Approved: March 22, 2005
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 2:56 P.M. on March 21, 2005, in Room 526-S of the Capitol.

Committee members absent:
Representative Brenda Landwehr- excused
Representative Jason Watkins- excused
Representative Patricia Kilpatrick- excused

Committee staff present:
Melissa Calderwood, Kansas Legislative Research Department
Mary Galligan, Kansas Legislative Research Department
Renae Jefferies, Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:
Senator Jim Barnett
Larry Buening, Executive Director, Kansas Board of Healing Arts
Representative Pat Colloton
Mark Desetti, Director of Government Relations, Kansas National Education Association
Mark Tallman, Assistant Executive Director, Kansas Association of School Boards
Diane Glynn, Practice Specialist, Kansas State Board of Nursing

Others attending:
See attached list.

Staff provided a briefing on **SB 254**, which amends a part of the Healing Arts Act to clarify the circumstances in which a person licensed in another state may order professional services to be performed in Kansas without violating Kansas law. The bill directs the Kansas Board of Healing Arts to develop rules and regulations to allow a person licensed in a branch of the healing arts in another state who does not have an office in Kansas to see patients, take calls, or consult with a Kansas physician. The bill passed the Senate 39-0.

The Chair opened the hearing on **SB 254**.

Larry Buening, Executive Director, Kansas Board of Healing Arts, spoke in favor of the bill, saying that the Board has always viewed the practice of the healing arts as occurring in the location of the patient. (Attachment 1) He noted that the Board has adopted similar rules in the past, and that, with the advances of technology such as tele-medicine, this bill will provide more latitude to serve the citizens of Kansas.

Senator Jim Barnett testified in favor of the bill. (Attachment 2) He stated that often medical facilities located along state lines, such as Children's Mercy in Kansas City, Kansas, and Kansas City, Missouri, evaluate patients in one state and provide services in another.

MINUTES OF THE House Health and Human Services Committee at 2:56 P.M. on March 21, 2005, in Room 526-S of the Capitol.

The following individuals provided written testimony in support of the bill:

- Larrie Ann Lower, Kansas Association of Health Plans (Attachment 3);
- Thomas Bell, President, Kansas Hospital Association (Attachment 4); and
- Jerry Slaughter, Executive Director, Kansas Medical Society (Attachment 5).

A member clarified the intent of the bill: that a licensed practitioner would be able to order services for a patient in Kansas, but he would not be allowed to practice–that is, see patients–in Kansas without a Kansas license. The member noted that overtones of the bill presage such things as robot surgery, where an out-of-state surgeon performs surgery on a patient in another part of the country.

The Chair closed the hearing on **SB 254** and opened the hearing on **SB 10**

Mark Desetti, Director of Government Relations, Kansas National Education Association, spoke as a proponent for the bill. (Attachment 6) He said the bill has the potential to save lives as well as protect the school district and school personnel from liability, noting that the Senate amendment requires that the teacher involved with a self-medicating student be notified. He commented that KNEA supports the proposed school nurse amendment.

Mark Tallman, Assistant Executive Director, Kansas Association of School Boards, appeared in support of the bill, noting that over the past summer the Association developed policies addressing the legal liability for school districts on such issues. (Attachment 7) He said because the bill provides liability protection for school district officers and employees for possible damages resulting from self-administration of medication, the Association supports the bill.

Diane Glynn, Practice Specialist, Kansas State Board of Nursing, testified as a proponent. (Attachment 8) She said that the Board supports the bill and its purpose, but, noting that one provision violates the Nurse Practice Act, suggested deleting lines 25-27 on page 2, a provision which allows a school administrator (not a physician or nurse) to designate an unlicensed person to oversee self-medication.

The following individuals provided written testimony in support of the bill:

Kathy Hubka, Coordinator of Health Services, Wichita Public Schools, and also representing the Kansas School Nurses Association, (Attachment 9); Ms. Hubka provided further documentation to support the bill in Attachment 10, Attachment 11, and Attachment 12;

Cindy Galemore, Health Coordinator, Olathe District Public Schools, and Director, National Association of School Nurses (Attachment 13);

Judy Keller, Executive Director, American Lung Association (Attachment 14); and

MINUTES OF THE House Health and Human Services Committee at 2:56 P.M. on March 21, 2005, in Room 526-S of the Capitol.

Jerry Slaughter, Kansas Medical Society (Attachment 15).

Members asked questions of conferees, to which they replied:

Ms. Glynn said that, as required by the bill, a school nurse would keep a back-up medication for a student. She said any penalty for misuse of medication would be appropriate to the offense, and only under unusual conditions would a student be prohibited from carrying a medication, under which condition a nurse would still have backup medication for the student. She mentioned one extreme case where a student was spraying other students with his inhaler. She replied that physicians can write double prescriptions and insurance companies will pay for double prescriptions so that a nurse can keep a backup medication.

Mr. Tallman said the school district must develop a policy for use of self-medication, a policy which would include stating who notifies the appropriate teachers who need to know about student self-medication.

The hearing was closed on **SB 10.**

The minutes for March 14, 15, and 16 were approved.

The Chair opened the hearing on **HCR 5013**

Representative Pat Colloton explained that the resolution expressed Kansas' support to allow Taiwan to send a recognized observer to the World Health Organization (WHO), which coordinates response to health emergencies. She said the House Agriculture Committee passed a similar resolution, **HCR 5016**. Answering questions, she said that China prevents Taiwan from being a member of WHO. She said that since Taiwan receives millions of visitors from the United States each year, any health issue would be important to the U.S. She said the resolution was submitted to the international specialist at the Kansas Department of Commerce, who approved the resolution; likewise Governor Sebelius' staff reviewed the resolution before it was introduced in the legislature. She commented that a representative of the Taipei Economic and Cultural Office in Kansas City, Mr. Henry Fan, submitted testimony and was in attendance for the March 17 hearing that was canceled. (Attachment 16)

The Chair closed the hearing on **HCR 5013** and welcomed any action by the committee.

Representative Colloton requested that additional language be included, adding that (after page 2, line 3) an enrolled copy of the bill be sent to the United State Secretary of Health and Human Services and to each member of the Kansas Congressional delegation. A motion was made, seconded and passed to amend the bill to include these individuals.

A motion was made, seconded and passed to recommend favorably **HCR 5013** as amended.

