

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on March 19, 2003 in Room 231-N of the Capitol.

All members were present except:

Committee staff present: Ms. Emalene Correll, Kansas Legislative Research Department
Mr. Norm Furse, Revisor of Statutes
Ms. Margaret Cianciarulo, Administrative Assistant

Conferees appearing before the committee: Representative Willa DeCastro
Ms. Cindy Galemore, BSN, RN, MSED, and
NCSN Coordinator of Health Services
Ms. Joyce Markendorf, MSN, RN,
KS State Nurses Association
Representative Bob Bethel
Ms. Jane O'Bryan, Member of the Board of Adult Care
Home Association

Others attending: See attached guest list

Hearing on HCR 5008 - concurrent resolution urging the designation of school nurses as first responders

Upon calling the meeting to order, the Chair announced there would be a hearing on HCR 5008, a concurrent resolution urging the designation of school nurses as first responders and asked Ms. Emalene Correll, Kansas Legislative Research Department to explain the bill. Ms. Correll stated that the bill basically suggests state and local officials designate school nurses as first responders to a biological or chemical attack and any legal or regulatory barriers, which would prevent the school nurse from responding in this type of situation, be removed. She stated she was not aware of any specific barriers and Kansas has a very broad based "Good Samaritan Act" to protect anyone from liability responding to a type of emergency situation. Lastly, she stated she was aware during the House hearings on the bill, while the Board of Emergency Medical Services supported the resolution, they did express the hope the first responder here would not be confused with first responders who are certified by the Board.

Senator Wagle asked if there was any way to delineate between a trained first responder that is an emergency service. Ms. Correll stated that the EMS Board certifies people who are certified as first responders, who have completed a training course which is less than that required for example, members of fire departments.

As there were no further questions for Ms. Correll, the Chair recognized the first proponent to testify, Representative Willa DeCastro who stated that Kansas' 974 school nurses watch over more than 500,000 public school age children every day. A copy of her testimony and written testimonies of 13 proponents are (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

The Chair asked for questions or comments for Representative DeCastro, since she would be leaving for another meeting. Questions from Senators Harrington and Salmans ranged from appreciation for her packet, how does this relate to the emergency medical people regarding why would these people be designated to be the first responders prior to the stabilization procedure, is there a difference in the terminology for first responders, to how does this terminology relate to chemical nerve gas?

The Chair then recognized the second proponent, Ms. Cindy Galemore, BSN, RN, MSED, and NCSN Coordinator of Health Services, who offered highlights of a letter she authored February 5, 2003, which mentions the recent June 2002, position statements from NASN titled "School Nurse Role in Bioterrorism Emergency Preparedness." A copy of her testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE at on March 19, 2003 in Room 231-N of the Capitol.

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The final proponent for the bill was Ms. Joyce Markendorf, MSN, RN, on behalf of the Kansas State Nurses Association, who stated that school nurses are the only clinically prepared health care providers in a school system, there are no state laws or regulations that require the school nurse in Kansas be certified in CPR or First Aid, and the state does not require that a school district hire a school nurse. A copy of her testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

Action on HCR 5008 - a concurrent resolution urging the designation of school nurses as first responders

As there were no opponent, neutral, or written testimony available and no questions for proponents, the Chair asked the Committee if they wanted to act on the bill. Senator Steineger made a motion to pass this bill favorably. Senator Harrington seconded and the motion passed.

Hearing on HB2171 - an act concerning adult care home administrators; relating to licensure

The next order of business was a hearing on HB2171, an act concerning adult care home administrators; relating to licensure. The Chair again asked Ms. Correll to give a brief overview of the bill. Ms. Correll stated that:

- 1) The first amendment can be found on page 2 of the bill, lines 6 through 8, which actually creates a new fee which the Board which would be set by rules and regulations (one would be a wallet card license replacement fee and the second, a duplicate wall license fee for an administrator who serves as administrator of more than facility). The fees are restricted by the general fee restriction found in the existing fee already, and may not be more than \$200.00.
- 2) The second change is found in Section 2 beginning on line 29 on page 2, authorizing the Board to take into account before a person is admitted to take the examination for licensure, a determination of whether the person has met Board established standards of good character, training, and experience. (The standards are to be set by the Board.) The technical amendments on page 3, deals with the appeals process and currently states, final orders must be in writing, signed by the chairperson, and approved by the Board. This would simply require that all of those orders be issued in accordance with the Kansas Administrative Procedures Act.
- 3) The final amendment is a policy issue on page 4, authorizing the board to deny a license or temporary license of an adult care home administrator . Currently, they had the authority to revoke or suspend a license, but not the authority to deny one. This simply adds an opportunity for a hearing which is more of a clean up than anything else. A hearing is not required unless the applicant who has been denied the license asks for a hearing.
- 4) There was a House Committee of the Whole amendment, found on line 38, page 4, which is simply a technical amendment to correct a statutory reference.
- 5) More ground added in (I), (j), and (k), pages 4 and 4, beginning with line 40, on grounds on which a Board may take an action against the licensee or an applicant for a license including misrepresenting or omitting facts on an application, had disciplinary action taken against the adult care home administrator license issued by another state or jurisdiction, and one that is less usually, but probably applicable in this instance, on page 5, if the individual had disciplinary action taken against an adult care home administrator on a professional or occupational health care license, mental health care, or social worker license, issued by this state or by another state or jurisdiction.

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Senator Harrington, referring to page 1, lines 20 and 21, asked Ms. Correll, how do you determine “good character” and “otherwise suitable”? Ms. Correll stated these were phrases used in many of the legislature acts and is generally case by case type of circumstance, with the Board probably establishing some standards to make this determination.

The Chair then recognized Representative Bob Bethel, who was testifying for the Committee’s support of this bill, asking him if there was a bill like this that had already been worked. He stated that it was introduced in the Senate last year but never went anywhere and in the past, they moved the docket board up under Health and Environment and let it somewhat stand on its own, but this was requested by Counsel for the Board of Adult Care Home Administrators (BACHA), currently from the Attorney General’s office. He stated that the bill accomplishes some technical clean up to the statutes that allow the BACHA to operate. A copy of his testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

The final proponent to testify was Ms. Jane O’Bryan, Member of the Board of Adult Care Home Association who stated that the changes of the bill are primarily technical but K.S.A. 65-3506 is amended so that the Board’s final orders will be issued in accordance with the Kansas Administrative Procedure Act (KAPA). A copy of her testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

As there was no opponent, neutral or written testimony, the Chair asked if there were questions of the proponents. Senator Steineger asked Representative Bethel if these wall-to-wall fees were new fees and was he in support of them, and did he have any idea how much the fee would be?

Action on HB 2171 - an act concerning adult care home administrators; relating to licensure

The Chair closed the hearing and asked the Committee if they wanted to act on the bill. Senator Steineger made a motion to pass the bill favorably. Senator Barnett seconded the motion and the motion carried.

Action on HB 2234 - an act relating to the behavioral sciences; licensure reciprocity.

The Chair then asked Mr. Furse to distribute the possibilities for the Board of Behavioral Sciences, **HB2234**. She stated wanted to offer the Committee a couple of possibilities, saying the Board had numerous working committees to work on reciprocity and updating their language on issuing licenses and from what she understood, she thought the social workers had a working committee that came forth with language, put it in a bill and they opposed it over in the House and the House struck everything dealing with the social workers, referring to Section 3. Mr. Furse, referring to the handout, said that the first part of the proposed amendment language was the bill as originally introduced at the request of the Behavioral Sciences Regulatory Board and behind it was alternate two, which would be language that the social worker representatives brought into the Committee which leaves the bill as originally introduced deleted. It also addresses the only difference in the specialist clinical social worker category which relates only to that individual whose licensed in another jurisdiction and applying for licensure in Kansas. A copy of Mr. Furse’s handout is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

A discussion ensued between Senators Barnett, Brungardt, Wagle, and Brownlee, and Ms. Correll regarding the differences between alternate two and proposal one.

CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE at on March 19, 2003 in Room 231-N of the Capitol.

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Action on HB 2234 - an act relating to the behavioral sciences; licensure reciprocity

As there was no further discussion on the bill, the Chair asked the Committee if they wanted to act on the bill. Senator Brungardt made a motion to pass the amendment favorably. Senator Harrington seconded the motion and the motion passed.

Senator Brungardt made a motion to pass the bill favorably. Senator Brownlee seconded the motion and the motion passed.

Adjournment

As there was no further business, the Chair adjourned the meeting. He time was 2:28 p.m.

The next meeting is scheduled for March 20, 2003.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

22

DATE: Wednesday, March 19, 2003

NAME	REPRESENTING
Jane O'Bryan	BACHA
Camille Nohe	BACHA / AOB
Brenda D. Doherty	KDHE (BACHA)
Michelle Peterson	Co. Governmental Consulting
Bob Bethell	House
Jean Higgins RN	Kansas School Nurses Organization
Joyce Markenshaw RN	K.S.N.A.
Rebecca Galemone	company of mother
Cindy Salamone	Kansas School Nurse Organization
Tom Secher	Hein Law Firm
Jim Byrnes	Sen. Salazar
DAVID OWEN	HOMELESS COME HOME

Att

WILLA DECASTRO
 REPRESENTATIVE 96TH DISTRICT
 MAJORITY CAUCUS CHAIR



COMMITTEE ASSIGNMENTS
 MEMBER: HEALTH & HUMAN SERVICES
 K-12 EDUCATION
 SOCIAL SERVICE BUDGET
 JT. COMMITTEE ON CHILDREN'S ISSUES

TOPEKA

HOUSE OF
 REPRESENTATIVES

March 19, 2003

Testimony for HCR 5008

Senate Public Health and Welfare Committee

Senator Wagle and Committee Members,

Since 9-11, the possibility that terrorist acts could be launched anytime in the United States has been foremost in the hearts and minds of Americans.

Kansas' 974 school nurses watch over more than 500,000 public and non-public school age children every day. Since children are considerably more vulnerable to chemical agents, they would be the first to exhibit symptoms. We are often the first to observe and recognize patterns of symptoms. This type of surveillance would quickly pick up those symptoms to allow for treatment, quarantining and containment of the agent. We possess knowledge to help children with special health care needs and assist in the recovery phase after a traumatic event.

In many communities, the schools have been designated as the disaster sites. We are asking to be recognized for our knowledge and efforts.

I have attached the written testimonies of many proponents. Knowing your time is limited and you probably won't get them all read, I have included a listing. That will show you not only school nurses, but also other professionals support our position.

Thank you for your time and I ask for your support on HCR 5008.

Sincerely,

Willa DeCastro
 State Representative
 96th District

Senate Public Health and Welfare Committee
 Date: March 19, 2003
 Attachment 1-1

WILLA DECASTRO
REPRESENTATIVE 96TH DISTRICT
MAJORITY CAUCUS CHAIR



COMMITTEE ASSIGNMENTS
MEMBER: HEALTH & HUMAN SERVICES
K-12 EDUCATION
SOCIAL SERVICE BUDGET
JT COMMITTEE ON CHILDREN'S ISSUES

TOPEKA

HOUSE OF
REPRESENTATIVES

PROPOSERS OF

HCR 5008

National Association of School Nurses

Dr. Bob Hull, Assistant Superintendent, Olathe

Dr. Michael Blum, Pediatrician, Overland Park

Dr. Cindy Burbach, RN, PhD, Director of Health Surveillance & Disease
Prevention, Sedgwick Co. Health Department

Cindy Clayton, Director Health & Safety American Red Cross, Wichita

Alice Young, RN, PhD, American Red Cross, Topeka

Brenda Cappel, RN, President, Kansas School Nurse Organization

Jean Higbie, RN, BSP, CHANP, Kansas School Nurse Organization,
Legislation Chair

Cindy Galemore, BSN, RN, NCSN, Coordinator of Health Services , Olathe

Mae Claxton, RN, Health Supervisor, Kansas School for the Blind

Sharon McBride, Health Services, Shawnee Mission School District

Helen White, RN, NCSN, Retired

Kara Erickson, RN, School Nurse, Shawnee Mission School District



National Association of School Nurses

EASTERN OFFICE

PO Box 1300
Scarborough, ME 04070
207-883-2117
207-883-2683 Fax
Toll Free: 877-627-6476

WESTERN OFFICE

1416 Park Street, Suite A
Castle Rock, CO 80109
303-663-2329
303-663-0403 Fax
Toll Free: 866-627-6767

www.nasn.org
nasn@nasn.org

School Nurse Role in Bioterrorism Emergency Preparedness

POSITION STATEMENT

HISTORY:

With heightened awareness of potential vulnerabilities to terrorism after September 11, 2001, and in readiness for the intent of recently proposed legislation that would identify school nurses as frontline responders in bioterrorism emergencies (HR 3615, 1/23/2002), school nurses have a responsibility to participate in planning and implementing a response to such threats to the school community. There are more than 81,000 school nurses in the nation's public and private elementary and secondary schools (Spratley, Johnson, Sochalski, Fritz, & Spencer, 2001). In addition, school nurses are the only professional health care providers in many schools. School nurses represent a unique and vital resource relative to the successful creation and implementation of bioterrorism preparedness plans for schools.

DESCRIPTION OF ISSUE:

There are two categories of bioterrorist agents: chemical and biological. Chemical agents kill, seriously injure, or debilitate victims by causing serious chemical burns and/or irritation to skin and eyes or by interrupting the transfer of neurochemical information. Use of biological agents results in the exposure to bacterial, viral, fungal, or other pathogens against which large numbers of people are not immunized or otherwise protected and that will result in great morbidity and/or mortality (American Academy of Pediatrics, 2000). Bioterrorist activities are also intended to create panic, chaos, economic disruption, and infrastructure fracture. Attacks using these agents could occur at or near schools. School nurses must be prepared to respond.

RATIONALE:

School nurses have easier access to large populations of people than most health professionals and are, therefore, in positions to monitor unusual symptoms or signs, recognize patterns of symptom presentation, act to protect against spread of communicable diseases, and provide immediate treatment and decontamination for members of the school community. School nurses are the only professional health care providers in many schools. Some children spend up to 10 hours in school each day. Students, teachers, and staff work in close proximity to other people, increasing the easy spread of airborne and droplet borne diseases.

In addition, children are more vulnerable to biological or chemical attack and may show signs and symptoms sooner than the general population (American Academy of Pediatrics, 2002). Proactive and comprehensive training of school nurses in disease surveillance, emergency preparedness, response, and coordination with broader community resources would provide for early detection.

Supporting Student Success

reporting, and response to a bioterrorism event. A well-executed response could dramatically minimize the number of victims and possibly slow the spread of a biological agent in the case of a bioterrorist attack.

