

Approved: 2-02-00
Date

MINUTES OF THE HOUSE GOVERNMENTAL ORGANIZATION & ELECTIONS.

The meeting was called to order by Chairperson Rep. Lisa Benlon at 3:35 p.m. on January 24, 2000 in Room 521-S of the Capitol.

All members were present except:

Rep. Douglas Johnston (E)
Representative Margaret Long (E)

Committee Staff present:

Dennis Hodgins, Research
Mary Galligan, Research
Theresa Kiernan, Revisor
Lisa Montgomery, Revisor
Dee Woodson, Committee Secretary

Conferees appearing before the committee:

Diane Smith, Licensed Dietitian
Angela Prettyman, Licensed Dietitian
Melissa Wangmann, Legal Counsel, Secretary of States Office

Others attending:

Fourteen guests registered to Guest List. See attached list.

HB 2323 -State agencies; methods of payment of fees, tuition and other charges

Chairman Benlon opened the hearing on **HB 2323** by requesting Research staff to explain the bill. Staff related that the bill was for any state agency to accept fee payment in the form of a personal check, certified check, cashier's check, money order, or credit card. Staff stated he had done some background checking with the State Board of Nursing and the Board of Technical Professions who accept every form of payment now except credit cards. They just are not set up for a computerized system for handling payment by credit cards. Staff stated that individuals have not been pleased with their associations not accepting personal checks, and that is probably why the bill was originated.

Chairman Benlon asked if there were questions.

Representative Vining inquired if this bill applied for any license or just for nurses.

Chairman Benlon told the Committee that she put an amendment on a bill in the House last year that dealt with nursing. She said the nurses were having some problems like some other professionals that were trying to be licensed, and we passed it through last year for nurses only because the bill only dealt with nurses. She said that she had heard complaints from nurses and other individuals that it is ridiculous that they cannot pay by personal check. So what this bill does is to catch all the other professions that we did not catch in the nurses' bill from last year.

Committee discussion followed regarding the excessive fees charged to use credit cards, and what state agencies have the ability to accept charge cards. Also if agencies that accept credit cards will be able to pass the cost on to those people that use a credit card for payment.

Chairman Benlon told the Committee that she had contacted the State Board of Nursing last week, and a representative said they are not doing the credit cards yet, but by July 1 they should be. They are in the process of getting the state system up, and so we have to allow time for them to get that completed. They are having some problems with it, and it is coming about slower than anticipated. Chairperson Benlon said her main concern is that if we expect professionals, we should be accepting personal checks. She said that we should take all types of payment. She believes the bill states that agencies can charge for any cost it takes to accept credit card payments. So if there is a 2 or 3% cost, and an individual wants to pay by credit card, then there should be a handling fee so the state is not assuming that fee. It is not intended that the agencies do anything other than recover cost. She said that if there is a check that bounced and it comes back with a \$20 fee from the bank, the agency should turn around and charge the writer of the check \$20.00 The committee needs to clarify the language and make that very clear.

CONTINUATION SHEET

Representative Powers asked for a clarification on the credit card issue from the Revisor.

The Revisor stated that this would be an all new section. She did not know if individual agencies have been authorized under other statutes to accept credit cards. This would just be a brand new section that would apply to all agencies.

Diane Smith, a proponent and licensed dietitian, testified how she is appalled and insulted when the time for her license renewal arrives and she has to be positioned to get a money order or cashier's check to pay the licensure fee due to the Kansas Department of Health and Environment. She gave the analogy that she is allowed to write personal checks for the eight professional organizations that she is a member, plus the various department stores, grocery stores, and other businesses. Her husband is a certified appraiser in Kansas, and he is permitted to write a personal check to the State of Kansas to maintain his certification. She asked for uniformity between state agencies. Also, she conveyed her concern for required needless information in a detailed survey by the Department of Health and Environment that is not related to recertification or licencing. She urged the committee to support **HB 2323**. (Attachment 1)

Committee discussion and questions followed regarding clarification on the survey forms required and the reasons KDHE requires this information. It was noted that other states do not have requirements, and also that national organizations accept personal checks. Request was made by Committee member to approach KDHE and find out about this material before we work the bill.

Angie Prettyman, licensed dietitian, appeared before the Committee in support of **HB 2323**. In her testimony she expanded on the inconvenience and insult the current process causes for professionals renewing their licenses. The additional time required to obtain certified checks or money orders is also an impediment. (Attachment 2)

Chairman Benlon asked if there were any other proponents for this bill that would like to testify. There being none she then asked for testimony from opponents, which there were none.