The meeting was adjourned at 3:32 p.m.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

DATE: MARCH 21 2005

NAME	REPRESENTING
Diane Gleason	KSBN
LARRY BUENING	BD OF HEALING ARTS.
MARK DESETT	KNEA
Sarah Tidwell	KSNA
Marty Kennedy	KDOA
Chip Wheelen	Assn of Osteo. Med.
Rebecca Bailey	KNS
Pamela Lumpkin	KAHP
Mark Tallman	KASB
Ron Seeber	Heinlaw Firm

KANSAS BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

MEMO

TO: House Committee on Health and Human Services

FROM: Lawrence T. Buening, Jr.
Executive Director

DATE: March 17, 2005

RE: **S. B. No. 254**

Thank you for the opportunity to provide information regarding S.B. No. 254. The State Board of Healing Arts met on Saturday, February 12, 2005, reviewed the provisions of this bill and expressed its support for the amendments made to K.S.A. 65-2872.

It is important to view the practice of the healing arts as occurring in the location of the patient in order that the full resources of the state are available for the protection of that patient. The Board has long held this position. In 1994, the Board adopted K.A.R. 100-26-1 that states persons who practice the healing arts and who, as part of that practice, issue an order for services on an individual located in Kansas shall be deemed to be practicing in Kansas and must have a Kansas license. This rule was adopted by the Board in response to inquiries that had been received regarding what was then the fairly recent advent of telemedicine across state lines.

New subsection (r) to K.S.A. 65-2872 would give the Board the authority to adopt rules and regulations governing the services which will be performed in Kansas but are ordered by a practitioner licensed in another state. It is anticipated that these rules and regulations would address a number of possible situations, including: (1) orders for services given to a patient while both the practitioner and patient are located outside the state of Kansas but which will be performed in Kansas; and (2) orders that must be carried out in Kansas due to unforeseen circumstances.

235 S. Topeka Boulevard, Topeka, Kansas 66603-3068
Voice 785-296-7413 Fax 785-296-0852 www.ksbha.org

Attachment 1
HHS 3-21-05

In the past few years, traditional medical practice has rapidly changed due to technical advances. These advances offer opportunities for improved health care delivery. Health care may now be delivered over wide geographic areas. This challenges our nation's state-based health care licensure system to facilitate the growth of this evolving mode of patient care while maintaining a high standard of health care and ensuring public protection. Some states have created a special purpose license that authorizes a practitioner just to practice the healing arts across state lines. The Legislature has not created a separate category for these circumstances and the Board is not supportive of a different type of license for just the practice across state lines. However, there should be a mechanism by which practice across state lines is permissible under certain circumstances.

The changes made by S.B. No. 254 will allow the Board to consider those circumstances in which professional services may be performed in Kansas by a non-Kansas licensed practitioner but at the same time ensure that the patients are protected from improper, unauthorized and unqualified practice.

Thank you for the opportunity to appear in support of S.B. No. 254. I would be happy to respond to any questions.

Senator Jim Barnett
Senator, 17th District
State Capitol, Room 401-S
Topeka, KS 66612
(785) 296-7834

FOR MORE INFORMATION CONTACT:
Whitney Nordstrom
(785)296-7384

State of Kansas

House Health and Human Services Committee
Testimony Re: SB 254

March 21, 2005

Chairman Morrison and other distinguished members of the House Health and Human Services Committee, thank you for the opportunity to speak in support of SB 254.

Currently, Kansas hospitals are experiencing difficulty with patients visiting or traveling through our state who require treatment or medical services on a limited basis. Additionally, hospitals such as Children's Mercy in the Kansas City area are seeing patients who may obtain evaluation and an order from Children's Mercy in Missouri and then receive actual treatment at Children's Mercy South located in Kansas.

SB 254 will simply clarify that patients can receive treatment under limited circumstances when ordered by out of state physicians.

Thank you for the opportunity to speak in support of SB 254.

Attachment 2
HHS 3-21-05

Kansas Association of Health Plans

1206 SW 10th St.
Topeka, KS 66604

785-233-2747
Fax 785-233-3518
kahp@kansasstatehouse.com

TO: The House Health & Human Services Committee

FROM: Larrie Ann Lower
Executive Director

DATE: March 21, 2005

RE: Written testimony in support of SB 254: out of state physician orders

Mister Chairman and members of the Committee. Thank you for allowing the Kansas Association of Health Plans to submit written testimony.

The KAHP is a nonprofit association dedicated to providing information on managed care health plans. Members of the KAHP are Kansas licensed health maintenance organizations, preferred provider organizations and other entities that are connected to managed care. KAHP members serve most all of the Kansans enrolled in a Kansas licensed HMO. KAHP members also serve the Kansans enrolled in HealthWave and medicaid managed care and also many of the Kansans enrolled in PPO's and self insured plans. We appreciate the opportunity to provide comment on SB 254.

KAHP supports allowing a patient to see an in-network physician in a bordering state yet receive services ordered by that physician at or by another in-network provider located in Kansas. This issue is important to health plans operating in the Kansas City bi-state area. KAHP members include in their networks physicians licensed only in Missouri yet, we may have patients who wish to receive the services ordered at another in-network provider simply because it's closer to their home located in Kansas.

Thank you for your consideration.

Attachment 3
HHS 3-21-05

Thomas L. Bell
President

To: House Health and Human Services Committee
From: Thomas L. Bell, President
Date: March 2005

WRITTEN TESTIMONY IN SUPPORT OF SENATE BILL 254

The Kansas Hospital Association is pleased to support Senate Bill 254 which would enable Kansans to receive health care services in this state even if those services were ordered by a physician in another state.

This proposed amendment to K.S.A. 65-2872 would enable hospitals and health care providers to accept orders presented by a patient who been seen by a physician in another state. For example, under current law if a person is on vacation in Colorado and suffers a broken arm, any follow-up orders for physical therapy that are written by a Colorado physician cannot be honored in Kansas. Someone else traveling on their way across the country may have an order from their home physician to have weekly blood work drawn if they are talking anti-coagulants. Under current law, requiring these persons to see a Kansas physician and therefore duplicate the services that have already been provided or making a consumer jump through hoops to obtain a prescription from a Kansas doctor is a waste of medical resources and subjects them to needless expense.

Persons who live near our state borders should have the ability to see a physician in one state and be treated in a facility that is housed in another state. If a person lives in Missouri and sees their local physician but chooses to receive specialized treatment at the University of Kansas Hospital, they should be allowed to do so. By clarifying the current law, Kansas caregivers will no longer need to turn away patients who are unaware of the law and are stunned when told that Kansas hospitals cannot honor out-of-state medical orders. As stated in SB 254, through rules and regulations the Kansas State Board of Healing Arts will serve as the gatekeeper as to which services can be ordered from out-of-state practitioners.