ROLE OF THE SCHOOL NURSE:

School nurses are strategically placed to plan and implement responses to bioterrorist events within school environments. There are many skills and roles that school nurses bring to emergency preparedness:

- Surveillance and pattern recognition
- Ability to assess potential emergency risks
- Ability to assess the adequacy of emergency trainings and practice activities
- Position on the front line when an emergency occurs and involvement in the response to all serious adverse events that threaten the health, safety, or well-being of a school and its community
- Possession of detailed knowledge of the needs of children with special health care needs and the ability to plan for these students' needs in emergency situations
- Ability to assist in the short-term and long-term recovery phase after a traumatic event has occurred

Moreover, when a child becomes sick or arrives at school sick, a school nurse is often the first and perhaps the only health care professional to assess, treat, and possibly refer the child to other health care facilities.

In the event of a biological or chemical attack on the United States, school nurses could be among the first health care professionals to recognize the event and respond. School nurses thus serve as essential public health sentinels in such events.

CONCLUSION:

It is the position of the National Association of School Nurses that school nurses should be designated and recognized as, and given the authority to act as, first responders to mass casualty emergencies, including those resulting from bioterrorist events. School nurses should be trained in protection, detection, and treatment of victims of such events and in the command and control management techniques of the logistics of such a situation. In addition, training in the coordination of the response with other community providers is essential to maximize effectiveness of these other trainings. The strategic position of well-prepared nurses within the school environment has significant potential for minimizing the effects of a bioterrorist attack in school settings and, subsequently, in the community at large.

References/Resources:

- American Academy of Pediatrics, Committee on Environmental Health and Committee on Infectious Diseases (2000). *Chemical-Biological terrorism and its impact on children: A subject review* (RE9959). *Pediatrics*, 105 (3), 662-670. Retrieved June 6, 2002, from <http://www.aap.org/policy/re9959.html>
- American Academy of Pediatrics (2002, February). *The youngest victims: Disaster preparedness to meet children's needs*. Retrieved June 6, 2002, from http://www.aap.org/advocacy/releases/disaster_preparedness.htm
- Protecting Our Schools Homeland Defense Act, R.R. 3615, 1/23/2002. Retrieved June 6, 2002, from <http://thomas.loc.gov/cgi-bin/bdquery/z?d107:h.r.03615:@@@Insumm2=m&>
- Spratley, E., Johnson, A., Sochalski, J., Fritz, M., & Spencer, W. (2001). *The registered nurse population: Findings from the National Sample Survey of Registered Nurses*. Washington, DC: U.S. Department of Health and Human Services, Health Resources and Service Administration, Bureau of Health Professions, Division of Nursing. Retrieved June 6, 2002, from <http://bhpr.hrsa.gov/healthworkforce/msurvey/mss1.htm>

Adopted: June 2002



February 5, 2003

To: Jim Morrison, Chairman Health Committee
State of Kansas

From: Dr. Robert Hull, Assistant Superintendent
Olathe District Schools USD #233

The purpose of this letter is to voice support of the resolution proposed by Willa DeCastro that recognizes School Nurses as First Responders.

One of my primary responsibilities as assistant superintendent deals with crisis management and emergency preparedness for a population of over 25,000 students and staff members. I have seen first hand on occasions too numerous to count the integral, timely, efficient response of school nurses.

School nurses are an invaluable component of the district's team in addressing the daily needs of one of the largest community groups. Unfortunately, students are potentially vulnerable to the threat of terrorist activity. Because of their daily contact with hundreds of children, school nurses are naturally a part of our homeland "front line defense."

This resolution should help provide additional training, support and valuable resources where they will have a most positive impact.

Sincerely,


A handwritten signature in black ink, appearing to read "Bob Hull", written over a horizontal line.

Dr. Bob Hull
Assistant Superintendent

Mail Message

Novell.

Close Previous Next Forward Reply to Sender Reply All Move Delete Read Later Properties

From: Doc Blum <drblum@doc4kidz.com>
To: Willa DeCastro
Date: Thursday - February 6, 2003 6:26 AM
Subject: HCR#5008 / Nurses First Responders
 Part.001 (10272 bytes) [\[View\]](#) [\[Save As\]](#)
Mime.822 (12617 bytes) [\[View\]](#) [\[Save As\]](#)

Dear Representative DeCastro,

Please support HCR# 5008.

As an active practicing pediatrician, I am acutely aware of the needs of the children in many of the communities throughout the state. I currently chair the American Academy of Pediatrics committee on School Health for Kansas.

After attending a recent educational seminar on "Bioterrorism", it appears that we have potentially serious problems locally and statewide with "First Responders". We have an opportunity to help the children in our state if we can continue to have strong nursing personnel in all of our schools. Our school nurses have previously demonstrated a commitment to quality healthcare of our children and the communities they serve.

With your help, the State of Kansas may represent to the nation the necessary action needed to assist children and families in the event of a crisis.

Please do not hesitate to contact me.

Sincerely,

Michael A. Blum, D.O., FAAP
Pediatrician
12200 West 106th Street
Suite 230
Overland Park, KS 66215
913-888-4567

Table of Contents

- [TEL: (316) 660-7376 FAX: (316) 267-2583]
 - [Chairman Jim Morrison]

Sedgwick County Health Department

Health Surveillance & Disease Prevention

1900 E. Ninth Street

Wichita, KS 67214-3115

TEL: (316) 660-7376 FAX: (316) 267-2583

curbach@sedgwick.gov

Chairman Jim Morrison

& Members of the Health Committee

c/o Representative Willa DeCastro

Room 138-W

Kansas State Capitol

10th & Jackson

Topeka, Kansas 66612

Dear Rep. Morrison and Committee Members:

This letter is to express my support for HCR 5008, which recognizes professional school health nurses and the role they play in first response for emergency needs in the school setting. They clearly fulfill this function in many ways already, in physical emergencies both major and minor,

psychological and emotional crises, and with training for more catastrophic emergencies such as natural or man-made disasters, including mass destructive events. They are integral members of their schools' crisis committees and many are part of community level planning for mass disasters. This is especially appropriate given the vulnerable nature of the young population they serve and the reality of location of their populations during the day--in a school. They're clinically competent to assess and respond to physical needs and injuries, and are most likely first on the scene of an event, second only to teachers.

Thank you for justified attention to and support of these very committed professionals.

Sincerely,

Cindy A. L. Burbach, RN, DrPH

Direction of Health Surveillance & Disease Prevention

Mail Message

Novell.

Close Next Forward Reply to Sender Reply All Move Delete Read Later Properties

From: "Clayton, Cindy" <ClaytonC@usa.redcross.org>
To: Willa DeCastro
CC: "QuincyS@usa.redcross.org".GWA.LG02
Date: Wednesday - February 5, 2003 4:45 PM
Subject: Red Cross Support
 Part.001 (4086 bytes) [View](#) [Save As](#)
Mime.822 (5927 bytes) [View](#) [Save As](#)

Representative DeCastro -

I am sending you this e-mail to express the American Red Cross in Kansas' support of your resolution calling for School Nurses as First Responders for the care and protection of children in the event of bio-terrorist incident(s).

Good luck and thank you for the good work you are trying to do for our state's children.

Cindy Clayton

Director, Health, Safety & Youth Services

American Red Cross

707 N Main

Wichita, Kansas 67203

claytonc@usa.redcross.org <mailto:claytonc@usa.redcross.org>

316-268-9030

316-268-9002 fax

Mail Message

Novell.