Written testimony only: Linda DeCoursey, Director of Government Affairs, Kansas Insurance Department (Attachment 3)

Chairman Benlon asked Sabrina Wells, representing the Insurance Department, to clarify the written testimony from her Department expressing their concern regarding payments made by use of credit cards. Sabrina explained that the Insurance Department was not either opposing or supporting the bill, but wanted the Committee to consider the costs incurred in allowing payment by credit cards. Also to give some thought to delaying the effective date if the credit cards acceptance goes state-wide for all state agencies. She said that it is going to take agencies some time to get the process in place. Ms. Wells answered several questions pertaining to this issue. She suggested that the State Treasurer's office could look into negotiating with a company to provide for a blanket sort of agreement that would allow all the agencies to maybe save money if we were to go that route.

Chairman Benlon said that might be difficult if there would have to be a different account number for each agency or department to be sure they get their own set fee, especially on a fee funded basis.

The revisor asked Ms. Wells what date would she suggest for implementation. Ms Wells responded January 1, 2001. Chairman Benlon suggested that we contact the State Treasurer's Office and find out what time frame it thinks would be possible.

Representative Horst wanted a clarification as to what all is included when they say "state agencies". She asked if state agencies included Regents universities. She said at one time the students could pay by credit card and now unless you are a graduate student, you cannot. She asked if the bill simple refers to administrative agencies?

The Revisor responded that this bill is addressed to agencies which license, registers and certifies or otherwise regulates members of a professional trade or practice so it wouldn't apply in that instance to Regents universities.

After some discussion, Representative O'Connor suggested it might be more acceptable to make the credit card portion a "may" rather than a "shall"

CONTINUATION SHEET

Representative Huff asked the revisor if she knew of some departments in the State of Kansas that accept credit cards. The revisor responded that the Secretary of States Office does, and was confirmed by Melissa Wangmann, Legal Counsel to the Secretary of States Office. The Committee inquired as to what kind of fee that SOS office charges for using a credit card. Ms. Wangmann responded that they do not charge a surcharge as they do not have statutory authority to do it. If a statute says that a filing fee is \$75, then we charge \$75 because we can't charge more than what the statute says. She shared with the Committee that her department loses about \$417 a month in credit card transaction fees. Also, Secretary of States Office does not take personal checks. Further Committee discussion covered the cost per transaction and that the agency should recover their costs.

Melissa Wangmann elaborated that the Department of Revenue has specific language in statutes that authorizes them to collect a fee equal to the charge paid for by the state equal to the credit card fee, and that is KS 79-2973.

Brad Bryant, Secretary of States Office, further clarified the various charges encountered by their Office when accepting a credit card for payment for filings or services. If it is written in statute, they cannot collect more.

Chairman Benlon asked for any other questions or if there was anyone else who would like to speak on his issue. Hearing none, she closed the hearing on **HB 2323**.

The Chair announced that the Committee would be working this bill next Wednesday, and have a hearing also on Wednesday involving the Governor's lobbying bill, **HB 2627**. Also, advised the Committee to peruse the Committee minutes very closely this year as they will be put on the Internet once the Committee has approved them.

The Chair adjourned the meeting at 4:10 p.m. The next meeting of the House Government Organization and Elections Committee will be Wednesday, January 26, 2000 in Room 521-S.

House Governmental Organization
and Elections
Guest List

1-24-00

Your Name	Representing
Mack Smith	Kansas State Board of Mortuary Arts
Pat Johnson	KBBTP <small>KS State Bd of Technical Professions</small>
Mary Bleibauer	KSBN <small>KS state Bd of Nursing</small>
Carole Jordan	KDA <small>KS Dept Agriculture</small>
Anne Spiess	Peterson Public Affairs Group
Liane Smith	self
Angie Kuttyman	self
Christy Kendrick	self
Kevin Beroe	Hein/Wear Chrted <small>Hein/Wear Chrted</small>
Brad Bryant	Sec. of State
Melissa Wangemann	Sec of State
Sabrina Wells	Insurance Dept.
Sue Baxter	Real Estate Comm
LARRY BUENING	BD OF HEALING ARTS.

TESTIMONY BEFORE THE HOUSE GO & E COMMITTEE

January 24, 2000

I am Diane Smith and a resident of Lenexa, Kansas. I have been a licensed dietitian in the state of Kansas for the last 10 years and a registered dietitian for the last 27 years.

I apologize to each of you that you and I have to take the time to discuss this issue. Every two years, I am appalled and insulted when I have to take time from my busy schedule to stop and get a money order to pay my \$135 licensure fee due to the Kansas Department of Health and Environment.

