

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:35 p.m. on February 4, 2004, in Room 526-S of the Capitol.

All members were present except:

Representative Nancy Kirk- excused
Representative Joe McLeland - excused

Committee staff present:

Dr. William Wolff, Legislative Research Department
Renae Jefferies, Office of Revisor of Statutes
Gary Deeter, Secretary

Conferees appearing before the committee:

Bud Burke, Kansas Physical Therapist Association
Dick Morrissey, Director, Division of Health, Kansas Department of Health and Environment
Bob Day, Director, Office of Health Planning and Finance

Others attending:

See Attached List.

The Minutes for February 2 and February 3 were approved as printed.

Bud Burke, representing the Kansas Physical Therapists Association, requested a bill that would allow Physical Therapists (PTs) to accept referrals from licensed physician assistants and licensed advanced registered nurse practitioners, and add language that would allow PTs to initiate treatment without consultation and approval for certain specific settings or treatment modalities. (Attachment 1)

A motion passed to introduce the bill as a committee bill.

Dick Morrissey, Director, Division of Health, Kansas Department of Health and Environment, requested a bill regarding the definition of critical access hospitals, amending **K.S.A. 65-468**. He said the bill would expand the number of beds from 15 to 25 and allow the hospital to conform with changes made in federal Medicare regulations. Because of the federal regulations already in place, he suggested the proposed legislation become effective upon publication in the *Kansas Register*. (Attachment 2)

A motion was passed to sponsor the bill.

Bob Day, Director, Office of Health Planning and Finance, requested a conceptual bill that would add three new members to the Data Governing Board, one of the new members representing large employers, one representing small employers, and one at-large representative.

The Committee passed a motion to sponsor the bill.

CONTINUATION SHEET

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE at 1:30 p.m. on February 4, 2004, in Room 526-S of the Capitol.

Representative Wilson asked for introduction of a bill to raise the maximum age for qualification on the head injury waiver from age 55 to age 65. He said that presently if a person sustains a head injury when he/she is between 55 and 65 years old, he or she is too old to qualify for the head injury waiver, and too young to qualify for the frail elderly waiver, noting that the proposed bill would allow those individuals under the age of 65 to qualify for the head injury waiver.

The Committee passed a motion to sponsor the bill.

Representative Hill requested a bill to amend the Pharmacy Technician Statutes that were passed last year. He said the Kansas Board of Pharmacy requested the bill in order to clean up some of the statutory language.

By proper motion and second, a motion was passed to sponsor the bill.

Staff Bill Wolff gave a briefing on **HB 2248**, which repeals the sunset provision of an act concerning lead poisoning. He said the bill simply removes the sunset provision regarding a variety of statutes that deal with lead-based paint in residential dwellings and its deleterious effect on children. He cited the relevant statutes connected with the bill, all dealing with removal of lead-based paint: the licensing provision for inspectors, the licensing for contractors through KDHE, and the authorized fees which fund the program. Dr. Wolff said that by removing the sunset provision, the act becomes permanent.

The meeting was adjourned at 1:48 p.m. The next meeting is scheduled for Thursday, February 5, 2004.

**HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST**

DATE: FEBRUARY 24 2004

NAME	REPRESENTING
Stephanie Johnson	KPTA
Ric Baird	KPTA
Megan Challenger	Prohan Do
Harrie Anderson	KATIP
Low Brown	KATS
Karen Braman	Gov. Office Health Planning & Finance
Charlie Kille	Hein Law Firm
Jane Sore	Kearney + Assoc.
Dick Morrissey	KDAE
Robert Day	Gov. office of Health planning
Adam Obley	Gov. Office
Suzanne Crow	y
Michelle Peters	Governmental Consulting

February 2, 2004

Representative Morrison,

The Kansas Physical Therapy Association requests the introduction of a bill which would allow for the following:

1. Add language that would allow Physical Therapists to accept referrals from licensed physician assistants and licensed advanced registered nurse practitioners.
2. Add language that would allow Physical Therapists to initiate treatment/provide services without consultation and approval for:
 - a. Children with disabilities or developmental delays in educational settings;
 - b. Physical therapy as part of a home health care agency plan of care;
 - c. Physical therapy to a patient in an adult care home pursuant to the patient's plan of care as established by the adult care home facility;
 - d. Physical therapy as part of a program aimed at reducing the risk of injury, impairments, functional limitations, and disabilities including the promotion and maintenance of fitness, health, and quality of life in all age populations;
 - e. Physical therapy to an individual for an injury or condition that was the subject of a prior physical therapy referral, with notification to the referring health care provider who rendered the previous referral, within 5 business days of the commencement of physical therapy;

Thank you for your consideration of this request.

Sincerely,
Candy Bahner, PT, MS
KPTA President

Attachment 1
HHS 2-4-04

65-468

Chapter 65.--PUBLIC HEALTH

Article 4.--HOSPITALS AND OTHER FACILITIES

65-468. Licensure of critical access hospitals; definitions. As used in K.S.A. 65-468 to 65-474, inclusive, and amendments thereto:

- (a) "Health care provider" means any person licensed or otherwise authorized by law to provide health care services in this state or a professional corporation organized pursuant to the professional corporation law of Kansas by persons who are authorized by law to form such corporation and who are health care providers as defined by this subsection, or an officer, employee or agent thereof, acting in the course and scope of employment or agency.
- (b) "Member" means any hospital, emergency medical service, local health department, home health agency, adult care home, medical clinic, mental health center or clinic or nonemergency transportation system.
- (c) "Mid-level practitioner" means a physician's assistant or advanced registered nurse practitioner who has entered into a written protocol with a rural health network physician.
- (d) "Physician" means a person licensed to practice medicine and surgery.
- (e) "Rural health network" means an alliance of members including at least one critical access hospital and at least one other hospital which has developed a comprehensive plan submitted to and approved by the secretary of health and environment regarding patient referral and transfer; the provision of emergency and nonemergency transportation among members; the development of a network-wide emergency services plan; and the development of a plan for sharing patient information and services between hospital members concerning medical staff credentialing, risk management, quality assurance and peer review.
- (f) "Critical access hospital" means a member of a rural health network which makes available twenty-four hour emergency care services; provides not more than ~~15~~ 25 acute care inpatient beds or in the case of a facility with an approved swing-bed agreement a combined total of extended care and acute care beds that does not exceed 25 beds (~~provided that the number of beds used at any time for acute care inpatient services does not exceed 15 beds~~); provides acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient; and provides nursing services under the direction of a licensed professional nurse and continuous licensed professional nursing services for not less than 24 hours of every day when any bed is occupied or the facility is open to provide services for patients unless an exemption is granted by the licensing agency pursuant to rules and regulations. The critical access hospital may provide any services otherwise required to be provided by a full-time, on-site dietician, pharmacist, laboratory technician, medical technologist and radiological technologist on a part-time, off-site basis under written agreements or arrangements with one or more providers or suppliers recognized under medicare. The critical access hospital may provide inpatient services by a physician's assistant, nurse practitioner or a clinical nurse specialist subject to the oversight of a

Attachment 2

HHS 2-4-04

physician who need not be present in the facility. *In addition to the facility's 25 acute/swing beds, the critical access hospital may have a psychiatric unit, a rehabilitation unit or both. Each unit shall not exceed 10 beds and neither unit will count towards the 25 bed limit, nor will these units be subject to the average 96 hour length of stay restriction.*

(g) "Hospital" means a hospital other than a critical access hospital which has entered into a written agreement with at least one critical access hospital to form a rural health network and to provide medical or administrative supporting services within the limit of the hospital's capabilities.

History: L. 1992, ch. 158, §§ 1; L. 1998, ch. 53, §§ 2; L. 2002, ch. 203, §§ 3; July 1.