Close Previous Next Forward Reply to Sender Reply All Move Delete Read Later Properties

From: <JMYhawks@aol.com>
To: Willa DeCastro
Date: Wednesday - February 12, 2003 11:37 AM
Subject: HCR 5008
 Part.001 (1786 bytes) [View](#) [Save As](#)
Mime.822 (4351 bytes) [View](#) [Save As](#)

Dear Representative DeCastro,

Thank You for introducing the House Concurrent Resolution #5008 designating School Nurses in Kansas as First Responders in the Schools. I am in strong support of this resolution.

I am a Red Cross Nurse who is prepared in Disaster Health Services and a volunteer in the Kansas Capital Area Chapter and a member of the Red Cross Kansas State Service Council. I have worked collegially with school nurses for many years and have taught Red Cross Disaster courses to them. School nurses in Kansas work very closely with children as well as teachers and other professionals in the schools in preserving and protecting the health of our children. They are the the critical link in health and defense of children in time of disaster and they are the logical "first responders" for students in the schools. It is fitting that they be so recognized and designated.

Many teachers and school nurses are now using the Red Cross Curriculum, "Master the Disaster" in their schools through which they are able to help children better understand and prepare for disasters as well as to help their families better prepare for and face the possibility of natural or terrorist disasters. Designation as "First Responders" in the Schools will encourage school nurses to be as knowledgeable and prepared as possible to keep children, faculty and staff safe in event a disaster strikes.

Thank you for your understanding and support of this cause through introducing this resolution!

Alice Young, RN, PhD
5727 SW Clarion Lane
Topeka, KS 66610-1254
(785) 273-1570
JMYhawks@aol.com



KANSAS SCHOOL NURSE ORGANIZATION, INC.
P.O. Box 782584 Wichita, KS 67278-2584
Toll Free Voice Mail 1-866-575-1276 (1-866-KSK-12RN)
<http://www.INK.org/public/KSNO>

February 10, 2003

Honorable Willa DeCastro
Kansas State Office Building
Topeka, KS 66600

Dear Honorable Willa DeCastro,

I am writing in support of House Concurrent Resolution No. 5008 urging the official designation of school nurses as first responders. I am the president of the Kansas School Nurse Organization and a school nurse in the Auburn-Washburn Unified District 437. In this district alone, we serve 4,885 full time students on a daily basis. For many of these children, the school nurse is their first contact with medical care. Within the school environment, we are often the only professional health care provider on site with the skills to provide emergency care.

School nurses have the unique opportunity of knowing a relatively large population on an intimate basis.

- ✓ School nurses have the opportunity to provide data related to disease patterns within the population they serve.
- ✓ Ability to assess and determine the need for emergency preparedness training.
- ✓ School nurses have the ability to provide detailed information about the population they serve: children and staff with special health care needs (such as asthma and diabetes), and students or families with risk factors that need immediate attention.
- ✓ School nurses have the ability to assess the needs of the population they serve not only in the event of a crisis, but also in the long-term recovery.
- ✓ School nurses are present when an emergency happens and are involved in the response to all serious events that occur when the events threaten the health, safety, or well-being of a school and the school community.
- ✓ School nurses work in conjunction with other health professionals in the community: EMS, county health departments, community hospitals, Red Cross programs, fire departments, and local physicians.

School Nurses need to be recognized in the role of first responder and given the authority to act as first responders. It is imperative that we provide appropriate training for school nurses to be able to offer the response that is needed by our children, their families and our community. School nurses have the potential to minimize the effects and the number of people that could potentially be affected by a biological attack.


Please, I urge you to support this resolution.

Sincerely,
Brenda Cappel RN
School Nurse
President, Kansas School Nurse Organization

Mail Message

Novell.

Close Previous Next Forward Reply to Sender Reply All Move Delete Read Later Properties

From: "Doug & Jean Higbie" <jbard@computer-services.com>
To: Willa DeCastro
Date: Thursday - February 6, 2003 12:34 AM
Subject: House Concurrent Resolution # 5008
 Part.001 (4367 bytes) [View](#) [Save As](#)
Mime.822 (8984 bytes) [View](#) [Save As](#)

Honorable Willa DeCastro
State Capitol Building
Topeka, Kansas 66612

Dear Representative DeCastro:

I am writing to you concerning the designation of school nurses as "first responders" in the school setting (H.C.R.5008).

As a school nurse working in a large elementary with approximately 90-100 students that are English As Second Language students, I have students arriving at our school from all over the world. I am constantly monitoring daily for communicable diseases and constant lack of immunizations, and possible exposure to tuberculosis from "hot spot" countries that they may have been exposed to previous to our Kansas community. Since 09-11-01, we have expanded to the "Early Warning Disease Surveillance System" from the Johnson County Health Department. We monitor and assess symptoms, medical diagnoses, and medications prescribed for our children, and then report them for any changes or any unusual symptoms in significant patterns. Therefore, School nurses are a critical link in our nation's health and defense.

Kansas school nurses through the Kansas School Nurses Organization have partnered with the American Red Cross in being pro-active in designating school nurses as first responders to biological or chemical attack for the protection of Kansas school children. School nurses have been attending and participating in disaster education in preparation for biological, chemical, or nuclear warfare. School nurses are being prepared for disaster nursing, shelter in place disaster care, and trained as certified disaster nurses to partner with community public health officials if schools are designated disaster centers.

According to article entitled, "Biodefense and Nursing Informatics", in the September 2002, American Journal of Nursing, "Biodefense is a critical health care issue for our nation. Nurses constitute the largest group of health care professionals and are among those most trusted by the public". Kansas School Nurses have one-third of the population in schools for approximately seven to nine hours five days a week. There are approximately 738 School Nurses in Kansas promoting and protecting the health of our school children. In addition to being school nurses, many of the school nurses have extensive nursing backgrounds working in emergency rooms, intensive care, obstetrics, pediatrics, medical-surgical, nursing supervisor in hospitals, as well as doctor offices, public health, and home health care. School nurses know how to be the "First Responder" in the school setting!

I urge you to support and pass this H.C.R. 5008! I am going for another class this Saturday, February 8, 2003 in Abilene, Ks. on Disaster Nursing sponsored by the Kansas School Nurses Organization and the American Red Cross.

Please feel free to contact me if I can be of any help to you in the support of the H.C.R.5008.

Sincerely,

Jean Higbie R.N. B.S.N.CHANP certified nurse
School Nurse
Kansas School Nurses Organization
Legislative Co-chairman



Unified School District 233

February 5, 2003

Dear Members Kansas House of Representatives Health Committee,

I am writing in support of resolution 5008 introduced by Representative Willa DeCastro. In my role as Coordinator of Health Services for Olathe District Schools, I have become increasingly aware of the potential for children to be a target of bio-terrorist activity. Even before bio-terrorism was in the forefront of the news, we realized that 1/4 of the citizens of our community (25,000) were in our care from 8:00 a.m. to 4:00 p.m. every weekday.

I also serve as the Representative from Kansas to the National Association of School Nurses, an association with approximately 12,000 members. In June 2002, a position statement was authored by the association (www.NASN.org) titled "School Nurse Role in Bioterrorism Emergency Preparedness." According to this position statement, school nurses are indeed "front line responders" within school environments as they are often the only professional health care provider on site and with their skills and roles bring the following to emergency preparedness:

- Surveillance and pattern recognition
- Ability to assess potential emergency risks
- Ability to assess the adequacy of emergency trainings and practice activities
- Position on the front line when an emergency occurs and involvement in the response to all serious adverse events that threaten the health, safety, or well-being of a school and its community
- Possession of detailed knowledge of the needs of children with special health care needs and the ability to plan for these students' needs in emergency situations
- Ability to assist in the short-term and long-term recovery phase after a traumatic event has occurred

In the event a biological or chemical attack occurs, school nurses - ideally positioned one nurse to every school - will be among the first to recognize the event and respond appropriately. Indeed, school nurses need to be recognized in this role, given the authority to act as first responders, and trained in protection, detection, and treatment of victims, as well as trained in coordination with other community providers. All of the above could dramatically minimize the number of victims and possibly slow the spread of a biological agent in the event of a bioterrorist attack.