For these reasons, the Kansas Hospital Association asks for your support of Senate Bill 254.

Kansas Hospital Association
215 SE 8th Ave. • PO Box 2308 • Topeka, KS 66601-2308 • (785) 233-7436 • FAX: (785) 233-6955 • www.kha-net.org

Attachment 4
HHS 3-21-05

Statement of the Kansas Medical Society on
SB 254; Concerning Out of State Physician Orders
House Health and Human Services Committee
March 21, 2005

The Kansas Medical Society appreciates the opportunity to appear in support of SB 254, which amends the Healing Arts Act to make it possible for Kansas-based health care facilities to provide services, under specified circumstances, which are ordered by practitioners licensed in other states. Currently, a physician must be licensed in Kansas to give a valid medical order. The strict interpretation of that requirement has caused confusion and inconvenience for patients. This situation is particularly troublesome in the greater Kansas City area involving Missouri physicians ordering diagnostic or other procedures that their patients then want carried out in Kansas hospitals or diagnostic facilities.

SB 254 authorizes the Healing Arts Board to promulgate regulations identifying circumstances in which professional services may be performed in this state based on an order by a practitioner licensed in another state. The current regulatory framework has remained largely unchanged over the years, even though technology, communication, service delivery and patient mobility have all changed remarkably. This legislation allows us to identify and develop common-sense exceptions to the in-state licensure requirement, so that confusion and inconvenience are minimized, without undermining the valid structure of state-based licensure, which promotes accountability and quality assurance. Allowing the Board to develop regulations which can be updated as technology and service delivery continue to evolve, provides us with a reasonable, flexible approach to dealing with this issue. We urge you to report SB 254, as amended, favorably. Thank you.

Attachment 5
HHS 3-21-05

Legislative Testimony

House Health and Human Services
March 17, 2005

Mark Desetti Testimony
Committee on Health and Human Services
March 17, 2005
Senate Bill 10

Thank you for the opportunity to appear before you today to speak on **Senate Bill 10**. My name is Mark Desetti, and I represent the Kansas NEA.

We believe that the intent behind this bill is simply to ensure that students, in emergency situations, receive medical attention that is life-saving. In emergency situations, we agree with the intent.

Senate Bill 10 protects that school district, school, and school personnel from liability and we think that is essential. If a student must self-medicate and the requisite permissions are on file, then indeed the district, school, and personnel must never be held liable when things go wrong.

If this bill is passed, it is critical that school personnel know for whom such permission has been granted. An uninformed school employee might intervene with a student and unwittingly cause the very crisis that this bill attempts to address. The bill was amended by the Senate to require that the teachers with whom the student comes in contact be informed of the permission to self-medicate. This will ensure that a teacher, seeing a child ready to use an epipen will understand the issue and not interfere. This was an important amendment and we are pleased to see it included.

We support **Senate Bill 10** and believe that it has the potential to save lives. We can do that by making sure that students who need emergency medication know how to use it and have access to it and that the employees charged with their care are knowledgeable about the student's needs.

We urge this committee to pass **Senate Bill 10** favorably.

Attachment 6
HHS 3-21-05

KANSAS ASSOCIATION OF SCHOOL BOARDS

1420 SW Arrowhead Road • Topeka, Kansas 66604-4024
785-273-3600

Testimony on
SB 10 – Student Self-Medication

Before the
House Committee on Health and Human Services

By Mark Tallman, Assistant Executive Director/Advocacy
March 17, 2005

Mr. Chairman, Members of the Committee:

Thank you for the opportunity to comment on the issue of student self-medication policies. KASB appears in support of **SB 10**.

Background. The issue contained in **SB 10** was passed last session in **SB 304** with a one-year "sunset" provision. At that time, KASB testified that we did not have a formal policy on the issue of requiring schools to allow students to self-administer medication in certain circumstances. However, we believed the language included in section 5 of **SB 304** would be acceptable, particularly because of the liability protection it provided for schools and their employees.

SB 304 directed school districts to adopt a policy that allows student self-medication, but requires students to meet all requirements set forth in that policy. We believe that gave local school boards broad flexibility in setting appropriate local safeguards.

One of the major services KASB provides to our members is helping school boards draft policies to comply with state and federal requirements, as well as best practices for school management. Following the passage of **SB 304**, KASB legal and policy experts developed a model policy for districts to carry out the requirements of the new law. A copy of our recommended policy is attached. Note that it gives school boards the option of applying this policy to grades 6-12 only, or to grades K-12, as provided by the law. It also indicates that the policy, like the law, will expire on June 30 of this year.

We also presented this issue to our association's Legislative Committee, which is the first step in developing the policy positions we represent in the Legislature. This Committee recommended support for the concept of student self-medication, providing that it retains appropriate safeguards and liability protection for school districts. This recommendation was adopted overwhelmingly by the KASB Delegate Assembly in December.

Reasons for Supporting SB 10. The most important reason for KASB's support of this bill is it provides liability protection for school district officers and employees for damages resulting from self-administration of medication. Frankly, we think liability concerns are the only reason most school districts would limit student self-medication in the first place.

Attachment 7
HHS 3-21-05

Second, **SB 10** maintains the ability of local boards to set additional requirements to insure the safety of students and school district employees. This authority is found on page three, lines 29-34 of the bill as amended by Senate committee.

Third, **SB 10** applies this law to all students in grades K-12, rather than setting a requirement for grades 6-12 and an option for grades K-5. Although our policy does speak to this issue, we know that some districts have been confused about why the Legislature left the option of different grade spans.

Other comments. As introduced, **SB 10** extended this legislation for one additional year. The Senate Committee amendments would make this permanent law. Based on our policies, we would support the removal of the "sunset" provision.

Finally, although we understand that **SB 10** was in part drafted to comply with new federal legislation, we have some concerns about subsection (f) on page three, which requires that districts keep back-up medication "at the student's school in a location to which the student has immediate access in event of an asthma or anaphylaxis emergency." While the goal of this section is laudable, it raises questions about just how to keep medication both secure from theft or abuse and at the same time "immediately accessible" to students. We suggest this issue might be better addressed at the local level rather than being placed in statute.

Thank you for your consideration.

