Approved: March 19, 2001
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on March 14, 2001 in Room 210 Memorial Hall

All members were present except: Representative Geraldine Flaharty, Excused
Representative Jonathan Wells, Excused

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department
Norman Furse, Revisor of Statute's Office
Renae Jefferies, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Steve Ryan, State Board of Mortuary Arts
Ben Coates, Mount Hope Cemetery
Richard Morrissey, Director, Local and Rural Health, KDHE
Dennis Allin, MD, Advisory Committee on Trauma, KDHE

Others attending: See Attached Sheet

The Chairperson opened the hearing on **SB 214- Regulation and licensing of crematories.**

Dr. Bill Wolff gave a briefing on **SB 214.**

Steve Ryan, State Board of Mortuary Arts, testified as a proponent to **SB 214**, stating this bill is based on existing cremation statutes from several states and with guidance from the Cremation Association of North America (CANA). The Mortuary Arts Board has met with the Kansas Funeral Directors Association (KFDA), and have worked together on the contents of this bill in an attempt to make the final product as fair and workable as possible. Crematories are not licensed or regulated in the state of Kansas. An amendment is suggested for New Section 8. (Attachments 1 & 2).

Ben Coates, Executive Director, Mount Hope Cemetery, testified in opposition of **SB 214**, stating they run a very nice cremation service and already follow most every new regulation proposed in **SB 214**. Mount Hope averages 50 pet cremations a year which is a very popular service and also a source of important income. The cremation chamber is thoroughly cleaned out after every cremation and a staff member is regularly sent to training conventions sponsored by the Cremation Association of North America. With the rate of cremations rising in the United States it is understood how the State Board of Mortuary Arts feels there is the need to license crematories (Attachment 3).

Pam Scott, Executive Director , Kansas Funeral Directors and Embalmers Association, provided written testimony in support of **SB 214**, stating crematories currently are not regulated in the state of Kansas. With the increase in the number of cremations occurring, the KFDA believes it is time to adopt comprehensive legislation regulating the operation of crematories in the state (Attachment 4).

The Chairperson closed the hearing on **SB 214**.

The Chairperson opened the hearing on **SB 239 - Kansas trauma system plan.**

Norman Furse, Revisor of Statutes, gave a briefing on **SB 239**, amendment, and comparison of **SB 239** and proposed amendment (Attachments 5 & 6).

Richard Morrissey, Director, Office of Local and Rural Health, Kansas Department of Health and Environment, a proponent to **SB 239**, stated in 1994 KDHE, the Kansas Medical Society, and the Board of Emergency Medical Services formed a partnership (The Kansas EMS/Trauma Planning Project) and applied to the Kansas Health Foundation for funding to support development of a trauma plan for Kansas. The foundation awarded a three year grant and the partners formed a policy group composed of seventeen

statewide organizations with an interest in traumas services.

The 1999 Kansas Legislature passed Substitute for **SB 106** creating the Advisory Committee on Trauma and directing the Secretary of Health and Environment to develop a statewide trauma system plan using the 1998 *Kansas EMS/Trauma System Plan* as a guide. The recommendations of the Advisory_Committee on Trauma have been incorporated into **SB 239** (Attachment 7).

Dennis Allin, M.D., Advisory Committee on Trauma, testified in support of **SB 239**, state traumatic injuries are one of the leading cause of death and disability among Kansas's citizens. A trauma care system is a systematic approach to providing care to the injury patient. It is a network of relationships between Emergency Medical Services (EMS) providers, regional emergency departments and tertiary referral facilities, designed to direct the trauma patient to the resources most appropriate to his/her care, based on the nature of the injury (Attachment 8).

The Chairperson stated we were running out of time and asked committee members if they could stay longer or if they had other commitments and the members indicated they had to leave. The Chairperson stated the hearing on **SB 239** would be continued on Thursday, March 15 and asked if the proponents would be able to return. Chris Collins, Director of Government Affairs, Associate General Counsel, Kansas Medical Society and David Lake, Administrator, Kansas Board of Emergency Medical Services stated due to the time restraints they would submit only written testimony (Attachments 9 & 10). Terri Roberts, Executive Director, Kansas State Nurses Association, stated she would return on Thursday to testify.

Kansas Trauma Plan distributed by Advisory Committee on Trauma, KDHE is on file in the Chairpersons office (Attachment 11).

The meeting adjourned at 3:05 p.m. and the next meeting will be March 15.