I urge you to support this resolution.

Sincerely,

Cindy Galembre BSN, RN, MSED, NCSN

Cindy Galembre BSN, RN, MSED, NCSN (Nationally Certified School Nurse)
Coordinator of Health Services


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Mail Message

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From: "Mae Claxton" <maeclaxton@msn.com>
To: Willa DeCastro
Date: Wednesday - February 5, 2003 8:59 PM
Subject: House Concurrent Resolution 5008
 Mime.822 (3713 bytes) [View](#) [Save As](#)

The Honorable Willa DeCastro
Representative 96th District
February 5, 2003

Dear Representative DeCastro,

First of all, I would like to thank you for introducing the House Concurrent Resolution 5008 requesting official designation of school nurses as first responders in the state of Kansas in the event of a biological or chemical attack. I whole heartedly agree and support your resolution because I am one of those "school nurses" with 30 years experience as a nurse ranging from Emergency Room, Intensive Care, to Outpatient Clinics and Telephone Triage. You might say, I have seen it all and I admit I have seen a lot. But, I have not been involved or trained to recognize the effects of Bioterrorism. I am keenly interested in this subject and have personally taken courses as well as self study to prepare myself for the unthinkable that may affect my community and the students at my school. I am currently serving on a school committee to write a Disaster Plan for my school which is a site for special education for children with vision and multiple handicaps from all over the state of Kansas. Our Disaster Plan will take into consideration the school's high risk location within one mile of a major rail yard and interstate as well as well within five miles of an airport and to collaborate with area agencies for disaster planning and response.

School Nurses respond to a whole lot more than scraped knees on the playground. We are the every day on site health providers and care takers of a majority of the population on any given school day – five days a week – nine months of the year. We are trained to recognize the subtle, and not so subtle, symptoms of illness and the patterns of disease that may emerge in a community such as a school setting. We are trained to share our education with not only the student population but staff members and parents as well. We teach first aid and CPR. We are innovative collaborators and network with health resources in our communities. We triage our priorities, delegate responsibilities and evaluate progress. We are the first responders in our schools every day for a myriad of needs. We should be the designated first responders at our schools in the event of a biological or chemical attack. We will share our knowledge and teach others the best way to respond to a bioterrorist attack and keep our children safe. We can be the calm in the eye of a storm.

I am hopeful that this resolution will pass and by its passing make it possible for every school nurse to obtain the necessary training to be an effective first responder for a biological attack.

Sincerely,

Mae Claxton RN
Health Center Supervisor

*Ks Schooling the Blind
for K.C.*

1-14

February 6, 2003

To: Kansas Legislators
From: Sharon McBride- Health Services and Safety Resource Specialist
Shawnee Mission School District #512
Shawnee Mission, KS 66204
Re: Sponsorship of a House Concurrent Resolution to recognize school nurses as First Responders

Since 9/11, the constant possibility that terrorist acts could be launched anywhere at anytime in the United States has created a lingering dread in the hearts and minds of Americans. Particular concern is for the health and safety of America's children should they be victims of such an attack. How do we plan for protection, care, and treatment of our vulnerable children in America?

It is a documented fact that our children inhale chemical agents at a faster rate than adults and will be the first to exhibit symptoms in our American population. How then do we prepare to train society and the medical profession to recognize these symptoms and refer children immediately for medical intervention? The importance of early recognition can not be overly stressed. It literally will be the difference between life and death of our children. Additionally, it literally will be the difference between life and death for the adult population because as children are quickly diagnosed the medical profession would kick into full gear to immediately begin treating adults to limit the severity and death rates of the adult population.

How can school nurses as First Responders help assure the success of early identification and referral for treatment? First, school nurses are with the children of America on a daily basis watching for illnesses and subtle changes. In the Shawnee Mission District we are working closely with the Johnson County Health Department by completing weekly surveillance sheets. These sheets allow the professional school nurse to tally symptoms of illness and diagnosed diseases. The Health Services Office in Shawnee Mission collects these reports from individual buildings, compiles the statistics and sends the data to the Health Department where the information will again be evaluated and compiled. If our children should be exposed to a chemical agent, this type of surveillance would quickly pick up symptoms early in the exposure process to allow for treatment, quarantining and therefore containment of the spread of the agent.

Secondly, school nurses are extremely dedicated professionals who constantly strive to increase their knowledge and skills to better serve our student population. As an example, we have about 10 nurses who have taken advantage of workshops offered at the local, state and National level. Our school nurses have attended a training workshop through our certified CNE program. However, we still need intensive, comprehensive training to be effective responders. School nurses are very committed to getting the best education and training about terrorism in all forms so we can better serve our communities. Lastly, when school nurses enter the school setting they bring a multitude of nursing experience and backgrounds in all areas. Our nurses collectively have experience in emergency rooms, obstetrics, gynecology, cardiology, asthma and allergy, home health, pediatrics, intensive care, instructor of degree and practical nurse programs, military reserves (high school nurse who currently has officer ranking), health department, fitness instructors, leadership, and epidemiology. This is not a comprehensive list but indicates that we have the ability to network quickly and share our skills to be used for everyone in the community.

In conclusion, it is imperative that we quickly educate and train school nurses to use this dedication to serve in the area of terrorist or chemical assaults in the state of Kansas as First Responders in the school setting. We have professional school nurses in our district that once trained would be an invaluable resource for Kansas and ready to serve at any location in the state. For example, if eating in a mall and the trained school nurse suddenly sees people falling to the floor and clutching their throats, she knows because of training to immediately begin providing services to prevent additional people from being harmed.

Mail Message

Novell.


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From: "Helen and Wayne White" <whwhite@sutv.com>

To: Willa DeCastro

Date: Wednesday - February 5, 2003 10:29 PM

Subject: letter of support

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Mime.822 (5167 bytes) [View](#) [Save As](#)

To Representative DeCastro

I'm writing this letter of support for House Concurrent Resolution Number, 5008, proposing that School Nurses be first responders in the school setting to a biological and/or chemical attack.

After listening to Secretary of State Powell's eloquent speech to the United Nation Security Council this morning regarding the seriousness of the situation in Iraq, I strongly feel that this resolution is a matter of extreme urgency in the protection of our school children in Kansas and the nation.

All school nurses are trained in crisis management and serve on the Crisis teams in their school. In many cases School Nurses have helped write the Crisis Manuals that are being implemented by staff and students.

School Nurses are the key players in Crisis planning, responding and Prevention of situations that might arise and jeopardize the safety of students.

Quoting from Scott Poland, EdD, in the January issue of the National Association of School Nurse Newsletter, "The School Nurse is the most essential person in the school should a crisis occur. Every school in the nation should have a school nurse".

We can not afford to be reactive in this threat of terrorism, but must be proactive and prepared to protect students and their families in our care, thus helping to protect the future for generations to come.

Respectfully,

Helen L White RN,NCSN (Ret.)

Wayne & Helen White

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-

February 5, 2003

Ms. Willa DeCastro

State Representative

Topeka, KS

I am writing to ask for your help and support to pass House Concurrent Resolution 5008.