Why am I allowed to write a personal check for the eight professional organizations that I am a member of—yet I am not allowed to write a personal check to be a licensed dietitian in the state of Kansas? Do you find it ironic that I can write a personal check at K-Mart, Wal-Mart, any store at the mall, the grocery store or most any other place of business? Yet the Kansas Department of Health and Environment *does not trust me* enough to allow me to write a personal check?!

My husband has been a certified appraiser in Kansas—he is permitted to write a personal check to the State of Kansas to maintain his certification. Why are there select groups, such as dietitians, who are not allowed to write personal checks? It seems that it should be uniform throughout all the state agencies in Kansas. Why can't they all accept personal checks? Do I look like I am a member of the "*dead beat dietitians association*"????!!

I am also concerned about the needless information we have to provide the Kansas Department of Health and Environment. Along with the payment to the Kansas Department of Health and Environment for licensure, we are required to complete a detailed survey that includes questions about how we spend our time on primary, secondary and tertiary jobs. I think the questions here are "Why would anyone in the Kansas Department of Health and Environment care?" and, "What do they do with that information?" We certainly never see a summary of the survey!

Thank you for your time. I urge you to support this bill that will eliminate a step in the bureaucratic process.

DIETITIAN LICENSE RENEWAL APPLICATION

Your license to practice as a Kansas Dietitian will expire February 29, 2000. Renewal materials *must* be postmarked by February 29, 2000 to avoid a \$50.00 late fee.

December 21, 1999

DIANE M SMITH
14635 W 79TH TERR
LENEXA, KS 66215

License #: 431
Number of CEs: 15
Renewal Fee: \$135.00

Renewal Application Checklist:

I have:

- _____ **Enclosed** a NONREFUNDABLE fee (certified, corporate check or money order) made payable to the Kansas Department of Health and Environment (KDHE) Personal Checks are not accepted.
- _____ **Completed** the CE Transcript below verifying at least 15 clock hours accumulated during your licensure period.
- _____ **Enclosed** the completed Information Inventory.
- _____ **Answered** the following question:

During this current licensure period, has your license, certification, or registration issued by Kansas or another state or entity been denied, refused for renewal, suspended, revoked, or subjected to any disciplinary action, or have you been convicted of a crime by any state or federal court in the United States? { } NO { } YES (*attach explanation*)

_____ **Signed and dated** this application/CE transcript form and mailed to the address at the bottom of this form. *I verify that this is a true record of my continuing education clock hours required for renewal of my Kansas Dietitian License.*

Signature _____ Date _____

CONTINUING EDUCATION TRANSCRIPT

Approval #	Program Title	Sponsor	Date	Clock Hours
<i>If you need more space please use the back side of this form</i>				TOTAL HOURS →

Kansas Dietitian License NOTICE OF EXPIRATION AND RENEWAL INSTRUCTIONS

Your license to practice in the state of Kansas as a dietitian will expire February 29, 2000. K.S.A. 65-5909 provides that licenses may be renewed upon payment of the required renewal fee and the successful completion of continuing education. Below is a list and explanation of all the renewal forms included with this packet:

① RENEWAL APPLICATION/CONTINUING EDUCATION TRANSCRIPT FORM:

The renewal application and CE transcript form have been combined this year in an effort to reduce the number of forms necessary for renewal of your license. **You must submit an application/CE transcript and a renewal fee of \$135.00 postmarked by February 29, 2000.**
Application portion - Make corrections as needed to reflect: Change of name. Attach documentation necessary to substantiate name change. (e.g. marriage license or divorce decree). Change of address. Mark out incorrect address and print your correct address.
Continuing Education Transcript portion - must document completion of at least 15 clock hours of department approved continuing education during the preceding licensure period. Please see Instructions on the back of the transcript concerning documentation of continuing education.

② INFORMATION INVENTORY FORM:

Complete and return the enclosed Information Inventory. This provides essential practice information regarding the status of licensed dietitians in Kansas. We appreciate your cooperation.

③ SUBSEQUENT APPROVAL APPLICATION FORM:

Only necessary for each program that has not been prior approved. Complete subsequent approval application, attach course content/agenda, and verification of attendance. Submit to department for review. Be sure to document the program on the transcript as described above.

④ METHODS FOR EARNING CONTINUING EDUCATION FORM:

Informational sheet only. Do not return with renewal application materials.