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

HEALTH AND HUMAN SERVICES

DATE March 14, 2001

NAME	REPRESENTING
Mack Smith	KS St Bd of Mortuary Arts
Steve Ryan	"
Sherry David	KDHE
Rosanne Rutkowski	KDHE
Roger John	KHA
Melissa Hungerford	KHA
Camille Nohe	AG
Melissa Wangemann	Mortuary Arts
Ben Coates	Mt. Hope Cemetery
Judy Krueger	Gov. Off.
David Lake	Bd. of EMS
Dennis Allen	Advisory Committee on trauma
Dick Morrissey	KDHE
Loretta Knox	Visitor
Shirley Gatz	visitor
Mary Weir	Vistor
Ruth Douglas	Vistor
Kevin Barone	Hein Law
Jeff Bottenberg	Kansas Funeral Directors
Philip Hurley	Pat Hurley & Co. / KAFH
Mike Huttles	Ks. Gov't. Consulting
myrle myers	Johnson & Johnson
Sally Finney	Ks Public Health Assn.

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[illegible]A
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The Kansas
State Board of Mortuary Arts

CREATED AUG. 1, 1907

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FRANCIS F. MILLS,
FUNERAL HOME INSPECTOR
SUSAN J. TEMPLE,
OFFICE SPECIALIST

Wednesday, March 14, 2001

Representative Garry Boston, Chairperson
Kansas House Health and Human Services Committee

Chairperson Boston and Members of the Committee:

Thank you for the opportunity to appear before you today. My name is Steve Ryan, and I am a third generation Kansas licensed embalmer and funeral director. Our firm, Ryan Mortuary and Crematory, is located in Salina, and we have operated a crematory for the past 16 years. As a board member of the Kansas State Board of Mortuary Arts, I appear before you today in support of Senate Bill 214, which would authorize the Mortuary Arts Board to license and regulate all crematories in the state of Kansas, with the exception of the unit at the K.U.M.C. exempted in Sec. 9 (g).

This bill is based on existing cremation statutes from several states and with guidance from the Cremation Association of North America (CANA). The Mortuary Arts Board has met with the Kansas Funeral Directors Association (KFDA), and we have worked together on the contents of this bill in an attempt to make the final product as fair and workable as possible.

Pam Scott, Executive Director of the association, is unable to be present this afternoon, but she has provided written testimony in support of the bill.

The Mortuary Arts Board currently licenses, inspects and regulates more than 340 funeral homes in the state of Kansas. With 14 of the 15 crematories located in conjunction with these funeral homes, the board's inspector would be able to conduct the necessary inspections with relative ease. The board does not anticipate the need for any additional personnel should this legislation pass and become law on January 1, 2002. The only amendment made by the Senate Committee to the bill is in line 34, where the third word was changed from "of" to "or."

Our written testimony and fiscal note indicate the required minimum funding would be generated with license fees. The bill also contains provisions increasing the current fee maximums that can be charged by the board. The actual fees are set by

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New Sec. 8. This act shall ~~be construed and interpreted as a comprehensive cremation statute and the provisions of this act shall~~ take precedence over any ~~existing~~ conflicting Kansas laws that govern the handling and disposition of dead human bodies and human remains ~~that do not specifically address cremation~~ when cremation is requested.

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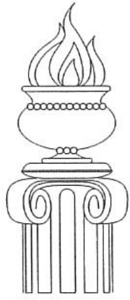

MOUNT HOPE CEMETERY Company

4700 S.W. 17TH STREET • 785/272-1122 ⚜ P.O. BOX 4217 • TOPEKA, KANSAS 66604-4217

**Testimony on
Senate Bill 214**

Good afternoon Chairman Boston and members of the committee. My name is Ben Coates and I am executive director of Mount Hope Cemetery. I am here to speak in opposition of Senate Bill 214. Mount Hope is a nonprofit cemetery founded in 1906 in Topeka, Kansas..Mount Hope is special in the fact that we are not only a nonprofit cemetery but we were set up as an endowment for three beneficiaries. A percentage of certain sales go to Washburn University, the YWCA, and the YMCA. We are proud to say that we have given these three beneficiaries about $1,000,000 since 1906.

Mount Hope is also one of the few, if not the only cemetery in Kansas which has a crematory. We completed our first cremation September 6, 1960. In recent years Mount Hope has branched out to include cremation of pets. We average around fifty pet cremations a year. If S.B. 214 were to pass, we would no longer be able to offer this popular service and also lose a source of important income.