My name is Kara Erickson and I am a school nurse in the Shawnee Mission School District. Myself and my colleagues believe that in order to be prepared for an emergency of "September 11" proportions or other terroristic acts school nurses need to be designated as first responders so that we may be recognized by local and state authorities and be included as part of a disaster response team.

In the state of Kansas the students in schools make up 1/3 of the states population. Children show symptoms of diseases earlier than adults and will react to biologic agents sooner than adults. Currently in Johnson County the Shawnee Mission District school nurses already track illness and symptoms for the health department. This past summer several of us received disaster training at our State School Nursing Convention. Our State School Nurse Association will be holding a seminar presented by the American Red Cross this summer. This seminar covers disaster training.

I want to make it very clear that we are not asking to replace the Emergency Medical System (EMS) in any way. Nor do we want to be put above the employees of the state and local health departments. We merely want to be recognized and trained as first responders in our schools. We want to be allowed to work along with the EMS and health department. If a disaster occurs we need to have people in the community trained to respond. As school nurses, if trained, we can triage our school's population and get things organized so that the EMS system can come in and work efficiently. We will serve as point people throughout the community. We should be trained and capable of implementing a shelter in place if need be. For instance, if a biologic agent is released into the air, we need to be able to secure the building, shut off the air filtration system. Or, if the agent is in the water we will need to shut the water system down.

Communication in the community is essential as do not want mass hysteria. As nurses we like to be proactive rather than reactive. We feel that it is best to act now to get a system in place that we hope we will never have to use. With budget cuts in education the future of educated and experienced nurses is questionable. I hope that the legislatures recognizes the importance of the school nurses and how valuable we are as community resources. Please pass Resolution 5008 and ensure the safety and future of our children and our country.

Regards,

Kim Erickson

Notes for Hearing:

Name:

Education: RN, BSN, MSED, NCSN

Title: supervise approximately 40 full time school nurses, 22,000 students

Offices – Served as President of Kansas School Nurse Organization 2000-01.

Currently, serve as the KSNO Rep to our National affiliate, the National Association of School Nurses.

It is my honor to speak on behalf of the state school nurse organization today and to let you know in person that I am an enthusiastic supporter of resolution 5008. I would like to highlight the letter I authored February 5, 2003, a letter that mentions the very recent – June 2002 – position statement from NASN titled “School Nurse Role in Bioterrorism Emergency Preparedness.”

- With heightened awareness of potential acts of terrorism, schools find themselves not only serving a more vulnerable population, but also serving a large population. In many communities approximately ¼ of the population is in the school setting for up to 10 hours of the day, Monday through Friday.
- School Nurses are often the only health care professional providers on school premises. Kansas currently knows of 738 registered nurses (+ 43 LPN’s) serving in the role of a school nurse to the state’s 468,173 public school students. (634 students to every RN).
- The following skills & roles are a part of what School Nurses bring to emergency preparedness.
 - **Surveillance & pattern recognition** – I have actual recounts to share with you. In 1997, four out of 25 of our elementary nurses recognized within 10 minutes of each other and reported to my office an unusual illness occurring within their population of children – a KDHE study showed a cafeteria food item as having a strong association to the illness though negative for food poisoning or heavy metals. Also, in the late 1990’s a junior high nurse recognized a chlorine leak concern after seeing several students within a short period of time c/o of difficulty breathing, irritated eyes, throat etc. after the 1st hour PE swim class. Thirdly, in the early 1990’s, as an elementary school nurse at the time, my concern quickly grew after several students from the same part of the building c/o of headache, stomachache, and lightheadedness. Our building had to be evacuated as a neighborhood gas leak, with the help of wind, had produced a threat to our building. More specifically today, school nurses are re-familiarizing themselves with diseases including anthrax, smallpox, and plague.

Senate Public Health & Welfare Committee
Date: March 19, 2003
Attachment 2-1

- **Ability to assess the adequacy of emergency training and practice activities** – Thanks to administrative leadership in my school district a sampling of training activities our school nurses have participated in include CPR, First Aid, AED, Shelter in Place, Fire & Tornado drills, bomb threat management, lock down procedures, Community Emergency Response, emergency operations centers and emergency shelter management.
- **Response to serious adverse events that threaten the health, safety, or well-being of a school** – The school nurse, by virtue of professional training, knows how to respond to serious events such as breathing emergencies, communicable diseases, emotional outbursts, and grief to state a few. School Nurses are also knowledgeable about community agencies and who to contact when - such as the county health department when suspecting communicable disease, EMS for life-threatening emergencies, the fire department for mercury spills, poison control for suspected poisonings.
- **Possession of detailed knowledge of children with special health care needs and ability to plan for emergency situations** – including children with suppressed immune systems needing additional protection for communicable diseases, children who use equipment that compensates for a basic life functions and for example need plans for battery back-up, children with blindness or deafness and need help with evacuation, and children with asthma, severe allergies, diabetes, etc. who require planning for emergency medications.
- **Lastly, the ability to assist in the short-term and long-term recovery phase after a traumatic event has occurred** – Schools like other community agencies may be expected to take care of their own for a period of time in the event of a large-scale disaster that stretches the resources of the community's First Responders.

In summary, in the event a biological or chemical attack occurs, school nurses – ideally positioned one nurse to every school – will be among the first to recognize the event and respond appropriately.

School nurses need to be

- Recognized in this role.
- Given the authority to act as first responders,
- Trained in protection, detection, and treatment of victims
- As well as trained in coordination with other community providers.

The approval and implementation of resolution 5008 could potentially minimize the number of victims and possibly slow the spread of a biological agent in the event of a bioterrorist attack. I would like to thank Representative DeCastro for introducing this resolution, inviting me to testify, and allowing Kansas to serve as a leader in this initiative of both state and national importance.

I would be happy to answer any questions.



Unified School District 233

alt 2

February 5, 2003

Dear Members Kansas House of Representatives Health Committee,

I am writing in support of resolution 5008 introduced by Representative Willa DeCastro. In my role as Coordinator of Health Services for Olathe District Schools, I have become increasingly aware of the potential for children to be a target of bio-terrorist activity. Even before bio-terrorism was in the forefront of the news, we realized that 1/4 of the citizens of our community (25,000) were in our care from 8:00 a.m. to 4:00 p.m. every weekday.

I also serve as the Representative from Kansas to the National Association of School Nurses, an association with approximately 12,000 members. In June 2002, a position statement was authored by the association (www.NASN.org) titled "School Nurse Role in Bioterrorism Emergency Preparedness." According to this position statement, school nurses are indeed "front line responders" within school environments as they are often the only professional health care provider on site and with their skills and roles bring the following to emergency preparedness:

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In the event a biological or chemical attack occurs, school nurses - ideally positioned one nurse to every school - will be among the first to recognize the event and respond appropriately. Indeed, school nurses need to be recognized in this role, given the authority to act as first responders, and trained in protection, detection, and treatment of victims, as well as trained in coordination with other community providers. All of the above could dramatically minimize the number of victims and possibly slow the spread of a biological agent in the event of a bioterrorist attack.

I urge you to support this resolution.

Sincerely,

Cindy Galemore BSN, RN, MSED, NCSN

Cindy Galemore BSN, RN, MSED, NCSN (Nationally Certified School Nurse)
Coordinator of Health Services

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March 19, 2003

HCR 5008 SCHOOL NURSES AS FIRST RESPONDERS

Chairperson Wagle and members of the Senate Public Health and Welfare Committee, my name is Joyce Markendorf M.S.N., R.N.. Based on a good many years of experience working with and observing the health needs of school age children and youth in Kansas, I, am here on behalf of the KANSAS STATE NURSES ASSOCIATION (KSNA) to support HCR 5008.