FEE INFORMATION:

Renewal Fee: \$135.00. Fees are non-refundable. Enclose money order, certified or corporate check payable to Kansas Department of Health and Environment. (Personal checks are not accepted)

Late Fee: Applications received *postmarked* up to 30 days after the date of expiration will be charged an additional \$50.00 late fee.

Reinstatement Fee: Applications received postmarked after 30 days of the date of expiration (March 29, 2000) will be required to submit a Reinstatement Application, \$135.00 renewal fee, a \$100.00 reinstatement fee, and evidence of satisfactorily completing additional applicable continuing education.

Health Occupations Credentialing - 900 SW Jackson - LSOB 1051-S - Topeka KS 66612-1290 (785) 296-0056
www.kdhe.state.ks.us/hoc



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

January 10, 2000

DIANE SMITH
14635W 79TH TERR
LENEXA KS 66215

RE: Your personal check Dietitian Renewal License fee.

Dear Ms Smith:

Our office received your personal check for the Administrator license. Unfortunately, as of May 1, 1996 we no longer accept personal checks. Only a Certified Check, Business/Corporate Check, or Money Order will be accepted.

We are returning your personal check of \$135.00. To complete your paperwork, please issue a Certified Check, Business/Corporate Check, or Money Order for \$135.00 to the address below **along with the letter.**

We apologize for any inconvenience this may cause. If you have questions, please feel free to contact this office.

Thank you,

Betty Domer
Office Assistant
Health Occupations Credentialing

DIVISION OF HEALTH
Bureau of Health Facility Regulation
Health Occupations Credentialing

Landon State Office Building
900 SW Jackson, Room 1051-S
Topeka, Kansas 66612-1290

Phone: (785) 296-0056
Fax: (785) 296-3075
www.kdhe.state.ks.us/hoc



Kansas Department of Health and Environment
Health Occupations Credentialing
Information Inventory

For Agency Use Only	License #	Issue Date	Renewal Date	Expiration Date
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In order to obtain demographic information concerning health professionals licensed by Health Occupations Credentialing, Kansas Department of Health and Environment, all applicants are required to complete this inventory. Please print or type your responses.

Please Indicate Profession(s):

- Adult Care Home Administrator
- Dietitian
- Speech-Language Pathologist
- Audiologist

Name Smith Diane M
Last (Gen ID) First MI Other Last Name Used

Social Security Number 505-74-3867 Date of Birth 3 20 1951

Mailing Address 14635 W 79th Terr
Street PO/Box Apt #

Lenexa Johnson KS 66215
City County State Zip+4

Residence State KS Zip+4 _____

Federal Provider ID number (if applicable) _____

Phone (work) 913-993-9710 (Home) 913-888-8024

Where applicable, place the letter that corresponds with your answer in the blank and provide additional information as requested.

- ____ Race
- a. Caucasian
 - b. African American
 - c. Native American or Alaskan Native
 - d. Asian or Pacific Islander
 - e. Other _____

- ____ Are you of Spanish origin?
- Y. Yes
 - N. No

- ____ Sex
- M. Male
 - F. Female

- ____ Highest degree held
- a. High school diploma or GED
 - b. Nursing school diploma
 - c. Associate Degree
 - d. Baccalaureate Degree

- e. Masters
- f. Ph.D.
- g. Education specialist
- h. Ed.D.

Educational Institution granting your terminal degree _____

N Are you now, or have you ever been licensed in this profession in other states?
 Y. Yes. If yes, list states and year granted _____
 N. No _____

? You tell me
 Date initial license granted in Kansas. _____

Y Are you now, or have you ever held an other professional license(s) issued by Kansas or any other state or entity?
 Y. Yes. If yes, list license(s), state(s), or entity KS
 N. No _____

- ____ Employment status
- a. Employed full-time in licensed profession
 - b. Employed part-time in licensed profession
 - c. Other related field (specify) _____
 - d. Other profession (specify) _____
 - e. Not employed (Do not answer any further questions. Sign and date inventory and return.)

I do not understand what all these questions have to do with my licensure.

If applicable, please indicate for your occupation:

Specialty _____
 Concentration _____
 Level _____

The Arrangement that best describes your primary and secondary employment type:

- Primary a. Self-employed (own practice, partnership, consultant)
- Secondary b. Employee (federal, state or local government, includes public schools, adult care home or hospital district)
- c. Employee of for profit company
- d. Employee of private non-profit organization
- e. None

What is your primary place of practice?