We run a very nice cremation service and already follow most every new regulation proposed in S.B. 214. Our cremation chamber is thoroughly cleaned out after every cremation and a member of our staff is regularly sent to training conventions sponsored by the Cremation Association Of North America. With the rate of cremation rising in the United States we understand how the State Board of Mortuary Arts feels the need to license crematories. But we do not feel this bill should dictate cremation chambers be used only for the cremation of human remains. We feel each individual crematory should make that decision for themselves.

Thank you.

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KANSAS FUNERAL DIRECTORS AND EMBALMERS ASSOCIATION, INC.

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EXECUTIVE DIRECTOR

PAM SCOTT
Topeka

To: Health and Human Services Committee

From: Pam Scott, Executive Director
Kansas Funeral Directors and Embalmers Association

Re: Senate Bill No. 214

Date: March 14, 2001

Mr. Chairman and Members of the Committee, I am Pam Scott, Executive Director of the Kansas Funeral Directors and Embalmers Association (KFDA). I appreciate the opportunity to submit testimony to you on behalf of the KFDA in support of Senate Bill No. 214.

The KFDA represents over 300 funeral establishment in the state of Kansas. Of the fifteen crematories operating in Kansas today, fourteen are affiliated with licensed funeral establishments.

Crematories currently are not regulated in the State of Kansas. With the increase in the number of cremations occurring in the United States including Kansas, the KFDA believes it is time to adopt comprehensive legislation regulating the operation of crematories in the State of Kansas. The KFDA has worked closely with the Kansas State Board of Mortuary Arts on the contents of this legislation to make it acceptable to our membership while at the same time beneficial to the Kansas consumer.

I respectfully request your support of Senate Bill No. 214!

"Honoring our Heritage ~ Embracing the Future"

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Session of 2001

SENATE BILL No. 239

By Committee on Public Health and Welfare

2-6

AN ACT relating to the Kansas trauma system; amending K.S.A. 2000 Supp. 75-5664 and repealing the existing section.

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

Section 1. K.S.A. 2000 Supp. 75-5664 is hereby amended to read as follows: 75-5664. (a) There is hereby established 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.

(b) [The advisory board shall be composed of 15 24] members representing both rural and urban areas of the state appointed as follows:

(1) Three members shall be persons licensed in medicine and surgery, two of whom shall be appointed by the governor from a list of six who shall be nominated by the Kansas medical society and one of whom shall be appointed by the governor from a list of three who shall be nominated by the Kansas association of osteopathic medicine;

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

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

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

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

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

(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

On July 1, 2001, the advisory committee on trauma in existence immediately prior to July 1, 2001, is hereby abolished and a new advisory committee on trauma is created in accordance with this section. The terms of all members of the advisory committee on trauma in existence prior to July 1, 2001, are hereby terminated. On and after July 1, 2001, the advisory committee on trauma shall be composed of 24

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the Kansas emergency medical services association; ~~and~~
(8) *six members shall be representatives of each regional trauma*
3 *council, one appointed by each regional trauma council; and*
4 *(9)* two legislators, one from the house of representatives and one
5 from the senate shall be members. The speaker of the house shall appoint
6 one member and the president of the senate shall appoint the other mem-
7 ber. The appointees from the legislature shall be from opposing political
8 parties.
9 All members shall be residents of the state of Kansas. At least one
10 member appointed under paragraphs (4) and (7) of this subsection shall
11 be from a rural area. Appointments to the advisory committee shall be
12 made with due consideration that representation of the four congressional
13 districts of the state is ensured. Organizations under this section which
14 submit lists of names to the governor for appointment by the governor
15 from such lists to the advisory committee shall submit names of people
16 who reside in both rural and urban areas of the state.
17 (c) ~~Of the members first appointed to the advisory committee, five~~
18 ~~shall be appointed for terms of one year, five for terms of two years, and~~
19 ~~five for terms of three years. Thereafter, members shall be appointed for~~
20 ~~terms of three years and until their successors are appointed and qualified~~
21 *The governor shall set the term of each appointment to the committee,*
22 *but no term shall be for more than three years*. In the case of a vacancy
23 in the membership of the advisory committee, the vacancy shall be filled
24 for the unexpired term. All members appointed to fill vacancies in the
25 membership of the advisory committee and all members appointed to
26 succeed members appointed to the advisory committee shall be appointed
27 in like manner as that provided for the original appointment of the mem-
28 ber succeeded.
29 (d) The advisory committee shall meet at least four times annually
30 and at the call of the chairperson or at the request of any eight members
31 of the advisory committee. At the first meeting of the advisory committee
32 after January 1 each year, the members shall elect a chairperson and a
33 vice-chairperson who shall serve a term of one year. The vice-chairperson
34 shall exercise all of the powers of the chairperson in the absence of the
35 chairperson.
36 (e) The first person appointed by the governor to the advisory com-
37 mittee shall call the first meeting of the advisory committee and shall
38 serve as temporary chairperson of the advisory committee until a chair-
39 person and vice-chairperson are elected by the advisory committee at
40 such meeting.
41 [~~(f)~~] The advisory committee shall be advisory to the secretary of health
42 and environment on all matters relating to the implementation and ad-
43 ministration of this act.

