deleting language in Sec. 7 relating to the local component medical society and municipality establishing a trauma system.

Senator Jones made a motion to adopt a substitute bill with suggested amendments in the balloon of the bill, and that the Committee recommend **Substitute SB 106 as amended** favorably for passage, seconded by Senator Becker. The motion carried.

Adjournment

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

The next meeting is scheduled for March 15, 1999.

The University of Kansas Medical Center

Comprehensive Epilepsy Center

Ivan Osorio, M.D., Director

February 15, 1999

To the Honorable Legislators of the State of Kansas

Epilepsy is the most prevalent serious neurologic disease across all age groups; it also has the highest potential for full rehabilitation and prevention. Epilepsy defined as 2 or more unprovoked seizures afflicts 1% of the population of industrialized (Hauser et al, 1996) and 5-10% of the population non-industrialized countries. A conservative estimate puts the number of cases at 50 million worldwide. The cumulative incidence (new cases) is 1.4% by age 32 and 3.3% by age 80 (Hauser and Hersdorffer, 1990). This, combined with the fact that the population over 60 is the fastest growing age group in our country, make epilepsy a public health problem of larger proportions than Alzheimer's Disease, for which there is ample private and government support.

As a chronic illness, epilepsy exacts a heavy toll on those it afflicts and on their loved ones. The emotional, social and economic burden it imposes on the individual, family and society at large is both heavy and cruel. Epilepsy or its treatment greatly limit a person's capacity for enjoyment of life, ability to work, think clearly, drive, attend religious services or public events and maintain or develop fulfilling relationships including marriage. Those directly and indirectly affected by epilepsy live in relative isolation, marginated from society and are without a voice; they have low self-esteem and low expectations (Olsson et al, 1997), which explain in part their being ignored by society. Epilepsy's heavy toll is not merely emotional; **up to 42000 Americans die each year as a direct consequence of seizures** (DeLorenzo et al, 1995). The direct and indirect costs to our nation are estimated at **43 billion/year** and to **Kansas at nearly half billion/year**.

Unpredictability of seizures is the main cause of disability, which in turn is the single largest contributor to cost of care. The inability to work or drive and the serious, frequent injuries among persons with epilepsy, are direct consequences of this apparent unpredictability of seizures. Given that the vast majority of persons with epilepsy are educable, it follows, that accurate prediction of impending seizures, will improve their quality of life and that of their families by freeing them to pursue normal daily life activities and decrease the frequency and severity of injuries, both in a highly cost effective manner. Prediction of seizures, which until very recently was considered unattainable, is now a reality. An interdisciplinary team of scientists at the University of Kansas Medical Center has developed a method (Osorio et al, 1998) which predict the clinical onset seizures by up to three minutes. This algorithm operates out of a personal computer; development of a prototype portable device (See Figure 1) has been successfully completed. Further lengthening the window of prediction and development of automated blockage of seizures are the next logical and necessary steps. These tasks require the participation of an interdisciplinary team of scientists from the fields of epilepsy, engineering, mathematics, physics and computer science and the means to support their efforts. We believe that the most efficient and effective way to accomplish these objectives is through the establishment of an Institute. This Institute would not require a designated building, only support to procure equipment, attract innovative scientists and develop the technical infrastructure necessary to fulfill its important mission. The keys to the unprecedented success in predicting seizures have been the assembly of an interdisciplinary team and the development of a common language and concepts among the different disciplines.

Senate Public Health and Welfare
Date: 3-11-99
Attachment No. 1

A PROPOSAL TO CREATE AT
THE UNIVERSITY OF KANSAS MEDICAL CENTER

INTERDISCIPLINARY MEDICAL RESEARCH INSTITUTE (IMRI)

An Institute is defined by Webster as an organization for the promotion of a cause. Indeed, Webster gives a specific example: "a research institute."

Our cause and request today is for the creation of an institute specifically for interdisciplinary medical research, a formal body of scientists which would encompass specialists from all of the appropriate basic, applied and clinical sciences.

Its purpose is to evaluate, sponsor and fund scientific medical research which of necessity and by the design requires interaction and contributions from ordinarily separate branches of science, disciplines which traditionally tend to operate in non-interactive circles. Each of their skills may be foreign to their cousin sciences, yet together they can accomplish that which singularly they cannot.