Facility/Setting/Institution/Agency _____

Address _____ City _____ County _____ State _____ Zip+4 _____

Please list the secondary and tertiary practice locations:

Secondary City _____ County _____ State _____ Zip+4 _____

Tertiary _____

Dietitians and Speech-Language Pathologist or Audiologists, please see Occupational Addendum for additional locations.

Use number from list below to indicate place of practice then indicate type of function in each place of practice. If you function in more than one position in the place of practice, indicate those functions in columns 1, 2, and 3, as needed; indicate hours allotted to that function each week. Total number of hours in each place of practice must total an average working week.

- | Place of Practice | | Type of Function |
|------------------------------|--------------------------|------------------|
| 1. Residential Care Home | 5. Home Health Agency | 1. Consult |
| 2. Hospital | 6. Physician's Office | 2. Clinical |
| 3. Government Agency | 7. Clinic | 3. Management |
| Federal, State, County, City | 8. Outpatient Rehab Ctr. | 4. Educator |
| 4. Community Agency | 9. Private Industry | 5. Other |
| | 10. Educational Facility | |

Rank of Practice	Place of Practice	% of time	1. Type of Function	Estimate hours per week	2. Type of Function	Estimate hours per week	3. Type of Function	Estimate hours per week
Primary								
Secondary								
Tertiary								
Other								
Totals		100%						

I hereby attest that the information supplied in this inventory and addendum is accurate and complete to the best of my knowledge.

Applicant's Signature *Nicole Smith*

Date 1/4/00

Return completed inventory and addendum to:



Health Occupations Credentialing
 Landon State Office Building
 900 SW Jackson, 1051-S
 Topeka, Kansas 66612-1290
 (785) 296-0056
 www.kdhe.state.ks.us/hoc

OCCUPATIONAL ADDENDUM DIETITIAN

The following questions are specific to your field of practice. Please answer these items and return this addendum with the completed Information Inventory.

_____ NUMBER OF YEARS IN PRACTICE AS DIETITIAN

_____ DO YOU HOLD A CERTIFICATE ISSUED BY THE KANSAS STATE BOARD OF EDUCATION?
y. Yes
n. No

_____ DO YOU HOLD AN EARLY CHILDHOOD ENDORSEMENT ISSUED BY THE KANSAS STATE BOARD OF EDUCATION?
y. Yes
n. No

_____ DO YOU HOLD A CERTIFICATE OF CLINICAL COMPETENCE?
y. Yes (specify) _____ Year Granted _____
n. No

_____ ARE YOU A MEMBER OF THE AMERICAN DIETETIC ASSOCIATION?
y. Yes
n. No

_____ ARE YOU A MEMBER OF THE KANSAS DIETETIC ASSOCIATION?
y. Yes
n. No

Please list other locations of practice as a dietitian not previously listed.

City	County	State	Zip #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF PRACTICING IN A HOSPITAL, INDICATE THE NUMBER OF LICENSED BEDS AND HOURS WORKED PER WEEK

BEDS: a. Hospital #1 _____ b. Hospital #2 _____ c. Hospital #3 _____
d. Hospital #4 _____ e. Hospital #5 _____ f. Hospital #6 _____

HOURS: a. Hospital #1 _____ b. Hospital #2 _____ c. Hospital #3 _____
d. Hospital #4 _____ e. Hospital #5 _____ f. Hospital #6 _____

IF PRACTICING IN A NURSING HOME, INDICATE THE NUMBER OF LICENSED BEDS AND HOURS WORKED PER WEEK

BEDS: a. Nrsng Hm #1 _____ b. Nrsng Hm #2 _____ c. Nrsng Hm #3 _____
d. Nrsng Hm #4 _____ e. Nrsng Hm #5 _____ f. Nrsng Hm #6 _____

HOURS: a. Nrsng Hm #1 _____ b. Nrsng Hm #2 _____ c. Nrsng Hm #3 _____
d. Nrsng Hm #4 _____ e. Nrsng Hm #5 _____ f. Nrsng Hm #6 _____

OVER

IF PROVIDING CLINICAL SERVICES, ESTIMATE, TO THE BEST OF YOUR ABILITY, THE PERCENTAGE OF CLIENTS FOR WHOM YOU HAVE PROVIDED CLINICAL SERVICES IN THE FOLLOWING AGE RANGES WITHIN THE LAST 12 MONTHS.