[See attached

[(e)

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

~~(h) 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.~~

Sec. 2. K.S.A. 2000 Supp. 75-5664 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

(1) Two members shall be persons licensed to practice medicine and surgery appointed by the governor. At least 30 days prior to the expiration of terms described in this section, for each member to be appointed under this section, the Kansas medical society shall submit to the governor a list of three names of persons of recognized ability and qualification. The governor shall consider such lists of persons in making appointments to the board under this paragraph.

(2) One member shall be licensed to practice osteopathic medicine appointed by the governor. At least 30 days prior to the expiration of the term of the member appointed under this section, the Kansas association of osteopathic medicine shall submit to the governor a list of three persons of recognized ability and qualification. The governor shall consider such lists of persons in making appointments to the board under this paragraph.

(3) Three members shall be representatives of hospitals appointed by the governor. At least 30 days before the expiration of terms described in this section, for each member to be appointed under this section, the Kansas hospital association shall submit to the governor a list of three names of persons of recognized ability and qualification. The governor shall consider such lists of persons in making appointments to the board under this paragraph.

(4) Two members shall be licensed professional nurses specializing in trauma care or emergency nursing appointed by the governor. At least 30 days before the expiration of terms described in this section, for each member to be appointed under this section, the Kansas state nurses association shall submit to the governor a list of three names of persons of recognized ability and qualification. The governor shall consider such lists of persons in making appointments to the board under this paragraph.

(5) Two members shall be attendants as defined in K.S.A. 65-6112 and amendments thereto who are on the roster of an ambulance service permitted by the board of emergency medical services. At least 30 days prior to the expiration of one of these positions, the Kansas emergency medical services association shall submit to the governor a list of three persons of recognized ability and qualification. The governor shall consider such list of persons in making this appointment to the board. For the other member appointed under this section, at least 30 days prior to the expiration of the term of such member, the Kansas emergency medical technician association shall submit a list of three persons of recognized ability and qualification. The governor shall consider such list of persons in making appointments to the board under this paragraph.

(6) Two members shall be administrators of ambulance services, one rural and one urban, appointed by the governor. At least 30 days prior to the expiration of the terms of such members, the Kansas emergency medical services association and Kansas emergency medical technician association in consultation shall submit to the governor a list of

four persons of recognized ability and qualification. The governor shall consider such list of persons in making this appointment to the board under this paragraph.

(7) Six members shall be representatives of regional trauma councils, one per council, appointed by the governor. At least 30 days prior to the expiration of one of these positions, the relevant regional trauma council shall submit to the governor a list of three persons of recognized ability and qualification. The governor shall consider such lists of persons in making these appointments to the board.

(8) The secretary of health and environment or the secretary's designee of an appropriately qualified person shall be an ex officio representative of the department of health and environment.

(9) The chairperson of the board of emergency medical services or the chairperson's designee shall be an ex officio member.

(10) Four legislators selected as follows shall be members: The chairperson and ranking minority member or their designees of the committee on health and human services of the house of representatives, and the chairperson and ranking minority member or their designees from the committee on public health and welfare of the senate shall be members.

(c) All members shall be residents of the state of Kansas. Particular attention shall be given so that rural and urban interests and geography are balanced in representation. Organizations that submit lists of names to be considered for appointment by the governor under this section shall insure that names of people who reside in both rural and urban areas of the state are among those submitted. At least one person from each congressional district shall be among the members. Of the members appointed under paragraphs (1) through (7) of subsection (b), six shall be appointed to initial terms of two years; six shall be appointed to initial terms of three years; and six shall be appointed to initial terms of four years. Thereafter members shall serve terms of four years and until a successor is appointed and qualified. In the case of a vacancy in the membership of the advisory committee, the vacancy shall be filled for the unexpired term in like manner as that provided in subsection (b).