Such interdisciplinary research bodies exist or are being created in small but growing numbers at major universities. They offer solutions to significant human health problems that no one or two independent scientific disciplines can provide. As the more obvious, singular human illnesses have been discovered (pneumonia caused by a single bacteria or virus), we are left with the more complex diseases (epilepsy, cardiovascular diseases, etc.) which for fullest understanding and eventual cure or prevention, require the knowledge and skill of a wider variety of specialists to interact in the study, research and resolution of such complex medical diseases.

Just such an example of interdisciplinary research is taking place at the KU Medical School today, a research endeavor created by and under the direction of Dr. Ivan Osorio, a professor of neurology and a specialist in the area of epilepsy. The truly remarkable accomplishments to date by Dr. Osorio and his multidisciplinary team of colleagues has only been possible by the diverse interaction of many scientists from the basic fields of mathematics and computer science from the University campus in Lawrence; by the applied sciences of the fields of engineering; and by the medical clinical sciences of neurology, neurosurgery and nursing.

A brief presentation of this unique and exciting interdisciplinary research project will be made by Dr. Iván Osorio. You will see for yourself the scientific breakthrough occurring at Kansas' own Medical Center's Comprehensive Epilepsy Center.

But please note - This remarkable team of diverse specialists in science has not been easily funded. Its current work's financial support is about to cease. Yet this project is of such substance that it has been funded twice by the National Institutes of Health. Yet it has lacked local support because of the unusual non-traditional requirement of diverse specialists on two campuses interacting regularly. Such interdisciplinary endeavors are

Senate Public Health & Welfare
Date: 3-11-99
Attachment No. 12

not ordinarily represented in any one department's budget. Yet by allowing it to continue to fullest fruition, Dr. Osorio's research offers the promise of alleviation of one of humanities oldest diseases, one not frequently discussed openly or easily in society – epilepsy. This major deterrent to the recognition, support and financing of research to find the means of prevention and the cure for epilepsy will also be discussed by Ms. Susan Arthurs, both a victim and a crusader to conquer epilepsy. Her singular commitment has created the Alliance for Epilepsy Research, a grass roots beginning to help support and fund multidisciplinary efforts like Dr. Osorio's. But their best potential for fund raising will never reach the dollars necessary to fund fully major interdisciplinary medical research.

In presenting Dr. Osorio to you, I urge you to realize the original research project you are about to see is a rare breakthrough occurring on our mutually beloved turf at the great University of Kansas Medical Center. I urge you also to recognize the major significance in creating a permanent institute to focus on and provide the means for just such interdisciplinary research as Dr. Osorio's. To create such an Interdisciplinary Research Institute would not only guarantee the continuation to success of Dr. Osorio's project, it would assure that the KU Medical Center would be front and center in a new era of complex scientific research which offers solutions to many of humanities serious and complex health problems—possible only by interactive and team effort from many different scientific disciplines. Such an Institute would eventually go far beyond any single project, each project evaluated and approved of by an interdisciplinary team of University of Kansas scientists. As funding was made available by the Kansas Legislature though the University, such badly needed funding, now non-existent, would join with other private, foundation and governmental resources to achieve their noble ends.

It is now my pleasure to introduce to you Dr. Iván Osorio—Associate Professor of Neurology and Director of the Comprehensive Epilepsy Center at the KU Medical Center.

Richard E. Davis, M.D.

Kansas State Senate
Health and Human Services Committee Hearing on HCR 5014
March 11, 1999

Comments by
Susan Arthurs, President/Executive Director
Alliance for Epilepsy Research

As an individual who has epilepsy, I have a very different perspective on the importance of epilepsy research. I want to briefly tell you about the path my life has taken to help you better understand the need for an Institute for Epilepsy. My story is an example not only of the total upheaval epilepsy can cause in a life, but also of the power one seizure can have. Please keep in mind my story is unique only in its details; the complete disruption is the same for the millions who have epilepsy and for their families.