- _____ % Newborn through 2 years
- _____ % 3 years through 4 years
- _____ % 5 years through 9 years
- _____ % 10 years through 14 years
- _____ % 15 years through 19 years
- _____ % 20 years through 29 years
- _____ % 30 years through 49
- _____ % 50 years through 64 years
- _____ % 65 years through 74 years
- _____ % 75 years through 85 years
- _____ % 85 years and over
- _____ % Not Applicable (not providing clinical services)

_____ NUMBER OF MILES DRIVEN PER WEEK TO AND FROM HOME TO WORK

I hereby attest that the information supplied in this inventory and addendum is accurate and complete to the best of my knowledge.

Deanne Smith
Applicant's Signature

1/4/00
Date

Return completed inventory and addendum to:

Health Occupations Credentialing
900 SW Jackson, Suite 1051 S
Topeka KS 66612-1290
(785) 296-0056

**Methods for Earning Continuing Education
Dietitians**

6-1

Type of Educational Activity	Procedure/Definition
PRIOR APPROVAL	Sponsor Submits application for Prior Approval
Workshops, meetings, seminars, conferences, etc.	The department reviews educational activities for content and clock hours. Sponsor gives verification of attendance documenting program approval number and hours attended.
SUBSEQUENT APPROVAL	Applicant submits subsequent approval application
National meetings	A maximum of five (5) clock hours for verified attendance at any national meeting per renewal period or clock hours as verified by attendance of individual sessions.
Conferences, seminars, workshops not prior approved	Multi-session or concurrent sessions must be individually verified by the sponsor attesting to the maximum hours attended.
College courses from an accredited college or university	For Credit: 1 semester credit hour = 15 clock hours For Audit = 8 clock hours 1 trimester credit hour = 14 clock hours = 7 clock hours 1 quarter credit hour = 10 clock hours = 5 clock hours
Presentation/Instructor	Two (2) clock hours of continuing education may be awarded for each hour of contact time between instructor and audience. Clock hours are prorated if presentation has more than one instructor. Hours may be awarded for same presentation one time only.
Self-study, audio tape, video tapes, study kits	Clock hours are determined by sponsor; subsequently reviewed and verified by department.
Poster sessions	One (1) clock hour of continuing education may be awarded for verification of six (6) poster sessions. Maximum of two (2) clock hours per renewal period.

Refer to Rules and Regulations for Licensure of Kansas Dietitians 28-59-5 for guidelines for license renewal and continuing education.

"Meeting" means conference, convention, workshop, seminar, etc., but excludes such activities as business, committee, or work related meetings, etc.

Educational activity must be related to practice of dietetics as defined by KSA 65-5902 (J).

Clock hours are awarded in full hour or half hour sessions only.

Clock hours shall not carry over to following renewal periods.

Educational activity shall be in the practice of dietetics to update knowledge, techniques and shall **NOT** be a part of the dietitian's job responsibilities.

or registration receipt is not acceptable as for verification of attendance at a continuing education for activity.

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 ID: S139539733
 FROM: SH FOOD SERVICE

nutrition Services

A - Individuals: Screening, Assessment and Monitoring

1. Identify and select indicators/data sources to determine health needs and nutrition status.
2. Obtain health and nutrition related data (e.g., physical, anthropometric, biochemical and behavioral).
3. Analyze and interpret data to identify health and nutrition related problems.
4. Monitor health status and nutrition related behaviors and patterns.
5. Document client care.

Topic B - Groups: Screening, Assessment and Monitoring

1. Identify and select indicators/data sources to determine health and nutrition status.
2. Obtain health and nutrition related data (e.g., demographic, environmental and nutrition surveillance survey data).
3. Analyze and interpret data to identify health and nutrition related problems.
4. Monitor health status and nutrition related behaviors and patterns.
5. Document program services.

Topic C - Normal Nutrition/Health Promotion: Planning and Intervention

1. Use screening and assessment data to develop and direct nutrition care plan.
2. Recommend and adapt oral diets to meet individual/group needs.
3. Implement nutrition plan/program to include referral to additional resources, providers and programs.
4. Monitor and evaluate nutrition plan/program.
5. Plan and/or assist community organizations with nutrition programs (e.g., health promotion/risk reduction programs).

Topic D - Clinical Nutrition: Planning Intervention

1. Use screening data to develop and direct nutrition care plan.
2. Recommend and adapt diets to meet individual/group needs (e.g., oral, enteral and parenteral).
3. Implement nutrition care plan for specific clinical problems.
4. Monitor and evaluate nutrition care plan.
5. Refer clients to other resources.

II - Foodservice Systems

Topic A - Food Planning and Production

1. Forecast demand for products and services (e.g., market trends, client preferences and operational demand).
2. Plan menu to meet client and facility needs (e.g., client need/satisfaction; human, material, physical resources, procurement, production and service systems).
3. Manage the procurement and receipt, storage and distribution of food and supplies (e.g., to include specifications, vendor selection, contracts and inventory control).
4. Manage food production systems (e.g., standards, procedures, schedules and preparation).