(d) The advisory committee shall meet quarterly and at the call of the chairperson or at the request of a majority of the members. At the first meeting of the advisory committee after July 1 each year, the members shall elect a chairperson and vice-chairperson who shall serve for terms of one year. The vice-chairperson shall exercise all of the powers of the chairperson in the absence of the chairperson. The chairperson and vice-chairperson serving on the effective date of this act shall be among the members appointed to the advisory committee under subsection (b) and shall continue to serve as chairperson and vice-chairperson of the advisory committee until the first meeting of the advisory committee after July 1, 2002.

Comparison of SB 239 Introduced and Proposed Amendments

Members

Current S239	Proposed
21 members	24 members
2 Mds	Same
1 DO	Same
3 hospital reps	Same
2 RNs	Same
2 ambulance attendants	Same
1 KDHE rep	Secretary KDHE or designee
1 EMS based rep	Chair of board or designee
None	2 ambulance service administrators
6 reps, Regional Trauma Councils	Same
2 legislators	4 legislators

Appointments

Current S239	Proposed
The designated professional associations submit lists of Mds, DO, hospital reps and ambulance service administrator from which the Governor is required to appoint	Professional Associations submit lists of nominees for position but Governor not required to appoint from names on list
Two RNs appointed by their professional associations	Professional Association submits nominees but Governor not required to appoint from nominees
Two ambulance attendants appointed by their professional associations	Professional Associations submit nominees but Governor not required to appoint from nominees
KDHE rep appointed by Secretary of KDHE	Secretary of KDHE or designee
EMS rep appointed by board	Chairperson of EMS board or designee
Regional Trauma Council appoint six Council reps	Regional Trauma Council nominates, Governor not required to appoint from nominees
Two legislators, one appointed by Speaker and one by President	Four legislators: Chairperson and ranking minority member or designees from House Health and Human Services committee and Chairperson and ranking minority member or designee from Senate Public Health and Welfare Committee

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

Testimony on Senate Bill No. 239
before the
House Committee on Health and Human Services

Presented by Richard Morrissey, Director
Office of Local and Rural Health
Kansas Department of Health and Environment

March 14, 2001

Kansas Trauma System Plan

Chairperson Boston and members of the House Committee on Health and Human Services, I am pleased to appear before you today in support of Senate Bill 239.

In 1994, the Kansas Department of Health and Environment, the Kansas Medical Society, and the Board of Emergency Medical services formed a partnership (The Kansas EMS/Trauma Planning Project) and applied to the Kansas Health Foundation for funding to support development of a trauma plan for Kansas. The foundation awarded a three year grant and the partners formed a policy group composed of seventeen statewide organizations with an interest in traumas services. That group published the *Kansas EMS/Trauma Systems Plan* in 1998.

The 1999 Kansas Legislature passed Substitute for Senate Bill No. 106 (K.S.A. 75-5663 et seq.) creating the Advisory Committee on Trauma and directing the Secretary of Health and Environment to develop a statewide trauma system plan using the 1998 *Kansas EMS/Trauma Systems Plan* as a guide. A report was made by representatives of the Advisory Committee to the Senate Public Health and Welfare Committee earlier in January at which time the Kansas Trauma System plan was distributed. The Advisory Committee on Trauma has made recommendations as were required by statute regarding "the appropriate oversight of the trauma system and whether the advisory committee should be continued." The recommendations of the Advisory Committee on Trauma have been incorporated into Senate Bill 239 and are as follows.

Advisory Committee on Trauma

The Advisory Committee on Trauma should be continued. It is organized to provide technical advice on the development of the trauma system, it insures that the major stakeholders are represented in the policy process, and it will function to provide the statewide coordination of policy necessary to integrate

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the planning and activities of the Regional Trauma Councils.

In addition, the existing authority for staggered terms (K.S.A. 75-5664 (c) should be implemented. This has not been done because several different appointing authorities are involved and no central authority for setting initial terms was established . It is recommended that the statute be amended to authorize the governor to set the terms for all of the appointments.

It is also recommended that the statute be amended to authorize each Regional Trauma Council to appoint a representative to serve as a member of the Advisory Committee on Trauma. These representatives should be eligible to receive reimbursement for expenses related to their participation on the advisory committee.