Twenty years ago, after several other careers, I was hired by United Airlines as a pilot. I was the eighth woman they had hired. (There were over 6000 pilots at that time.) I loved the job. I loved flying airplanes and I knew this was the perfect career for me. I was sure I would retire at age 60 from United Airlines. I had succeeded. I had found a way to get paid for doing what I loved to do.

Well, I was half right. I retired from United, but at age 39, not 60.

Nine years ago, I had a seizure in my sleep. Literally overnight, I lost my job, my career and my hobby of flying my own small airplane. And I couldn't drive. I lost my wings and my wheels as the result of one seizure. I went from being a fiercely independent and self sufficient woman to being totally dependent.

It is a bit of an understatement to say I was devastated that my flying days were over. I'm embarrassed to admit my identity was so wrapped up in being a pilot that I didn't even consider the possibility of having a life threatening problem. A first seizure at age 39 is often caused by a tumor, aneurysm or a stroke.

It took me five years to admit I had epilepsy. I spent a year feeling sorry for myself, two years running from it by living in a motor home and traveling all over the U. S., one year distracting myself with graduate school and one year trying to get my disorder diagnosed as something more palatable to the FAA.

After taking out my frustrations on my neurologist, Dr. Osorio, for about two years and giving him a hard time because there were so few answers, he told me about his research on predicting seizures. There is one word to describe what settled in as I began to fathom what he was doing and understand where it could lead. That word is HOPE. Hope because someone was doing something and it was something very different.

Senate Public Health & Welfare
Date: 3-11-99
Attachment No. 3

Shortly after that, Dr. Osorio suggested I start a grass roots group to advocate for those with epilepsy. I was not really aware of the extent of the problems associated with epilepsy - I knew two people who had it and I was one of them - it is truly a hidden disease. In my ignorance, I shared the general public's perception that everyone with epilepsy had their seizures completely controlled with medication and went on with a normal life.

Dr. Osorio's eighteen years of working in epilepsy health care had resulted in the recognition of the need for and benefits in a patient's organization. I agreed to start this grass roots organization if he would help - after all I was a pilot, what did I know about grass roots groups.

So the Alliance for Epilepsy Research was started and over the past two and a half years has grown and evolved into a true alliance between patients, their families, the medical community, and the scientific community. The Alliance is unique in that it gives those of us with epilepsy in our lives the opportunity to take some control back from epilepsy. We can help make changes come about rather than just sitting and waiting for something to come down from above.

We now have a core of 25-30 active patients, family members, epilepsy health care workers, and friends in the Kansas City area working on increasing awareness of epilepsy and raising funds for research. Most of us can't do the research to find the solutions to epilepsy's problems but we can raise funds to help.

I am sure you know that research is crucial to making improvements for any disease or disorder. An Interdisciplinary Institute for Epilepsy is also a tremendous opportunity for Kansas to be in the lead and do something not being done anywhere else. Research is the only way to eliminate epilepsy from our lives. And, the fastest route to successful research is for many diverse individuals and organizations to become allied in the effort. Our dream is a world without epilepsy. I hope you will share our dream.

SENATE BILL No. 106

By Committee on Public Health and Welfare
(By Request of the Health Care Reform
Legislative Oversight Committee)

1-21

Subcommittee Recommendations

12 AN ACT concerning emergency medical and trauma services; creating a
13 board establishing a trauma registry; amending K.S.A. 20-2801 and
14 K.S.A. 1998 Supp. 8-2106, 12-4117, 12-4214 and 12-4305 and repeal-
15 ing the existing sections.

an advisory committee on trauma

16
17 Be it enacted by the Legislature of the State of Kansas:

providing for administration by the secretary
of health and environment;

18 New Section 1. (a) There is hereby established ~~the Kansas trauma~~
19 ~~system board which shall be located at and attached to the Wichita branch~~
20 ~~of the university of Kansas school of medicine, Wichita, Kansas~~

an advisory committee on trauma. The advisory
committee on trauma shall be advisory to the
secretary of health and environment and shall
be within the division of health of the
department of health and environment as a part
thereof