Topic B - Service Distribution

1. Manage the assembly, distribution and service of food (e.g., establish standards and procedures, develop schedules, monitor compliance, assess quality and client satisfaction).

Topic C - Sanitation and Safety

1. Manage safety and sanitation of food.
2. Manage sanitation and safety of facilities, equipment and supplies.

Topic D - Facility Management

1. Access/design/maintain facilities and equipment (e.g., records, maintenance/replacement and equipment purchase).

III - Management

Topic A - Human Resources: Personal Management

1. Manage the staff selection process (e.g., job description, recruitment, labor legislation and orientation).
2. Supervise and develop staff (e.g., direct, monitor, counsel and evaluate).
3. Design and maintain effective human resource utilization (e.g., productivity studies, cost containment, inter and intra

organizational relationships).

Topic B - Finance and Materials: Resource Procurement, Financial Management

1. Manage financial resources (e.g., salary decisions, budget planning, allocation, control analysis and efficiency studies).
2. Manage material resources (e.g., develop purchasing policies, negotiate and authorize purchase contracts and implement risk management program).

Topic C - Products and Services: Marketing

1. Market products and services (e.g., design, conduct analyze, test, price and promote).

Topic D - Functions: Management Responsibilities

1. Establish long range and strategic plan.
2. Organize, coordinate, monitor and evaluate operation (e.g., establish policies and procedures, comply with regulations).

IV - Education and Communication

Topic A - Assessment and Learner Evaluation

1. Assess learning needs of clients/students (e.g., current knowledge, needs assessment and learning theory).
2. Evaluate educational outcomes.

Topic B - Planning: Program Development

1. Develop goals and objectives (e.g., client/class/program).
2. Develop instructional plan and determine evaluation criteria.

Topic C - Implementation

1. Provide education/counseling program to clients and specific population groups (e.g., instructional strategies and counseling).
2. Communicate with clients/audiences (e.g., various modes, techniques and channels).

V - Evaluation

Topic A - Research

1. Review and evaluate research and other relevant information.
2. Propose/design and/or assist in applied research (e.g., develop hypotheses, collect data analyze and interpret data including statistics).

Topic B - Program/Services Evaluation

1. Develop standards for quality for food and nutrition services.
2. Monitor quality and evaluate effectiveness of programs and services.
3. Develop and implement quality assurance program.
4. Conduct evaluation studies (e.g., productivity, cost benefit).

Topic C - Professional Standards

1. Comply with professional code of ethics.
2. Comply with established standards for professional performance.
3. Engage in the political/legislative process.

Other Topics

1. Environment
2. Computer user
3. Stress management
4. Nutritional methods - self/others

Application for Subsequent Approval of Continuing Education for Dietitians

Kansas licensed dietitians who participate in a continuing education program not prior approved by the department may request subsequent approval. Use one application per activity! Be certain to keep copies of all information you submit. Fill out all sections of form.

Make copies as needed!

Diet License #: 431 Exp. Date: _____

Address Change (please mark if new address)

DIANE M SMITH
14635 W 79TH TERR
LENEXA, KS 66215

➔ Program/College Course Title: _____

➔ Sponsor: _____

➔ Date(s): _____ Location: _____
City State

➔ Enter the number of clock hours - See "Methods of Earning Continuing Education"

- _____ Meeting, workshop, seminar, convention, etc. (concurrent/multi-sessions individually verified - see back of form)
- _____ Self Study
- _____ Academic Course
- _____ Participating presenter at an approved education activity (one time only)
- _____ National Meeting: 5 hours maximum for verified attendance in lieu of verified sessions (see back of form)
- _____ Requesting change from prior approval (attach explanation)
- _____ Poster Sessions
- _____ Total

➔ Attach the following documents with each request: (incomplete applications will be returned)

- a) Course content, b) objectives, c) time frame of educational activity, d) self-study, e) teleconference, or f) college course attended. Hours exclude time allotted for registration, breaks, lunch, business meetings, etc. Sessions approved for full hour or half hour only.
- Verification of Attendance or as an Instructor (certificate, copy of transcript, grade card, or letter from sponsor) or legible, signed sponsor verification that matches sponsor name on attached documentation.

Sponsor Verification

For approval of a program that is not Prior Approved by the Kansas Department of Health and Environment, obtain the signature of the sponsor as verification of attendance. The undersigned hereby attests that the program on this application was attended by the applicant for the number of hours indicated.