Student Self-Administration of Medications

JGFGBA

As used in this policy medication means a medicine for the treatment of anaphylactic reactions or asthma which is prescribed by a physician licensed to practice medicine and surgery; a certified, advanced registered nurse practitioner who has authority to prescribe drugs; or a licensed physician assistant who has authority to prescribe drugs pursuant to a written protocol with a responsible physician. (Also see JGFGB)

Student Eligibility

The self-administration of medication is allowed for students in grades **{6–12 or K–12}**. To be eligible, a student shall meet all requirements of this policy. Parents/guardians shall submit a written statement from the student's health care provider stating:

- the name and purpose of the medication;
- the prescribed dosage;
- the conditions under which the medication is to be self-administered;
- any additional special circumstances under which the medication is to be administered; and
- the length of time for which the medication is prescribed.

The statement shall also show the student has been instructed on self-administration of the medication and is authorized to do so in school.

Authorization Required

The student shall provide written authorization from the student's health care provider and parent or guardian stating the student has been instructed on self-administration of the medication and is authorized to do so in school. The student's parent or guardian shall provide written authorization

for the self-administration of medication. An annual renewal of parental authorization for the self-administration of medication [shall/may] be required.

Employee Immunity

A school district, and its employees and agents, which authorizes the self-administration of medication in compliance with the provisions of this policy, shall not be liable in any action for any injury resulting from the self-administration of medication. The school district shall provide written notification to the parent or guardian of a student that the school and its employees and agents are not liable for any injury resulting from the self-administration of medication.

Waiver of Liability

The parent or guardian of the student shall sign a statement acknowledging that the school incurs no liability for any injury resulting from the self-administration of medication and agreeing to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication. The provisions of this policy shall expire on June 30, 2005 (Kansas Law.)

Approved: KASB Recommendation – 6/04

Permission for Self-Administration of Medication

Name of Student _____

School_____Grade _____

Teacher _____

Medication _____Dosage _____

Date Started _____

Conditions under which the medication is to be given:

_____

Any additional circumstances under which the medication is to be given:

_____

Length of time mediation is to be administered:

_____

I hereby give my permission for **(name of student)** to administer the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I acknowledge that the school incurs no liability for any injury resulting from the self-administration of medication and agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

My child has been instructed on self-administration of the medication and is authorized to do so in school.

Signature of Parent or Guardian

_____

Date _____

Signature of Health Care Provider

_____

Date _____

Approved:

To: Representative Jim Morrison, Chairman
Members of the Health and Human Services Committee

From: Diane Glynn JD, RN
Practice Specialist
Kansas State Board of Nursing

Date: March 17, 2005

SB10

Good afternoon Mr. Chairperson and members of the committee. My name is Diane Glynn and I am the Practice Specialist of the Kansas State Board of Nursing.

The Kansas State Board of Nursing met on March 17, 2005 and would like to offer the following comments on SB10. The Board supports the bill and its purpose. The Kansas Nurse Practice Act (KNPA) at KSA 65-1124(k) authorizes unlicensed persons to perform nursing activities (ie, administering medications and supervising self administration of medications) if they have been delegated by a nurse. The Healing Arts Act (HHA) also allows this to occur if delegated by a physician. The bill currently sets up and follows this delegation authority by a physician, ARNP or PA.

However, on page 2 at lines 25 through 27 the language creates a conflict with the KNPA. It allows an unlicensed person, the school administrator designate an unlicensed person to oversee self administration of medication by students. KSBN feels it would be best to delete that language which would leave the delegation process in place and under the oversight of the child's health care provider.

In conclusion, KSBN does support SB10 with an amendment to remove lines 25 to 27 on page 2.

Thank you and I will stand for questions.

Attachment 8
HHS 3-21-05

WICHITA
PUBLIC SCHOOLS

Division of Special Education/Support Services
Neil Guthrie, Division Director
316-973-4425; FAX: 973-4492

Alvin E Morris Administrative Center
201 N. Water - Second Floor
Wichita, Kansas 67202

March 17, 2005, Amended March 18, 2005

Representative Morrison and members of the committee:

My name is Kathy Hubka. I am the Coordinator of Health Services for Wichita Public Schools. I serve on the Board of Directors for Kansas School Nurse Organization. Thank you for the opportunity to discuss Senate Bill 10.

This bill has come a long ways! I want to thank everyone for their diligence in drafting a bill that is well on its way to provide for the safety and well being of Kansas children diagnosed with asthma and/or life threatening allergies.

I am aware that there are concerns because the age requirement was lowered to include kindergarten students. However, the bill includes the requirement that an assessment of the student's skill level be completed prior to authorizing self-administration of the medication. This assessment is a vital component in determining whether it is appropriate for any student to self-administer their medication. A registered professional school nurse has the expertise needed to work with the family's health care provider, parent and student in making that determination.

Therein, lies the concern. On page 2, line 25 thru 27, it states, "If there is no school nurse, the school shall designate a person to act in the place of the school nurse for the purposes of this subsection". This sentence is in direct conflict with language in the Kansas Nurse Practice Act, which governs nursing practice in all health related settings. K.A.R. 60-15-101 through 60-15-104 (documentation #1) speaks directly to services provided by nurses in the school setting.

The nurse is an integral part of ensuring the safety and well being of the student and the school community. I propose the deletion of that sentence from the bill. With this one change, the bill will allow the primary health care provider in the school, the nurse, along with the student and parent to determine the most appropriate plan of care. It is not wise to expect a non-nurse who does not have the educational background in nursing to assess and determine if a student as young as five has the maturity and knowledge level to carry and self-administer an inhaler, spacer and/or Epinephrine auto-injector in an emergency situation. It is suggesting that a non-nurse practice nursing, which is a violation of the Kansas Nurse Practice Act.

Attachment 9
HHS 3-21-05

Representatives of The National Asthma Education and Prevention Program, working with the National Heart, Lung, and Blood Institute, National Institutes of Health developed a guidance sheet to assist Health Care Providers who prescribe emergency medication (Documentation #2). They stress cooperation between health care providers prescribing medication, school nurses and parents when determining if it is appropriate for students to self-administer medication. Other organizations supporting this document include American Lung Association, American School Health Association, American Academy of Family Physicians, The American Academy of Pediatrics and National Association of School Nurses, to name a few. The school nurse is key to the success of the health and safety of the student.

I am also including the National Asthma Education and Prevention Program Resolution on Asthma Management at School (Documentation #3). The goal for students is that they learn to self-manage their health condition. The resolution recommends that a school nurse supervise health services provided to the students. I agree with this resolution. Students need to become independent in their health care. However, their knowledge comes in stages. It is essential that the school nurse be involved in this process.

It is my hope that you consider and make the change I have recommended. This change is necessary so that the bill conforms to the language in the Kansas Nurse Practice Act. It is necessary because it further promotes the safety and well being of our children in the school community.