21 (b) The board shall be composed of ~~14~~ 15 members representing
22 both rural and urban areas of the state appointed as follows:

advisory committee

23 (1) Three members shall be persons licensed in medicine and sur-
24 gery, two of whom shall be appointed by the governor from a list of six
25 who shall be nominated by the Kansas medical society and one of whom
26 shall be appointed by the governor from a list of three who shall be
27 nominated by the Kansas association of osteopathic medicine;

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

31 (3) ~~one member~~ two members shall be a licensed professional nurse
32 nurses specializing in trauma care appointed by the governor from a list
33 of two who shall be nominated by the Kansas state nurses association;

34 (4) one member shall be a representative of the department of trans-
35 portation appointed by the secretary thereof;

36 (4) two members shall be attendants as defined in K.S.A. 65-
37 6112 and amendments thereto who are on the roster of an ambu-
38 lance service permitted by the board of emergency medical services,
39 one of whom shall be appointed by the Kansas emergency medical
40 services association and one of whom shall be appointed by the
41 Kansas emergency medical technician association;

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

4-2

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

(7) two members shall be public members appointed by the governor.

One member shall be from rural Kansas. The other member shall be from urban Kansas; and

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

(8) two legislators, one from the house of representatives and one from the senate shall be members of the board. The speaker of the house shall appoint one member and the president of the senate shall appoint the other member. The appointees from the legislature shall be from opposing political parties.

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

(c) Of the members first appointed to the board, four shall be appointed for terms of one year, five for terms of two years, and five for terms of three years. Thereafter, members shall be appointed for terms of three years and until their successors are appointed and qualified. In the case of a vacancy in the membership of the board, the vacancy shall be filled for the unexpired term. All members appointed to fill vacancies in the membership of the board and all members appointed to succeed members appointed to the board shall be appointed in like manner as that provided for the original appointment of the member succeeded.

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

(e) The first person appointed by the governor to the board shall call the first meeting of the board and shall serve as temporary chairperson of the board until a chairperson and vice-chairperson are elected by the board at such meeting.

(f) Members of the Kansas trauma system board attending meetings of the board or attending a subcommittee of the board for other authorized

advisory committee

advisory committee, five

advisory committee

advisory committee

advisory committee

(f) The advisory committee shall be advisory to the secretary of health and environment on all matters relating to the implementation of and administration of this act.

advisory committee

(g)

43

meeting of the [board] shall not be paid compensation but shall be paid amounts provided in subsection (e) of K.S.A. 75-3223 and amendments thereto.

[advisory committee

~~New Sec. 2. The Kansas trauma system board shall appoint a chief administrative officer. The administrator shall be in the unclassified service under the Kansas civil service act and shall serve at the pleasure of the board. The administrator shall administer the duties and responsibilities of the Kansas trauma system board as directed by the board. The administrator shall appoint other officers and employees as may be necessary to carry out the functions of the board. All such officers and employees shall be within the classified service under the Kansas civil service act.~~

(g) The advisory committee shall make an interim report along with any recommendations the advisory committee deems appropriate to the committee on public health and welfare of the senate and to the committee on health and human services of the house of representatives on or before January 10, 2000. The advisory committee shall make a final report and recommendations, including recommendations about the appropriate oversight of the trauma system and whether the advisory committee should be continued, to the committee on public health and welfare of the senate and to the committee on health and human services of the house of representatives on or before January 8, 2001.

New Sec. 3. The [Kansas trauma system board] shall:

(a) Develop rules and regulations necessary to carry out the provisions of this act;

[And by renumbering sections accordingly.

(b) develop a statewide trauma system plan including the establishment of regional trauma councils, using the 1998 Kansas EMS-Trauma Systems Plan study as a guide *and not more restrictive than state law*. The [board] shall ensure that each council consist of at least six members. Members of the councils shall consist of persons chosen for their expertise in and commitment to emergency medical and trauma services. Such members shall be chosen from the region and include prehospital personnel, physicians, nurses and hospital personnel involved with the emergency medical and trauma services and a representative of a county health department. The plan should:

[secretary of health and environment

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

[, after consultation with and consideration of recommendations from the advisory committee

(2) minimize bureaucracy;

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

[secretary

(4) promote cost effectiveness;

(5) encourage participation by groups affected by the system;