Oversight of the Trauma System

The Department of Health and Environment should continue in the administering agency role it is now assigned in K.S.A. 75-5665. The Board of Emergency Medical Services should continue to have lead responsibility for planning and policy development for the prehospital emergency medical services system. The responsibility for overall coordination of the statewide trauma system should reside with KDHE, functioning in close consultation with the Advisory Committee on Trauma. The Advisory Committee on Trauma should continue to be the locus for policy coordination of the system, bringing together all of the stakeholders.

The Department of Health and Environment Recommends that the committee report S.B. No. 239 favorably for passage.

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

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

Testimony on Senate Bill No. 239
before the
House Committee on Health and Human Services

Presented by Dennis Allin, MD
Advisory Committee on Trauma

March 14, 2001

Kansas Trauma System Plan

Traumatic injuries are one of the leading cause of death and disability among Kansas's citizens. In addition, injuries occur disproportionately among both younger and older people. During this century trauma has replaced infectious disease as the greatest threat to children. In recent years, traumatic injury has begun to receive long overdue recognition as a major public health problem. Attention has been focused on the toll of lives lost; however, it is clear that deaths represent only the "tip of the iceberg." National data indicate that for every one injury death there are 18 injury related hospital discharges and 260 emergency department visits. Kansas averages 1,400 injury deaths per year. Persons in predominately rural areas are at higher risk for injury death or disability than more urbanized areas. The reasons for this include delays in discovery, longer response times or limited availability, greater distances to care facilities, and limited access to specialty resources.

A trauma care system is a systematic approach to providing care to the injury patient. It is a network of relationships between Emergency Medical Services (EMS) providers, regional emergency departments and tertiary referral facilities, designed to direct the trauma patient to the resources most appropriate to his/her care, based on the nature of the injury.

The Advisory Committee on Trauma and KDHE have outlined a trauma system plan which includes the components necessary to implement a comprehensive trauma system in the state. As directed in the 1999 legislation, the current plan was developed using the 1998 Kansas EMS-Trauma Systems Plan study as a guide. Trauma systems are designed to benefit the whole population with the goal that all injured patients should achieve optimal care and maximum potential for recovery. The trauma system should encompass a continuum of care. This involves timely public access via rapid activation of the EMS system, emergency medical care in the out of hospital setting, transport to the nearest appropriate hospital, stabilization in the emergency department, surgical intervention when needed, acute hospital care and rehabilitation.

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The goal of the trauma system is to ensure each patient is properly triaged and matched to the hospital with the most appropriate resources as quickly as possible. Because patients with severe injuries require rapid, specialized treatment to ensure the best chance for recovery, a trauma system would increase their chances for survival and reduce their chance of permanent disability. Overtriage (sending the patient to a facility with a higher level of resources than needed) and undertriage (sending the patient to a facility with inadequate resources) are both common problems with the current process. Overtriage wastes resources better used on patients with critical needs, and undertriage jeopardizes the patient by delaying definitive care and places grave liability on the receiving facility.

The advisory committee on trauma and KDHE have been instrumental in developing guidelines for implementation of an inclusive trauma system. This past year was spent developing a state plan which includes key components related to the implementation of a comprehensive trauma system including trauma registry data points, guidelines for triage and recommendations to facilitate regional trauma council formation. In rural states, developing a regionalized trauma care system has been shown to be the most efficient and efficacious method of implementation. The primary purpose of the trauma regions are to organize, plan and facilitate implementation of the trauma system based on the needs of the particular region. The regional trauma councils will be composed of multidisciplinary groups made up of emergency nurses, physicians, pre-hospital personnel and hospital administrators.

Each day in Kansas we have people dying from trauma. The goal of any trauma system is getting the right patient to the right place in a short amount of time, thereby saving lives and minimizing disability.

Senate Bill No. 239 addresses the basic recommendations of that the Advisory Committee on Trauma be continued, that a process for implementing staggered terms be added to the statute, and that representatives of the Regional Trauma Councils be added to the Advisory Committee. We urge the committee to recommend Senate Bill No. 239 favorably for passage.

Testimony presented by: Dennis Allin, MD, Vice Chairman
Kansas Advisory Committee on Trauma

Kansas Trauma System Plan
Key Component Summary

Administrative Components:

Advisory Committee on Trauma

- The Advisory Committee on Trauma is organized to provide technical advice on the development and implementation of a statewide trauma system and to involve the key stakeholders in the system.

- It is recommended that the Advisory Committee on Trauma be continued, staggered terms for the members be implemented, and representatives of Regional Trauma Councils be added.