Once again, I do want to thank you for the time and energy that has been spent in drafting a bill that truly reflects the interests and welfare of our most important resource, our children.

Kathy Hubka RN, BSN, NCSN
Coordinator of Health Services
Wichita Public Schools

PERFORMANCE OF SELECTED NURSING PROCEDURES IN SCHOOL SETTINGS

60-15-101. Definitions and functions.

(a) Each registered professional nurse in the school setting shall be responsible for the nature and quality of all nursing care that a student is given under the direction of the nurse in the school setting. Assessment of the nursing needs, the plan of nursing action, implementation of the plan, and evaluation of the plan shall be considered essential components of professional nursing practice and shall be the responsibility of the registered professional nurse.

(b) In fulfilling nursing care responsibilities, any nurse may perform the following:
  (1) Serve as a health advocate for students receiving nursing care;
  (2) counsel and teach students, families, and groups about health and illness;
  (3) promote health maintenance;
  (4) serve as a health consultant and a resource to teachers and administrators who are providing students with health services during school attendance hours; and
  (5) utilize nursing theories, communication skills, and the teaching-learning process to function as part of the interdisciplinary evaluation team.

(c) The services of a registered professional nurse may be supplemented by the delegation of selected nursing tasks or procedures to unlicensed personnel under supervision by the registered professional nurse.

(d) "Unlicensed person" means anyone not licensed as a registered professional or licensed practical nurse.

(e) "Delegation" means authorization for an unlicensed person to perform selected nursing tasks or procedures in the school setting under the direction of a registered professional nurse.

(f) "Activities of daily living" means basic caretaking or specialized caretaking.

(g) "Basic caretaking" means the following tasks:
  (1) Bathing;
  (2) dressing;
  (3) grooming;
  (4) routine dental, hair, and skin care;
  (5) preparation of food for oral feeding;
  (6) exercise, excluding occupational therapy and physical therapy procedures;
  (7) toileting, including diapering and toilet training;
  (8) handwashing;
  (9) transfer; and
  (10) ambulation.

(h) "Specialized caretaking" means the following procedures:
  (1) Catheterization;
  (2) ostomy care;
  (3) preparation and administration of gastrostomy tube feedings;
  (4) care of skin with damaged integrity or potential for this damage;
  (5) administration of medications; and
  (6) performance of other nursing procedures as selected by the registered professional nurse.

(i) "Anticipated health crisis" means previously diagnosed condition that, under predictable circumstances, may lead to an imminent risk to the student's health.

(j) "Investigational drug" means a drug under study to determine safety and efficacy in humans for a particular indication under 21 C.F.R. Part 312, as in effect on April 1, 1997.

(k) "Nursing judgment" means the exercise of knowledge and discretion derived from the biological, physical, and behavioral sciences that requires special education or curriculum.

(l) "School attendance hours" means those hours of attendance as defined by the local educational agency or governing board.

(m) "School setting" means any public or nonpublic school learning environment during regular school attendance hours, except those settings falling within the provisions of K.S.A. 1997 Supp. 65-1124, and amendments thereto.

(n) "Supervision" means provision of guidance by a nurse as necessary to accomplish a nursing task or procedure, including initial direction of the task or procedure and periodic inspection of the actual act of accomplishing the task or procedure.

(o) "medication" means any drug required by the federal or state food, drug, and cosmetic acts to bear on its label the legend "Caution: Federal law prohibits dispensing without prescription," and any drugs labeled as investigational drugs or prescribed for investigational purposes.

(p) "Task" means an assigned step of a nursing procedure.

(q) "Procedure" means a series of steps followed in a regular, specific order that is part of a defined nursing practice.

History: (Authorized by and implementing K.S.A. 1997 Supp. 65-1124; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998.)

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60-15-102. Delegation procedures. Each registered professional nurse who delegates nursing tasks or procedures to a designated unlicensed person in the school setting shall comply with the following requirements.

(a) Each registered professional nurse shall perform the following:
  (1) Assess each student's nursing care needs;
  (2) formulate a plan of care before delegating any nursing task or procedure to an unlicensed person; and
  (3) formulate a plan of nursing care for each student who has one or more long-term or chronic health conditions requiring nursing interventions.

(b) The selected nursing task or procedure to be delegated shall be one that a reasonable and prudent nurse would determine to be within the scope of sound nursing judgment and that can be performed properly and safely by an unlicensed person.

(c) Any designated unlicensed person may perform basic caretaking tasks or procedures as defined in K.A.R. 60-15-101(b) without delegation. After assessment, a nurse may delegate specialized caretaking tasks or procedures as defined in K.A.R. 60-15-101(b) to a designated unlicensed person.

(d) The selected nursing task or procedure shall be one that does not require the designated unlicensed person to exercise nursing judgment or intervention.

(e) When an anticipated health crisis that is identified in a nursing care plan occurs, the unlicensed person may provide immediate care for which instruction has been provided.

(f) The designated unlicensed person to whom the nursing task or procedure is delegated shall be adequately identified by name in writing for each delegated task or procedure.

(g) The registered professional nurse shall orient and instruct unlicensed persons in the performance of the nursing task or procedure. The registered professional nurse shall document in writing the unlicensed person's demonstration of the competency necessary to perform the delegated task or procedure. The designated unlicensed person shall co-sign the documentation indicating the person's concurrence with this competency evaluation.

(h) The registered professional nurse shall meet these requirements:
  (1) Be accountable and responsible for the delegated nursing task or procedure;
  (2) at least twice during the academic year, participate in joint evaluations of the services rendered;
  (3) record services performed; and
  (4) adequately supervise the performance of the delegated nursing task or procedure in accordance with the requirements of K.A.R. 60-15-103 of this article.

History: (Authorized by and implementing K.S.A. 1997 Supp. 65-1124; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998.)

60-15-103. Supervision of delegated tasks or procedures. Each registered professional or licensed practical nurse shall supervise all nursing tasks or procedures delegated to a designated unlicensed person in the school setting in accordance with the following conditions.

(a) The registered professional nurse shall determine the degree of supervision required after an assessment of appropriate factors, including the following:
  (1) The health status and mental and physical stability of the student receiving the nursing care;
  (2) the complexity of the task or procedure to be delegated;
  (3) the training and competency of the unlicensed person to whom the task or procedure is to be delegated; and
  (4) the proximity and availability of the registered professional nurse to the designated unlicensed person when the selected nursing task or procedure will be performed.

(b) The supervising registered professional nurse may designate whether or not the nursing task or procedure is one that may be delegated or supervised by a licensed practical nurse.

(c) Each delegating registered professional nurse shall have a plan to provide nursing care when the delegating nurse is absent.