(6) emphasize medical direction and involvement at all levels of the system;

(7) rely on accurate data as the basis for system planning and development; and

(8) facilitate education of health care providers in trauma care;

(c) plan, develop and administer a trauma registry to collect and analyze data on incidence, severity and causes of trauma and other pertinent information which may be used to support the [board's] decision-making and identify needs for improved trauma care;

[secretary's

(d) provide all technical assistance to the regional councils as necessary to implement the provisions of this act;

5-7

1 (e) collect data elements for the trauma registry that are consistent
2 with the recommendations of the American college of surgeons commit-
3 tee on trauma and centers for disease control;

4 (f) develop a phased-in implementation schedule for each component
5 of the trauma system, including the trauma registry, which considers the
6 additional burden placed on the emergency medical and trauma
7 providers;

8 (g) develop standard quality management reports to be utilized by
9 the regional trauma councils *and those who report data to the registry*
10 in performing their functions;

11 (h) assess the fiscal impact on all components of the trauma system,
12 and thereafter recommend other funding sources for the trauma system
13 and trauma registry;

14 (i) prepare and submit an annual budget in accordance with the pro-
15 visions of this act. Such budget shall include costs for the provision of
16 technical assistance to the regional trauma councils and the cost of de-
17 veloping and maintaining the trauma registry and analyzing and reporting
18 on the data collected;

19 (j) in addition to any fine or penalty charged for a moving traffic
20 violation under K.S.A. 8-2118, and amendments thereto, as defined by
21 rules and regulations adopted under K.S.A. 8-249, and amendments
22 thereto, there is hereby imposed on all traffic infractions classified as
23 moving violations under chapter 8 of the Kansas Statutes Annotated, city
24 ordinance or county resolution a ~~[\$2]~~ surcharge to be deposited in the
25 trauma ~~board~~ fund; and

26 (k) enter into contracts as deemed necessary to carry out the duties
27 and functions of the ~~board~~ under this act.

28 New Sec. 4. As used in this act:

29 (a) ~~“Administrator” means the chief administrative officer of the Kan-
30 sas trauma system board.~~

31 ~~“(b) “Board” means the Kansas trauma system board.”~~

32 (c) “Council” means one of the regional trauma councils.

33 (d) “Hospital” means a hospital as defined by K.S.A. 65-425, and
34 amendments thereto.

35 (e) “Physician” means a person licensed by the state board of healing
36 arts to practice medicine and surgery.

37 New Sec. 5. (a) The ~~board~~ shall develop and maintain a statewide
38 trauma registry *and consult with the health care data governing*
39 *board in developing the registry.* All designated trauma centers, pre-
40 hospital trauma providers, designated trauma facilities and acute medical
41 care facilities that provide any service or care to or for persons with
42 trauma injury in this state shall collect and report to the trauma registry
43 data and information deemed appropriate by the ~~board~~ after consultation

\$1

secretary

sections 1 to 9, inclusive, of

“Advisory committee” means the advisory committee on trauma established under section 1 and amendments thereto.

And by relettering sections accordingly.

(e) “Secretary” means the secretary of health and environment.

secretary of health and environment

secretary

1 with the health care data governing board, to monitor patient outcome.

2 (b) The [board] is hereby authorized to collect data pertaining to all
3 trauma care occurring in Kansas. The [board] shall adopt rules and regu-
4 lations which use the most efficient, least intrusive means for collecting
5 the trauma care data consistent with ensuring the quality, timeliness, com-
6 pleteness and confidentiality of the trauma registry.

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

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

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

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

27 (3) the disclosure is necessary, and only to the extent necessary, to
28 protect the public health, **and does not identify providers or facilities;**
29 or

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

32 New Sec. 6. To aid the purposes of section 1 through section 5 of
33 this act, one of the documents given to the trauma patient or responsible
34 party accompanying the trauma patient shall contain a disclosure state-
35 ment stating that nonidentifying data regarding the trauma injury and
36 trauma care may be reported to a central registry to facilitate better pre-
37 vention and care of trauma injuries.