School nurses are the only clinically prepared health care providers in a school system. Educationally, they are prepared broadly to meet many health care needs of children, youth, faculty and staff in the school setting. The school nurse should always be designated as the first responder, especially in the aftermath of Sept. 11, 2001 attacks and the subsequent threat of bio-terrorism as well as chemical warfare. Additionally, the school nurse should be expected to take a leadership role in the development of school policies and procedures related to such things as disaster planning.. Further, he/she should be supported to expand into the community setting with a lead role toward integration of the school system in disaster planning for the larger community related to bio-terrorism and chemical warfare.

Interestingly, there are no state laws or regulations that even require the school nurse in Kansas to be certified in CPR or First Aid. In fact, the state does not require that a school district hire a school nurse. So, while nurses who do work in the school setting should clearly be designated as first responders in the wake of local, regional and/or national emergencies, all too many school systems in Kansas would be left out of the picture as a number of them are not served by licensed nurses. Serving as the KDHE School Health Consultant for over 20 years with my tenure in this position ending not quite 2 years ago, my recommendation would be to not only strongly support this resolution but to take a look at even more basic things like making certain every school district *has a school nurse to actually designate as first responder* and that he/she is not only well prepared to deal with such things as anthrax and other potentially lethal biological and chemical substances but that the nurse also be required to have CPR certification.

If Kansas is really interested in protecting school age children and youth, school personnel and, more broadly, assist in protection of the community, the school nurse as first responder needs basic preparation as well as leadership responsibilities in planning and implementing all of those things that can save lives from bio-terrorism attacks to preventing death by knowing basic first aid and CPR. This would require that every school district employ a school nurse, certainly a goal that should be sought.

Thank you for this opportunity to present testimony on this concurrent resolution.

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to advocate for the health and well-being of all people.

CONSTITUENT OF THE AMERICAN NURSES ASSOCIATION

Senate Public Health & Welfare Committee
Date: March 19, 2003
Attachment 3-1

q#4

STATE OF KANSAS

BOB BETHELL
STATE REPRESENTATIVE, 113TH DISTRICT
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TOPEKA

Testimony on HB 2171

Chairman Wagle, and members of the Senate Public Health and Welfare Committee. I am Bob Bethell and I am here to request your support for HB 2171.

This bill was requested by the Counsel for the Board of Adult Care Home Administrators. HB 2171 accomplishes some technical clean up to the statutes that allow the BACHA to operate.

With this is mind I request your favorable passage of HB 2171.

Thank you and I will stand for questions.

Senate Public Health & Welfare Committee
Date: March 19, 2003
Attachment 4-1

AH.50



K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

**Testimony on House Bill No. 2171
to the
Senate Committee on Public Health and Welfare**

**Presented by
Jane O'Bryan, Member, Board of Adult Care Home Administrators
March 19, 2003**

Chairperson Wagle and members of the committee, I am pleased to have the opportunity to discuss the proposed amendments to the Kansas Adult Care Home Administrators licensing law.

The 2001 legislature shifted enforcement and general counsel of the Board to the Office of the Kansas Attorney General. The bill before you is the result of recommended changes approved by the Board at the advice of its General Counsel. These changes are primarily technical, but include an additional provision that would allow the Board to deny, revoke, or suspend a license if the licensee has been disciplined by other specified licensing boards.

House Bill 2171 amends K.S.A. 65-3503 to clarify the Board's authority to assess fees for license replacements and duplicate licenses. At K.S.A. 65-3504, the added language clarifies the Board's authority to establish standards of character, training, and experience as eligibility criteria for admission to examination for licensure. K.S.A. 65-3506 is amended so that the Board's final orders will be issued in accordance with the Kansas Administrative Procedure Act (KAPA).

The proposed amendment to the introductory paragraph in K.S.A. 65-3508 clarifies that the Board may deny licensure to an applicant who has violated the provisions of this section, and clarifies how the Board uses KAPA procedures. Proposed new section (i) established the Board's authority to discipline a licensee or applicant for misrepresentation or omission of a material fact in an application or communication to the Board. Proposed new sections (j) and (k) would allow the Board to deny, revoke, or suspend the license of an applicant or licensee who has been disciplined by the adult care administrator licensing board of another state, or by the health care, mental health care, or social worker licensing board of this state or another state. These changes would align the Board's authority and

statutory language with that of other similar state licensing laws.

The Board requested an additional change to correct a technical error, that the statute cite at K.S.A. 65-3508(h) be changed from K.S.A. 65-3504 to 65-3502. The House Committee of the Whole amended the bill to include that change, and it is included in the current version of the bill.

Thank you again for the opportunity to appear before this committee on behalf of the Board, and we ask that House Bill 2171 be favorably passed by this committee. I will gladly respond to any questions the committee may have on this topic.

Att. 6

pa2234I

Proposed Amendment to HB 2234
Alternative I

Sec. 3. K.S.A. 65-6309 is hereby amended to read as follows:
65-6309. (a) The board may issue a license to an individual who is currently registered, certified or licensed to practice social work at the baccalaureate or masters level in another jurisdiction if the board determines that:

(1) The standards for registration, certification or licensure to practice social work at the baccalaureate or masters level in the other jurisdiction are substantially equivalent to the requirements of this state; or

(2) the applicant demonstrates on forms provided by the board compliance with the following standards as adopted by the board:

(A) Continuous registration, certification or licensure to practice social work at the baccalaureate or masters level during the five years immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board;

(B) the absence of disciplinary actions of a serious nature brought by a registration, certification or licensing board or agency; and

(C) a baccalaureate or masters degree in social work from a regionally accredited university or college.

(b) Applicants for licensure as a clinical specialist social worker shall additionally demonstrate competence to diagnose and

Senate Public Health & Welfare Committee
Date: March 19, 2023
Attachment 6-1

treat mental disorders through meeting the requirements of either paragraph (1) or (2) of subsection (a) and at least two of the following areas acceptable to the board:

(1) Either graduate coursework as established by rules and regulations of the board or passing a national clinical examination approved by the board;

(2) three years of clinical practice with demonstrated experience in diagnosing or treating mental disorders; or

(3) attestation from a professional licensed to diagnose and treat mental disorders in independent practice or licensed to practice medicine and surgery stating that the applicant is competent to diagnose and treat mental disorders.

(c) An applicant for a license under this section shall pay an application fee established by the board under K.S.A. 65-6314 and amendments thereto. ~~(a) An applicant shall be exempted from the requirement for any examination provided for herein if:~~

~~(1) The applicant proves to the board that the applicant is licensed or registered under the laws of a state or territory of the United States that imposes substantially the same requirements as this act as determined by the board; and~~

~~(2) pursuant to the laws of any such state or territory, the applicant has taken and passed an examination similar to that for which exemption is sought, as determined by the board.~~

~~(b) An applicant for a license as a baccalaureate social worker who is, on the effective date of this act, employed as a social worker, social work supervisor or a social work~~

administrator and who applied for such license on or before July 17, 1975, shall be exempt from academic and examination requirements imposed under the provisions of this act. An applicant for a license as a baccalaureate social worker who is a social worker, otherwise qualified for licensure as a baccalaureate social worker, and who applied for such license on or before July 17, 1975, shall be exempt from the examination requirements imposed under the provisions of this act.