History: (Authorized by and implementing K.S.A. 1997 Supp. 65-1124; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998

60-15-104. Administration of medications in the school setting. A registered professional nurse shall delegate the procedure of administering medications only in accordance with K.A.R. 60-15-101 through K.A.R. 60-15-103.

(a) A registered professional nurse may delegate the procedure of administering medications to unlicensed persons if all of these conditions are met.
   (1) The initial dose of a medication has been previously administered to the student.
   (2) The administration of the medication does not require dosage calculation. Measuring a prescribed amount of liquid medication or breaking a scored tablet for administration shall not be considered calculation of the medication dosage.
   (3) The nursing care plan requires administration by accepted methods of administration other than those listed in subsection (b).

(b) The registered professional nurse shall not delegate the procedure of administrating medication to unlicensed persons when administered by any of these means:
   (1) By intravenous route;
   (2) by intramuscular route, except when administered in an anticipated health crisis;
   (3) through intermittent positive pressure breathing machines; or
   (4) through any tube inserted into the body, except through an established feeding tube directly inserted into the abdomen.

History: (Authorized by and implementing K.S.A. 1997 Supp. 65-1124; effective, T-89-23, May 27, 1988; amended, T-60-9-12-88, Sept. 12, 1988; amended Feb. 13, 1989; amended Sept. 2, 1991; amended Sept. 11, 1998.

When Should Students With Asthma or Allergies Carry and Self-Administer Emergency Medications at School?

Guidance for Health Care Providers Who Prescribe Emergency Medications

Physicians and others authorized to prescribe medications, working together with parents and school nurses, should consider the list of factors below in determining when to entrust and encourage a student with diagnosed asthma and/or anaphylaxis to carry and self-administer prescribed emergency medications at school.

Most students can better manage their asthma or allergies and can more safely respond to symptoms if they carry and self-administer their life saving medications at school. **Each student should have a personal asthma/allergy management plan on file at school that addresses carrying and self-administering emergency medications**. If carrying medications is not initially deemed appropriate for a student, then his/her asthma/allergy management plan should include action steps for developing the necessary skills or behaviors that would lead to this goal. All schools need to abide by state laws and policies related to permitting students to carry and self-administer asthma inhalers and epinephrine auto-injectors.

Health care providers should assess student, family, school, and community factors in determining when a student should carry and self-administer life saving medications. **Health care providers should communicate their recommendation to the parent/guardian and the school**, and maintain communication with the school, especially the school nurse. Assessment of the factors below should help to establish a profile that guides the decision; however, responses will not generate a "score" that clearly differentiates students who would be successful.

Student factors:

- Desire to carry and self-administer
- Appropriate age, maturity, or developmental level
- Ability to identify signs and symptoms of asthma and/or anaphylaxis
- Knowledge of proper medication use in response to signs/symptoms
- Ability to use correct technique in administering medication
- Knowledge about medication side effects and what to report
- Willingness to comply with school's rules about use of medicine at school, for example:
  - Keeping one's bronchodilator inhaler and/or auto-injectable epinephrine with him/her at all times;
  - Notifying a responsible adult (e.g., teacher, nurse, coach, playground assistant) during the day when a bronchodilator inhaler is used and *immediately* when auto-injectable epinephrine is used;
  - Not sharing medication with other students or leaving it unattended;
  - Not using bronchodilator inhaler or auto-injectable epinephrine for any other use than what is intended;
- Responsible carrying and self-administering medicine at school in the past (e.g. while attending a previous school or during an after-school program).

NOTE: Although past asthma history is not a sure predictor of future asthma episodes, those children with a history of asthma symptoms and episodes might benefit the most from carrying and self-administering emergency medications at school. It may be useful to consider the following.

- Frequency and location of past sudden onsets
- Presence of triggers at school
- Frequency of past hospitalizations or emergency department visits due to asthma

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Parent/guardian factors:

- Desire for the student to self-carry and self-administer
- Awareness of school medication policies and parental responsibilities
- Commitment to making sure the student has the needed medication with them, medications are refilled when needed, back-up medications are provided, and medication use at school is monitored through collaborative effort between the parent/guardian and the school team

School and community factors:

In making the assessment of when a student should carry and self-administer emergency medicines, it can be useful to factor in available school resources and adherence to policies aimed at providing students with a safe environment for taking medicines. Such factors include:

- Presence of a full-time school nurse or health assistant in the school all day every day
- Availability of trained staff to administer medications to students who do not self-carry and to those who do (in case student looses or is unable to properly take his/her medication); to monitor administration of medications by students who do self-carry
- Provision for safe storage and easy, immediate access to students' medications for both those who do not self-carry and for access to back-up medicine for those who do
- Close proximity of stored medicine in relationship to student's classroom and playing fields
- Availability of medication and trained staff for off-campus activities
- Communication systems in school (intercom, walkie-talkie, cell phones, pagers) to contact appropriate staff in case of a medical emergency
- Past history of appropriately dealing with asthma and/or anaphylaxis episodes by school staff
- Provision of opportunities for asthma and anaphylaxis basic training for school staff (including after-school coaches and bus drivers)

NOTE: The goal is for all students to eventually carry and self-administer their medications. However, on one hand, if a school has adequate resources and adheres to policies that promote safe and appropriate administration of life-saving medications by staff, there may be less relative benefit for younger, less mature students in this school to carry and self-administer their medication. On the other hand, if sufficient resources and supportive policies are NOT in place at school, it may be prudent to assign greater weight to student and family factors in determining when a student should self-carry.

This guidance sheet was developed as a partnership activity facilitated by the NAEPP, coordinated by the NHLBI of the NIH/DHHS

March 2005

National Asthma Education and Prevention Program

National Asthma Education and Prevention Program
Resolution on Asthma Management at School

Asthma affects nearly 5 million children in the United States—about 1 child in every 14. This chronic lung disease causes unnecessary restriction of childhood activities and is a leading cause of school absenteeism. Asthma is controllable, however. With proper treatment and support, children with asthma can lead fully active lives.

The National Asthma Education and Prevention Program (NAEPP) believes that schools should adopt policies for the management of asthma that encourage the active participation of students in the self-management of their condition and allow for the most consistent, active participation in all school activities. These policies should allow:

- A smoke-free environment for all school activities.
- Access to health services supervised by a school nurse. These services should include identification of students with asthma; a written asthma management plan for each student with asthma; appropriate medical equipment; and the support of an adult, as appropriate, to evaluate, monitor, and report on the administration of medication to the parent/guardian and/or health provider.
- A written medication policy that allows safe, reliable, and prompt access to medications in the least restrictive way during all school-related activities and self-managed administration of medication (including consideration of allowing students to carry and self-administer medications) consistent with the needs of the individual child and the safety of others.
- A school-wide emergency plan for handling severe exacerbations of asthma.
- Staff development for all school personnel on school medication policies, emergency procedures, and procedures for communicating health concerns about students.
- Development of a supportive and healthy environment that respects the abilities and needs of each student with asthma.