38 New Sec. 7. Nothing in the trauma system act shall limit a patient's
39 right to choose the physician, hospital, facility, rehabilitation center, spe-
40 cialty level burn or pediatric trauma center, or other provider of health
care services **(unless the local component medical society and munic-
41 ipality establish a trauma system.)**

43 New Sec. 8. The statutes, rules and regulations and procedures shall

secretary

Nothing in sections 1 to 9, inclusive, and amendments thereto shall limit an individual's right to choose care in accordance with a method of treatment which relies on spiritual means alone for healing.

9-15

1 be consistent with the federal consolidated omnibus budget reconciliation
2 act of 1989, 42 U.S.C. § 1395cc (COBRA) and the emergency medical
3 treatment and active labor act, 42 U.S.C. § 1395dd (EMTALA).

4 New Sec. 9. (a) There is hereby established in the state treasury the
5 trauma ~~board~~ fund which shall be administered by the ~~Wichita branch of~~
6 ~~the University of Kansas school of medicine~~. All moneys received from
7 the ~~§2~~ surcharge levied on moving violations under subsection (j) of sec-
8 tion 3, and amendments thereto, for the purpose of financing the activities
9 and expenses of the ~~trauma system board~~, regional trauma councils, ~~chief~~
10 ~~administrator~~ and trauma registry, shall be deposited in the state treasury
11 and credited to the trauma ~~board~~ fund. All expenditures from the trauma
12 ~~board~~ fund shall be made in accordance with appropriation acts upon
13 warrants of the director of accounts and reports issued pursuant to vouch-
14 ers approved by the ~~trauma system board~~ or by a person or persons des-
15 ignated by such ~~board~~.

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

- 19 (1) The average daily balance of money in the trauma ~~board~~ fund for
- 20 the preceding month; and
- 21 (2) the net earnings rate of the pooled money investment portfolio
- 22 for the preceding month.

23 Sec. 10. K.S.A. 1998 Supp. 8-2106 is hereby amended to read as
24 follows: 8-2106. (a) A law enforcement officer may prepare and deliver
25 to a person a written traffic citation on a form approved by the division
26 of motor vehicles, if the law enforcement officer stops the person for a
27 violation of:

- 28 (1) The uniform act regulating traffic on highways, which violation is
- 29 a misdemeanor or a traffic infraction;
- 30 (2) K.S.A. 8-262, 8-2,144, 8-1599, 21-3610, 21-3610a, 21-3722, 21-
- 31 3724, 21-3725, 21-3728, 21-4101, 40-3104, 40-3106, 41-715, 41-724, 41-
- 32 727, 41-2719, 41-2720, 41-2721, 47-607, 66-1,111, 66-1,129, 66-1,139,
- 33 66-1,140, 66-273, 66-1314, 66-1324, 66-1325, 66-1330, 66-1331, 66-1332,
- 34 68-2104, 68-2106 or subsection (b) of K.S.A. 79-34,122, and amendments
- 35 thereto;
- 36 (3) K.S.A. 31-155 and amendments thereto involving transportation
- 37 of bottle rockets;
- 38 (4) K.S.A. 66-1314 or 66-1328, and amendments thereto, and any
- 39 rules and regulations adopted pursuant thereto;
- 40 (5) any rules and regulations adopted pursuant to K.S.A. 2-1212, 68-
- 41 2001 or 31-146, and amendments thereto;
- 42 (6) any rules and regulations adopted pursuant to K.S.A. 31-133 and
- 43 amendments thereto relating to transportation of materials or fuel; or

secretary of health and environment

\$1

secretary in administration of sections 1 to 9,
inclusive, and amendments thereto,

the

secretary

2-7

1 (7) K.S.A. 8-1343 through 8-1347 and amendments thereto relating
2 to the child passenger safety act; or

3 (8) K.S.A. 8-2501 through 8-2507 and amendments thereto relating
4 to the safety belt use act.