(c) An applicant for a license as a master social worker who applied for such license on or before July 17, 1975, and who presents proof to the board that such applicant is engaging in the private practice of social work may be exempt from the two years' supervised experience otherwise required by this act.

(d) An applicant for a license as a master social worker who has satisfactorily completed a master's program in social work and was awarded a certificate, and who is employed in a position for which the master's degree is normally required and who applied for such license on or before July 17, 1975, shall be exempt from academic and examination requirements for licensing under the provisions of this act. An applicant for a license as a master social worker who is otherwise qualified for such licensure on the effective date of this act and who applied for such license on or before July 17, 1975, shall be exempt from the examination requirements for licensing under the provisions of this act.

(e) An applicant for a license in a social work specialty

who has satisfactorily completed two years of graduate social work training and was awarded a certificate, and who is employed in a position for which the master's degree is normally required and who applied for such license on or before July 17, 1975, shall be exempt from academic requirements for licensing under the provisions of this act.

(f) An applicant for a license in a social work specialty who is otherwise qualified for such license on the effective date of this act and who applied for such license on or before July 17, 1975, shall be exempt from the examination requirements for licensing under the provisions of this act.

(g) An applicant for licensing in a social work specialty who was engaged in the practice of a specialty approved by the board on the effective date of this act and who meets the academic requirements for licensing as a master social worker or qualifies for an exemption therefrom under the provisions of this section shall be exempt from the requirement for two years of supervised experience required for licensing under the provisions of this act.

(h) (d) Upon application, the board shall issue temporary licenses to persons who have met all the qualifications for licensure under provisions of this act, except for passage of the required examination, who must wait for completion of the next examination, who have paid the required fee and who have submitted documentation as required by the board under the following provisions: (1) The temporary license shall expire

upon receipt and recording of the person's examination score by the board if such person fails the examination, or upon the date the board issues or denies the person a license to practice social work if such person passes the examination; (2) such persons shall take the next license examination subsequent to the date of issuance of the temporary license unless there are extenuating circumstances approved by the board; (3) no person may be granted a temporary license more than once; and (4) no person may work under a temporary license except under the supervision of a licensed social worker. Nothing in this subsection shall affect any temporary permit to practice issued under this subsection prior to the effective date of this act and in effect on the effective date of this act. Such temporary permit shall be subject to the provisions of this subsection in effect at the time of its issuance and shall continue to be effective until the date of expiration of the permit as provided under this subsection at the time of issuance of such temporary permit.

(i) (e) Any individual employed by a hospital and working in the area of hospital social services to patients of such hospital on July 1, 1974, is exempt from the provisions of this act.

(j) (f) If an applicant is denied licensure, the board shall provide the applicant with a written explanation of the denial within 10 days after the decision of the board, excluding Saturdays, Sundays and legal holidays.

Proposed Amendment to HB 2234
Alternative II

Sec. 3. K.S.A. 65-6309 is hereby amended to read as follows:
65-6309. (a) Except as provided in subsection (b), an applicant shall be exempted from the requirement for any examination provided for herein if:

(1) The applicant proves to the board that the applicant is licensed or registered under the laws of a state or territory of the United States that imposes substantially the same requirements as this act as determined by the board; and

(2) pursuant to the laws of any such state or territory, the applicant has taken and passed an examination similar to that for which exemption is sought, as determined by the board.

~~(b) An applicant for a license as a baccalaureate social worker who is, on the effective date of this act, employed as a social worker, social work supervisor or a social work administrator and who applied for such license on or before July 1, 1975, shall be exempted from academic and examination requirements imposed under the provisions of this act. An applicant for a license as a baccalaureate social worker who is a social worker, otherwise qualified for licensure as a baccalaureate social worker, and who applied for such license on or before July 1, 1975, shall be exempt from the examination requirements imposed under the provisions of this act.~~

~~(c) An applicant for a license as a master social worker who applied for such license on or before July 1, 1975, and who~~

presents proof to the board that such applicant is engaging in the private practice of social work may be exempt from the two years' supervised experience otherwise required by this act.

(d) An applicant for a license as a master social worker who has satisfactorily completed a master's program in social work and was awarded a certificate, and who is employed in a position for which the master's degree is normally required and who applied for such license on or before July 17, 1975, shall be exempt from academic and examination requirements for licensing under the provisions of this act. An applicant for a license as a master social worker who is otherwise qualified for such licensure on the effective date of this act and who applied for such license on or before July 17, 1975, shall be exempt from the examination requirements for licensing under the provisions of this act.

(e) An applicant for a license in a social work specialty who has satisfactorily completed two years of graduate social work training and was awarded a certificate, and who is employed in a position for which the master's degree is normally required and who applied for such license on or before July 17, 1975, shall be exempt from academic requirements for licensing under the provisions of this act.

(f) An applicant for a license in a social work specialty who is otherwise qualified for such license on the effective date of this act and who applied for such license on or before July 17, 1975, shall be exempt from the examination requirements for

~~licensing under the provisions of this act.~~

~~(g) An applicant for licensing in a social work specialty who was engaged in the practice of a specialty approved by the board on the effective date of this act and who meets the academic requirements for licensing as a master social worker or qualifies for an exemption therefrom under the provisions of this section shall be exempt from the requirement for two years of supervised experience required for licensing under the provisions of this act.~~

(b) The behavioral sciences regulatory board may issue a license as a specialist clinical social worker to an individual who is currently licensed to practice as a clinical social worker in another jurisdiction if the board determines that:

(1) The standards for licensure to practice as a clinical social worker in the other jurisdiction are substantially equivalent to the requirements of this state; or

(2) the applicant demonstrates on forms provided by the board compliance with the following standards as adopted by the board:

(A) A master's degree or a doctor's degree from an accredited graduate social work program recognized and approved by the board, pursuant to rules and regulations adopted by the board; and

(B) has passed the national clinical examination approved by the board of the jurisdiction in which the licensee holds the clinical license and continuous licensure to practice as a

clinical social worker during the five years immediately preceding the application or, in the absence of the national examination, continuous licensure to practice as a clinical social worker during the 10 years immediately preceding the application; and

(C) the absence of disciplinary actions of a serious nature brought by the licensing board; and

(D) three years of clinical practice with demonstrated experience in diagnosing or treating mental disorders.

~~(h)~~ (c) Upon application, the board shall issue temporary licenses to persons who have met all qualifications for licensure under provisions of this act, except passage of the required examination, who must wait for completion of the next examination, who have paid the required fee and who have submitted documentation as required by the board under the following provisions: (1) The temporary license shall expire upon receipt and recording of the person's examination score by the board if such person fails the examination or upon the date the board issues or denies the person a license to practice social work if such person passes the examination; (2) such persons shall take the next license examination subsequent to the date of issuance of the temporary license unless there are extenuating circumstances approved by the board; (3) no person may be granted a temporary license more than once; and (4) no person may work under a temporary license except under the supervision of a licensed social worker. Nothing in this

subsection shall affect any temporary permit to practice issued under this subsection prior to the effective date of this act and in effect on the effective date of this act. Such temporary permit shall be subject to the provisions of this subsection in effect at the time of its issuance and shall continue to be effective until the date of expiration of the permit as provided under this subsection at the time of issuance of such temporary permit.

{+} (d) Any individual employed by a hospital and working in the area of hospital social services to patients of such hospital on July 1, 1974, is exempt from the provisions of this act.

{+} (e) If an applicant is denied licensure, the board shall provide the applicant with a written explanation of the denial within 10 days after the decision of the board, excluding Saturdays, Sundays and legal holidays.