NAEPP Coordinating Committee Organizations

Agency for Health Care Policy and Research ● Allergy and Asthma Network/Mothers of Asthmatics ● American Academy of Allergy, Asthma, and Immunology ● American Academy of Family Physicians ● American Academy of Pediatrics ● American Academy of Physician Assistants ● American Association for Respiratory Care ● American Association of Occupational Health Nurses ● American College of Allergy, Asthma, and Immunology ● American College of Chest Physicians ● American College of Emergency Physicians ● American Lung Association ● American Medical Association ● American Nurses Association ● American Pharmaceutical Association ● American Public Health Association ● American School Health Association ● American Society of Health-System Pharmacists ● American Thoracic Society ● Association of State and Territorial Directors of Public Health Education ● Asthma and Allergy Foundation of America ● Centers for Disease Control and Prevention ● National Association of School Nurses ● National Black Nurses Association ● National Center for Environmental Health ● National Center for Health Statistics ● National Heart, Lung, and Blood Institute ● NHLBI Ad Hoc Committee on Minority Populations ● National Institute for Occupational Safety and Health ● National Institute of Allergy and Infectious Diseases ● National Institute of Environmental Health Sciences ● National Medical Association ● Society for Public Health Education ● U.S. Environmental Protection Agency ● U.S. Public Health Service

Coordinated by the National Heart, Lung, and Blood Institute, National Institutes of Health

For additional information, contact the NAEPP at 301–592–8573 (phone) or 301–592–8563 (fax)

Attachment 12
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Subject: Testimony Regarding SB10 – An Act concerning schools and school districts; relating to the self-administration of medication

To: Kansas House Health and Human Services Committee

Date: March 17, 2005, Amended March 18, 2005

From: Cynthia A. Galemore RN, BSN, MSEd, NCSN, Coordinator of Health Services – Olathe District Schools and State Director to the National Association of School Nurses

Thank you very much for the opportunity to discuss Senate Bill No. 10, an Act concerning schools and school districts; relating to the self-administration of medication. I am very pleased to see legislation concerning chronic health conditions of children in our state as it speaks to a growing problem affecting the quality of many children's lives. More importantly, it speaks to another factor that impacts student learning being dealt with daily in our schools and points to the need for management by qualified professionals namely registered professional nurses. Estimates on the incidence of asthma in children vary from 6 to 12%, and a recent study by the CDC showed that 5% of children in the United States had an asthma attack within the past 12 months (cdc.gov/od/oc/media/pressrel/ro40331.htm). Further, the incidence of children with life-threatening allergies are increasing. Thus, School Nurses take this topic very seriously. Through regulations of Section 504 of the Rehabilitation Act of 1973, students who need immediate access to medications can be provided access. Still, SB 10 speaks to the numbers of children and youth who deal with asthma and severe allergies.

For the most part, I am supportive of the bill as written. We are fortunate in Olathe District Schools to have a full time registered professional nurse in every school building. Prior to the passage of SB340 last legislative session, we allowed self-administration of inhalers at the junior and senior high level, with little incident. To comply with the legislation, our school district revised our policy to additionally allow students to self-administer in grades four through six; though we continued to believe that most elementary students need and benefit from the assistance and supervision provided by a qualified health professional. In preparation for my testimony today, I asked Olathe school nurses to provide me with information regarding the implementation of this new policy. Following is the feedback I received:

1. Several elementary nurses reported that no parents had requested self-administration of medication by their students.
2. Six out of 30 elementary school nurses did report receiving orders for self-administration with all six reporting that elementary students for the most part have not proven to be mature enough to handle the responsibility – four of my elementary nurses reported that students had lost their inhalers, thus, not having it available when needed. The back up medication portion of this legislation speaks to this concern, but many parents cannot afford to purchase a back up inhaler

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and/or Epipen for the school. Another school nurse commented on the inhaler being empty and expired without student acknowledgement.

3. Further, several elementary nurses spoke to the concern that approximately one half of their students with asthma do not receive proper instruction on how to use the inhaler and/or do not successfully demonstrate instruction they have received: the difference between a quick-relief and a long-term controller medication, how to use a spacer, how long to hold inhalation, how much time to wait between puffs and the difference in waiting between puffs if using the medication preventively versus if having symptoms of breathing difficulty. Even with proper instruction, students often rush their medication due to pressures inherent in the school setting (anxious to join student activities). This data supports the need for the student to demonstrate to the school nurse or such nurse's designee the skill level necessary to use the medication as provided for in the proposed legislation.
4. School nurses also voiced concern regarding the lack of record keeping with self-administration both in identifying if a student is waiting the prescribed time between doses and if frequency of medication use is pointing to a student having difficulty with his/her asthma necessitating contact with their health provider and/or the use of additional medication. For this reason alone, it is unrealistic to believe that most children in lower elementary school are capable of safe self-administration especially when they have not yet learned how to tell time.

Documents that speak specifically to all of the factors involved in determining student eligibility can be found at following web sites:
http://www.nhlbi.nih.gov/health/prof/lung/asthma/emer_med.pdf "When Should Students With Asthma or Allergies Carry and Self-Administer Emergency Medications at School?"
http://www.nhlbi.nih.gov/health/prof/lung/asthma/asth_act_plan_frm.pdf "Is the Asthma Action Plan Working? A Tool for School Nurse Management."
http://www.nhlbi.nih.gov/health/public/lung/asthma/resolut.pdf "National Asthma Education and Prevention Program Resolution on Asthma Management at School.

Indeed, the decision to allow a student to self-carry medication requires a thorough assessment not only by the health care provider, but also by the school nurse – a licensed registered professional nurse. A school nurse identifies students with history of asthma upon admission to school; reviews medical orders to deem appropriateness of the medication; develops a written asthma management plan specific to each student; assures that needed equipment is available as well as a supportive adult to evaluate, monitor and report on the administration of medication to the parent and/or health provider. Upon first becoming a school nurse, most registered nurses require additional knowledge/training, not to mention ongoing workshops to attain and maintain these asthma management skills. When elementary schools are fortunate enough to have a full time school nurse, the supervision and documentation of medication administration by such a health professional provides the safest care for students. For schools without a full time nurse, review by a registered professional nurse is essential, and the need to allow self-administration in the elementary setting becomes more of a consideration.