5 (b) The citation shall contain a notice to appear in court, the name
6 and address of the person, the type of vehicle the person was driving,
7 whether hazardous materials were being transported, whether an acci-
8 dent occurred, the state registration number of the person's vehicle, if
9 any, a statement whether the vehicle is a commercial vehicle, whether
10 the person is licensed to drive a commercial motor vehicle, the offense
11 or offenses charged, the time and place when and where the person shall
12 appear in court, the signature of the law enforcement officer, and any
13 other pertinent information. *The citation shall also provide for a* [§2] *sur-*
14 *charge to be collected if the traffic violation was a moving violation.*

\$1

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

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

21 (e) Except in the circumstances to which subsection (a) of K.S.A. 8-
22 2104, and amendments thereto, apply, in the discretion of the law en-
23 forcement officer, a person charged with a misdemeanor may give written
24 promise to appear in court by signing at least one copy of the written
25 citation prepared by the law enforcement officer, in which event the law
26 enforcement officer shall deliver a copy of the citation to the person and
27 shall not take the person into physical custody.

28 (f) When a person is charged with a traffic infraction, the notice to
29 appear shall provide a place where the person may make a written entry
30 of appearance, waive the right to a trial and plead guilty or no contest.
31 The notice to appear shall provide a space where the law enforcement
32 officer shall enter the appropriate fine specified in the uniform fine sched-
33 ule contained in K.S.A. 8-2118, and amendments thereto, for the violation
34 charged and court costs in the amount provided by law. *If the fine spec-*
35 *ified in the uniform fine schedule contained in K.S.A. 8-2118, and amend-*
36 *ments thereto, is a moving violation the law enforcement officer shall enter*

\$1

37 *the required* [§2] *surcharge under subsection (j) of section 3, and amend-*
38 *ments thereto.* If the notice to appear does not do so, the law enforcement
39 officer shall provide a person charged with a traffic infraction a form
40 explaining the person's right to appear and right to a trial, the person's
right to pay the appropriate fine and court costs prior to the appearance
date, and that failure to either pay such fine and court costs or appear at
the specified time may result in suspension of the person's driver's license.

8-7

1 The law enforcement officer shall provide the person with the address of
 2 the court to which the written entry of appearance, waiver of trial, plea
 3 of guilty or no contest and payment of fine and court costs shall be mailed.

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

6 Sec. 11. K.S.A. 1998 Supp. 12-4117 is hereby amended to read as
 7 follows: 12-4117. (a) On and after July 1, 1996, in each case filed in
 8 municipal court charging a criminal or public offense or charging an of-
 9 fense defined to be a moving violation by rules and regulations adopted
 10 pursuant to K.S.A. 8-249 and amendments thereto, where there is a find-
 11 ing of guilty or a plea of guilty, a plea of no contest, forfeiture of bond or
 12 a diversion, a sum in an amount of ~~\$6 [99]~~ shall be assessed and such
 13 assessment shall be credited as follows:

[\$7

14 (1) During the period commencing July 1, 1996, and ending June 30,
 15 1997, \$1 to the local law enforcement training reimbursement fund es-
 16 tablished pursuant to K.S.A. 74-5620 and amendments thereto, \$4 to the
 17 law enforcement training center fund established pursuant to K.S.A. 74-
 18 5619 and amendments thereto, \$.50 to the protection from abuse fund
 19 established pursuant to K.S.A. 74-7325 and amendments thereto and \$.50
 20 to the crime victims assistance fund established pursuant to K.S.A. 74-
 21 7334 and amendments thereto; and

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

32 (3) on and after July 1, 1999, ~~to the trauma [board] fund established~~
 33 pursuant to section 9, and amendments thereto.

[\$1

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

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

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

§1

25 (b) In lieu of the law enforcement officer entering the appropriate
 26 fine for an ordinance traffic infraction, the officer may direct the person
 27 charged with an ordinance traffic infraction to contact the clerk of the
 28 municipal court to determine the applicable fine or provide the person
 29 with a copy of the fine schedule established by the municipal judge in
 30 accordance with K.S.A. 12-4305 and amendments thereto. *If the traffic*
 31 *infraction violated is a moving violation and the law enforcement officer*
 32 *did not fill in the ~~§2~~ surcharge, the clerk of the municipal court shall add*
 33 *the ~~§2~~ surcharge to the fine to be collected.*