➔ _____
Signature and title of Program Sponsor or representative Date

I hereby attest that the information in this application and any attachment is accurate and complete to the best of my knowledge. I give permission to the department to verify any information provided in the application and attachments.

➔ _____
Licensee's Signature Date

Agency Use Only	
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Modified	Reviewed by: _____
Explanation: _____	Date: _____

COPY AS NEEDED

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Application for Subsequent Approval of Continuing Education Attendance Record Multi-Session National Meetings

Licensees who attend multi-session meetings may accumulate continuing education allowed by regulation by verifying attendance at each individual session. To apply for continuing education, the licensee must enter the title and hours for each session attended on this record and have the attendance at the session by the session presenter or representative.

Name of Meeting _____
Sponsor _____
Date(s) and Location M/D/Y _____ City _____ St. _____

Name of Session	Hours	Verification Initials/Signature
Total Hours		

■ "Verification" must be initialed or signed by presenter or meeting representative. Commission on Dietetic Registration record or registration receipt will NOT satisfy requirements for verification of attendance or meeting continuing education for licensure.

All necessary supporting documentation as requested on the front must be attached.

Please return to: **Health Occupations Credentialing**
900 SW Jackson, Ste. 1051-S
Topeka, KS 66612-1290
(785) 296-0056

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TESTIMONY BEFORE THE HOUSE GO&E COMMITTEE

January 24, 2000

I am Angela Prettyman and a resident of Overland Park, Kansas. I have been a Licensed Dietitian in Kansas for three years and will be renewing my license this February. Thank you for the opportunity to speak today in favor of House Bill 2323.

The current process, which Kansas Dietitians must follow for licensure, is inconvenient and insulting. We are professionals and yet the Kansas Department of Health and Environment will not allow payment of our initial or renewal fees by any means other than a certified check or money order. This requires additional time to obtain the proper method of payment.

Last year an amendment was attached to a nursing bill which requires the Board of Nursing to accept, along with other forms of payment personal checks. I would appreciate the same opportunity when renewing my license. This is a bill, which will help relationships between the agencies and professionals in the state.

Please support this bill.

House Governmental Organization
and Elections
1-24-00
Attachment 2



Kathleen Sebelius
Commissioner of Insurance
Kansas Insurance Department

TO: House Committee on Governmental Organization and Elections
FROM: Linda De Coursey, Director of Government Affairs
RE: HB 2323 – Method of Payment for Licenses, Certification or Registration Fees
DATE: January 24, 2000

Madame Chair and members of the Committee:

Thank you for allowing us to submit written testimony on this HB 2323. I have attached a memorandum from our comptroller, Sabrina Well to Commissioner Sebelius addressing SB 2323. Currently, the Kansas Insurance Department accepts all forms of payment, except credit card payments. As the memo indicates, we recently researched the possibility of making credit card payment available to the persons we license. However, for our purposes, we found it cost prohibitive.

As you deliberate on HB 2323, please consider the following points:

- (1) Allow state agencies to recover the costs incurred by allowing payment by credit card, and
- (2) Delay the effective date to provide agencies ample time to implement procedures to accept credit card payments.

Thank you again for allowing us to make these recommendations.

House Governmental Organization
and Elections
1-24-00
Attachment 3



Kathleen Sebelius
Commissioner of Insurance

Kansas Insurance Department

Memorandum

To: Commissioner Kathleen Sebelius
Linda DeCoursey

From: Sabrina Wells

Date: 1/24/00

Re: HB 2323 – Method of Payment for Licenses, Certification or
Registration Fees

We estimate that HB 2323 would most likely affect nonresident insurance agents, who currently pay a biennial fee of \$50. Payment of renewal fees coincides with the agent's date of birth. Our Agents and Brokers Division estimates that approximately 400 non-resident agents pay a renewal fee each month. If all of these agents could use a credit card, this would translate into collections of up to \$20,000 per month from credit card payments.

The Department explored this issue approximately six months ago. Generally, costs are incurred for making this method of payment available. Another state agency doing similar business reported costs of approximately \$400 per month with additional monthly charges for a terminal and a printer.

As this legislation is heard, we would ask that the following be considered:

- That the proposed legislation allow state agencies to recover the costs that would be incurred in allowing payment by credit card. (It may be more cost-effective for the State Treasurer's Office to negotiate a blanket fee for state agencies.)
- That the effective date of the bill provide ample time for the agency to implement procedures to accept credit card payments.