On conclusion, I recommend the language on lines 4 and 5 of page two be changed to "grades 4 through 12" realizing that regulations already in effect from Section 504 of the Rehabilitation Act of 1973 require accommodation plans for students in all grades, including three and below, whose physical condition would necessitate self-administration (i.e. walking to and from school, while riding the bus). Finally, I am hopeful that the descriptions of necessary considerations provided in the discussion above speak to the absolute necessity of the school utilizing no less than a "registered professional nurse" to determine student skill level. Therefore, I do strongly encourage the removal of the last sentence of 4.b.2. on lines 25 through 27 of page 2: "If there is no school nurse, the school shall designate a person to act in the place of the school nurse for the purposes of this subsection."

Thank you for your consideration of these changes.

AMERICAN LUNG ASSOCIATION®
of Kansas

To Members of the Kansas House Health and Human Services Committee
Re: SB 10 Student Self-Medication Policies
Presented by Judy Keller, Executive Director
March 17, 2005

Asthma is a chronic condition that requires lifetime ongoing medical intervention. With proper treatment, asthmatics can lead normal, healthy lives, but without it asthma can be deadly. Twenty million Americans have asthma. In Kansas approximately 37,000 asthmatics are under the age of 18 and have had an asthma attack in the past year. We have had Kansas children die as a result of an asthma attack while on school property.

The American Lung Association of Kansas applauds Senate Bill 10 because it allows properly diagnosed and managed asthmatic children to carry their own medications and is consistent with the US Centers for Disease Control and Prevention, "Strategies for Addressing Asthma within a Coordinated School Program."

We agree with the National Association of School Nurses, whose policy statement says, "….children have the right to easily accessible quick relief inhalers, including the right to carry these inhalers and self-administer medications when developmentally able."

Concerns expressed about possible scenarios in which a non asthmatic child takes a puff of another's medication are answered by Steven Simpson, MD, Associate Professor of Medicine, Division of Pulmonary Disease and Critical Care Medicine, University of Kansas, "The risk of a student dying from lack of an epinephrine auto-injector or of appropriate medication for an acute asthma attack is far, far greater than the risk of harm from taking an inappropriate dose of either medication."

SB 10 is sound public policy and it will allow Kansas to be eligible for federal funding of asthma education programs. **US House Resolution 2023 gives preference in funding to states that require schools to allow elementary and secondary students to self administer asthma and anaphylaxis medication.**

Most children have mild to moderate asthma problems, and their illness can be controlled by regular treatment at home or in the doctor's office. Most Kansas school districts have adequate policies in place to provide for children to carry their own medications. Senate Bill 10 ensures that all children in all our schools have life saving medication when they need it.

Thank you.

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House Health and Human Services Committee
SB10; Concerning self-administration of medication in schools

Testimony of the Kansas Medical Society
March 17, 2005

The Kansas Medical Society appreciates the opportunity to comment in support of SB 10, which updates Kansas law enacted in 2004 to allow self-administration of medications by students, when authorized by the student's health care provider. We support enactment of this legislation. It represents a common sense approach to authorizing self-administration of medications at school facilities in situations where time is of the essence. This authorization eliminates unnecessary administrative and legal barriers between children and their receipt of easily administered potentially life-saving medications. We urge you to report this bill favorably for passage.

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駐堪薩斯台北經濟文化辦事處

TAIPEI ECONOMIC AND CULTURAL OFFICE IN KANSAS CITY

PENNTOWER OFFICE CENTER
3100 BROWADWAY, SUITE 800, KANSAS CITY, MISSOURI 64111
TEL: (816) 531-1298 ext. 101 FAX: (816) 561-3066 E-MAIL: keteco@taiwan-keteco.org

March 16, 2005

Hon. Jim Morrison
Chairman, Health and Human Services Committee
Kansas House of Representatives
State Capitol Building
300 SW 10th, Topeka 66612-1504

Dear Chairman Morrison,

I am submitting the attached memo confirming the House Concurrent Resolution No. 5013. Thank you for your time and energy in considering this resolution.

Sincerely,

Joseph Chang
Consular Officer
Taipei Economic and Cultural Office in KC
Tel: 816-5311298 ext.108
Fax: 816-5313066

Attachment 16
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駐堪薩斯台北經濟文化辦事處

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- Since 1997, Taiwan has requested to become an observer to the World Health Assembly, an annual conference held by the World Health Organization. Taiwan has not yet succeeded after trying 8 times. This year Taiwan will continue to try for the 9th time.
- Taiwan is the 15th largest trading nation in the world. However, being a hub of trade may also serve as a hub of epidemics and diseases. In 2003, Taiwan registered 5.92 million outbound travelers and 2.25 million inbound visitors. Between March and July 2003, Taiwan was hit by the SARS epidemic. The WHO's exclusion of Taiwan constitutes a loophole in its global disease prevention network. Not only the 23 million people of Taiwan suffer from this health apartheid, but also the rest of the world community is paying a high cost.
- The Holy See, Palestine, the Order of Malta and the International Committee of the Red Cross are observers of the WHA. Puerto Rico is an associate member of the WHO, and 192 countries are members of the WHO. But for Taiwan, its humble request for observer status was refused 8 times.
- The United States is a strong supporter of Taiwan's participation in the WHO. Every year, the US Congress and many state legislatures pass bills to express their support. The Bush Administration has also made it clear that it fully supports Taiwan's WHO bid. President George W. Bush, in a statement released on June 14, 2004, when signing into law an act (S. 2092) concerning participation of Taiwan in the WHO, said, "The United States fully supports the participation of Taiwan in the work of the World Health Organization, including observer status. The United States has expressed publicly its firm support for Taiwan's observer status and will continue to do so." On April 21, 2004, at a hearing on Taiwan held by the US House International Relations Committee, James Kelly, the then Assistant Secretary of State for East Asian and Pacific Affairs, testified, " We actively support observer status for Taiwan in the World Health Organization. We want to find a way forward for Taiwan's participation in the World Health Assembly that will receive broad support among WHO Member States….Taiwan can certainly count on the United States to vote in favor of including the Taiwan observership issue on the World Health Assembly agenda should the issue come to a vote."
- As Taiwan has not yet succeeded in obtaining the WHA observer status, and is trying again this May for the 9th time, Taiwan calls on her friends to continue to show their support and stand by Taiwan in her pursuit for justice.