§1

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

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

40 Sec. 13. K.S.A. 1998 Supp. 12-4305 is hereby amended to read as
 41 follows: 12-4305. (a) The municipal judge shall establish a schedule of
 42 fines which shall be imposed for municipal ordinance violations that are
 43 classified as ordinance traffic infractions. Also, the municipal judge may

01-7
4-10

1 establish a schedule of fines which shall be imposed for the violation of
2 certain other ordinances. Any fine so established shall be within the min-
3 imum and maximum allowable fines established by ordinance for such
4 offenses by the governing body. The following traffic violations are spe-
5 cifically excluded from any schedule of fines:

- 6 (1) Reckless driving;
- 7 (2) driving while under the influence of alcohol or drugs, or both, or
- 8 driving with a blood or breath alcohol concentration of .08 or more;
- 9 (3) driving without a valid license issued or on a canceled, suspended
- 10 or revoked license;
- 11 (4) fleeing or attempting to elude a police officer; or
- 12 (5) offense comparable to those prescribed by K.S.A. 8-1602, 8-1603
- 13 and 8-1604 and amendments thereto.

14 (b) A person charged with the violation of an ordinance contained in
15 a schedule of fines established under subsection (a) shall, except as pro-
16 vided in subsection (c), appear at the place and time specified in the
17 notice to appear. If the person enters an appearance, waives right to trial,
18 pleads guilty or no contest, the fine shall be no greater than that specified
19 in the schedule ~~plus the [§2] surcharge if the traffic ordinance violated was~~
20 ~~a moving violation.~~

§1

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

38 The municipal judge may authorize the clerk of the municipal court or
39 some other person to accept by mail or in person such voluntary appear-
40 ance, plea of guilty or no contest and payment of the fine imposed by the
41 schedule or by subsection (a) of K.S.A. 12-4214 and amendments thereto.

§1

42 The schedule of fines and notice of the ~~[§2] surcharge for moving vio-~~
43 ~~lations of the traffic ordinance,~~ and persons authorized to accept such

11-72

1 pleas shall be conspicuously displayed in the office where such voluntary
2 appearance, plea of guilty and payment of fine occurs.

3 Sec. 14. K.S.A. 20-2801 is hereby amended to read as follows: 20-
4 2801. (a) At least monthly the clerk of the district court shall remit all
5 moneys payable to the state treasurer from fines, *surcharges*, penalties
6 and forfeitures to the state treasurer, and the state treasurer shall deposit
7 the same in the state treasury to the credit of the state general fund,
8 except as provided in K.S.A. 74-7336 *and section 9~~g~~ and amendments*
9 *thereto*.

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

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

18 Sec. 15. K.S.A. 20-2801 and K.S.A. 1998 Supp. 8-2106, 12-4117, 12-
19 4214 and 12-4305 are hereby repealed.

20 Sec. 16. This act shall take effect and be in force from and after its
21 publication in the statute book.

STATE OF KANSAS

SANDY PRAEGER
SENATOR, 2ND DISTRICT
3601 QUAIL CREEK COURT
LAWRENCE, KANSAS 66047
(913) 841-3554
FAX: (913) 841-3240
STATE CAPITOL—128-S
TOPEKA, KS 66612-1504
(913) 296-7364



TOPEKA

SENATE CHAMBER

COMMITTEE ASSIGNMENTS
CHAIR: PUBLIC HEALTH AND WELFARE
VICE CHAIR: FINANCIAL INSTITUTIONS AND INSURANCE
MEMBER: ASSESSMENT AND TAXATION
ELECTIONS AND LOCAL GOVERNMENT
HEALTH CARE REFORM LEGISLATIVE
OVERSIGHT COMMITTEE
JOINT COMMITTEE ON CHILDREN AND FAMILIES
SRS TRANSITION OVERSIGHT COMMITTEE

MEMO TO: Senate Public Health And Welfare Committee

FROM: Sandy Praeger, Chair

DATE: March 26, 1999

RE: Approval of Minutes

Attached are the Senate Public Health and Welfare Committee Minutes of March 15, 16, 17, 18, 22, 23 and 24, 1999, for your review and consideration. If you have any changes or recommendations, please let JoAnn know by 4:00 p.m. Wednesday, March 31, 1999, or they will stand approved as written.

Thank you.