Regional Trauma Councils

- Regional Trauma Councils are proposed as a way to address topics and issues related to trauma care at the local level and provide feedback to the Advisory Committee on Trauma.

- A process for creating six Regional Trauma Councils has been set out in the current plan. The first Regional Trauma Councils will be created this year.

Administering Agency

- KDHE is the administering agency for carrying out the state trauma system and is charged with establishment of the regional trauma councils, implementation of a state trauma registry, and with development of the rules and regulations necessary to carry out the provisions of KSA 75-5665.

Implementation Schedule

- A five year plan has been developed outlining a timeline for implementation of the key components of a trauma system. (Attached)

Operational and Clinical Components:

Statewide Trauma Registry

- Trauma registries provide the mechanism to collect data and to evaluate the trauma care system locally and statewide.

- An RFP has been developed and is in the process of being published in the Kansas Register requesting bids for the software to implement a state trauma registry data collection system as well as software which can be utilized by the

hospitals to collect trauma data.

- Hospitals may utilize trauma registry software of their choice, however, the preferred software will be provided to them at no cost.

Prehospital Care

- Regional Trauma Councils will provide leadership in system planning, specifically medical direction, triage, dispatch and allocation of resources that require local solutions.

- The Board of EMS will work to implement a new communication system and develop a statewide data system.

Hospital Care

- The Kansas Trauma System is an inclusive system and all hospitals are encouraged to have a role in the care of the trauma patient.

- Verification criteria will be developed (based on American College of Surgeons guidelines) which will allow each hospital to determine their individual role.

Performance Improvement

- Trauma registry data will be used by Regional Trauma Councils and the Advisory Committee on Trauma to assess the system impact on morbidity and mortality.

- The Board of EMS will develop a system to collect data on performance of the prehospital emergency system and its effects on patient care.

Injury Prevention and Control

- Data from the trauma registry will be used to facilitate and evaluate regional planning for injury prevention education and training.

- Programs and partnerships will be developed with a variety of organizations to reach the public regarding high risk behaviors and populations at risk for injury.

Human Resources

- Regional Trauma Councils will prioritize and facilitate the training/educational needs within their regions.

- Resources will be allocated to regions to support continuing education and initial training necessary to implement the plan.

Kansas Trauma System Plan
Implementation Schedule

YEAR	*ACTIVITY*
Phase One	July 1, 2000- June 30, 2001
Year 1	**Trauma Registry** • Design trauma registry minimum data set and case definition • Purchase software for state system and hospitals **Regional Councils** • Develop 1 regional trauma council **Trauma Center Verification** • Develop self-assessment tool **Education & Training** • Identify education and training needs • Develop plan to increase availability of training to meet needs **Pre-Hospital EMS** • Begin development of a Statewide EMS Plan
Phase Two	July 1, 2001 - June 30, 2003
Year 2 & 3	**Trauma Registry** • Implement trauma registry in hospital facilities & state level • Provide facility training and develop reporting groups for small facilities • Develop standard reports for regional councils • Begin epidemiological analysis to identify prevention opportunities **Regional Councils** • Develop 5 regional trauma councils • Begin development of regional plans • Identify and prioritize training needs **Trauma Center Verification** • Facilities self-assess using ACS criteria • ACS verification for level I and II hospitals • Develop state verification process for level III & IV hospitals **Education and Training** • Provide training for hospital self-assessment • Facilitate educational trauma programs for health professionals • Public awareness programs developed based on data **Pre-Hospital EMS** • Training implemented to support usage of trauma triage guidelines
Phase Three	July 1, 2003- June 30, 2005
Year 4 & 5	**Trauma Registry** • Provide on-going training to hospitals • Collect data, provide reports to regional councils • Reassess registry software and rebid new contract **Regional Councils** • Complete 6 regional trauma plans • Implement performance improvement activities • Implement and assess prevention activities • Coordinate training activities to meet priority needs **Education and Training** • Evaluate outcome of educational training efforts • Evaluate public awareness activities **Trauma Center Verification** • Implement state verification process for level III & IV hospitals • Evaluate the verification system • Provide training and technical assistance with hospital performance improvement using trauma registry data **Pre-Hospital EMS** • Statewide communication system implemented

KANSAS MEDICAL SOCIETY

TO: House Committee on Health and Human Services

FROM: Chris Collins *Chris Collins*
Director of Government Affairs
Associate General Counsel

DATE: March 14, 2001

RE: SB 239: Kansas Trauma System

The Kansas Medical Society appreciates the opportunity to submit written testimony today in favor of SB 239, which amends the statutes governing the Kansas Trauma Advisory Committee.

The bill creates some minor but much-needed changes to the act. Foremost, the bill eliminates the sunset provision for the Advisory Committee. While the committee has worked diligently since its inception, there is still much work to be done in enhancing trauma delivery systems throughout the state.

The bill also permits the governor to establish the length of appointments for committee members. As a practical matter, this eliminates the current problem the committee faces. The terms of all current committee members will expire simultaneously. This amendment creates staggered terms for the members of the committee. Members of the committee must absorb a great deal of technical, practical and regulatory information in order to be a contributing member. It is vital that those whom have schooled themselves on this information have some continuing presence on the committee or precious "institutional memory" is lost.

Finally, the bill calls for additional appointments to the council from each of the geographical regional councils throughout the state. This will make the process a bit more democratic and ensure that information generated at the state level is then disseminated to the regional councils.

KMS remains dedicated to the mission of the Kansas Trauma Council and applauds the efforts of its fellow members. However, the committee faces a complex task in implementing a trauma system that meets the needs of all Kansans. The amendments contained in SB 239 will expedite the council's progress. For this reason, KMS urges the committee to report SB 239 as favorable for passage.

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David Lake
Administrator

Dennis Allin, M.D.
Chair

Bill Graves
Governor

M E M O R A N D U M

DATE: March 14, 2001

TO: Representative Garry Boston, Chair
Members of the Health and Human Services Comm.
State of Kansas House of Representatives

FROM: David Lake, Administrator
Board of Emergency Medical Services

RE: Support for Advisory Committee on Trauma

My testimony this afternoon is offered in strong support of the continuation of the Advisory Committee on Trauma. The Board of EMS has been a strong partner in the development of the trauma plan since work began in the 1980's. Dr. Dennis Allin, Chairman of the Board of EMS is an appointed member to the committee with three other members representing prehospital emergency medical services. I was invited to participate and have served in an "ex officio" capacity in the development of the proposed plan.

Prehospital emergency medical services (EMS) is a coordinated effort of trained personnel and resources that stands readily available to respond to medical and traumatic emergencies. The mission of Board of Emergency Medical Services is to assure the appropriate out-of-hospital care, treatment, and transportation of sick and injured people. A goal of prehospital EMS is to reduce suffering, disability and death from life threatening injury and illness.

Prehospital emergency care is a vital part of a trauma system. What happens in the prehospital setting very often influences the patient's final outcome. To achieve the best possible outcome, prehospital stabilization must be accomplished appropriately and in

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a minimal amount of time.

Stabilization requires an assessment, extrication, initiation of resuscitation, and rapid transportation to more definitive medical care. The prehospital components of the trauma system are intended to provide easy access, appropriate field intervention, and timely transportation of the critically injured patient.

Donald A. Wilson
President

March 14, 2001

To: House Committee on Health and Human Services

From: Melissa L. Hungerford,
Senior Vice President

Subject: Senate Bill 239

Thank you for the opportunity to comment today. We are here in support of Senate Bill 239 which amends the enabling legislation establishing the Kansas Advisory Committee on Trauma. While the amendments appear minor, they allow for stability in the Advisory Committee.

Three hospital representatives are currently members of the Advisory Committee on Trauma – west to east they are Roger John, Great Plains Health Alliance, Phillipsburg; John Broberg, Salina Regional Health Center, Salina; and Tajguah Hudson, Kansas University Medical Center, Kansas City. Potential requirements that could be imposed by a state trauma plan will affect all Kansas hospitals in different ways depending on their size and location. KHA will continue to support the process of consensus building and appreciates the opportunity for involvement.

The Advisory Committee on Trauma represents the process of developing consensus on related issues, educating stakeholders, implementing a process to improve the care of trauma patients and, wherever possible, preventing the serious injuries we refer to as trauma. Building a trauma plan is an evolutionary process and will be continued in 2001 and in years to come if the amendments presented in SB 239 are adopted.

In developing the implementation strategies outlined in the plan, the KACT and the KDHE staff have worked closely with those most affected by the process to assure that the requirements will have the least adverse impact and achieve the most positive results. Kansas has a long way to go in improving our prevention and treatment efforts in the area of trauma. The Advisory Committee is at the core of these improvements.

Thank you again for the opportunity to comment.

Kansas Hospital Association

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