

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:30 P.M. on February 17, 2005 in Room 231-N of the Capitol.

All members were present.

Committee staff present:

Emalene Correll, Kansas Legislative Research Department  
Terri Weber, Kansas Legislative Research Department  
Norm Furse, Office of Revisor of Statutes  
Whitney Nordstrom, Committee Secretary

Conferees appearing before the committee:

Richard Morrissey, Interim Director of Health, KDHE  
Joseph Connor, KALHD  
Judy Moler, Kansas Association of Counties  
Marcia Nielsen, KUMC  
Gianfranco Pezzino, Kansas Health Institute

Others attending:

See attached list.

### **Hearing on SB 216**

#### **SB 216– Infectious or contagious diseases, quarantine and isolation of individuals**

Upon calling the meeting to order the Chairperson announced there would be a hearing on **SB 216**, an act concerning infectious and contagious diseases; powers and duties of local health officials and the secretary of health and environment in investigating infectious or contagious diseases; quarantine or isolation of certain individuals. The Chair asked Mr. Norm Furse, Revisor of Statutes, to give a brief overview of the bill.

As there were no questions and/or comments for Mr. Furse, Chairperson Barnett called upon the first proponent conferee to testify. Richard Morrissey, Interim Director of Health, KDHE, stated that **SB 216** is intended to clarify and add to the authority of local health officers and the Secretary to issue and enforce isolation and quarantine orders. Isolation and quarantine are two common public health strategies designed to protect the public by preventing exposure to infected or potentially infected persons. A copy of his testimony is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

The Chair called upon the second proponent conferee to testify. Joseph Connor, Kansas Association of Local Health Departments, stated that KALHD has had significant input into the development of **SB 216**. He also stated that this bill is not only a modernization of the quarantine and isolation laws, it is also a way to protect the due process rights of the citizens of Kansas in case of an event requiring isolation and/or quarantine. A copy of his testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

The third proponent conferee to testify was Judy Moler, Legislative Services Director, Kansas Association of Counties. Ms. Moler stated that KAC worked with KDHE to craft this bill. This bill is a modernization of the quarantine and isolation laws, and it is also a way to protect the due process rights of the citizens of Kansas in case of an event requiring isolation and/or quarantine. A copy of her testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

Chairperson Barnett called upon the fourth proponent conferee to testify Marcia Nielsen, Assistant Professor, University of Kansas Medical Center. Ms. Nielsen stated that given the importance of this issue, and the demonstrated speed and danger that infectious diseases pose, she believes that the State's quarantine laws must be updated to reflect modern emerging infectious disease threats. A copy of her testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

The final proponent conferee to testify was Gianfranco Pezzino, Kansas Health Institute. Dr. Pezzino stated

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on February 17, 2005 in Room 231-N of the Capitol.

in his testimony that **SB 216** accomplishes two purposes, both consistent with principles included in the Model State Public Health Act. A copy of his testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

The Chair called the Committee's attention to the written testimony provided by Chad Austin, Kansas Hospital Association, in support of **SB 216**. A copy of his testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

As there were no opponent or neutral conferees to testify the Chair closed the hearing on the above bill.

**Final Action on SB 154**

**SB 154– Food service standards for public schools**

The next order of business was for the Committee to take final action on **SB 154**, an act relating to food and beverages available to students in Kansas school districts; providing for the adoption of certain standards. Chairperson Barnett asked Mr. Norm Furse to give a brief overview of the bill and its amendments. A copy of the amendments is (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Mr. Norm Furse, Senator V. Schmidt motioned to accept the amendments to SB 154. Senator Wagle seconded the motion. Motion Passed.

Senator V. Schmidt motioned to pass the legislation as amended favorably. Senator Wagle seconded the motion. Motion Passed.

**Final Action on SB 183**

**SB 183– Scope of practice of federally active licensees under the healing arts act**

The next order of business was for the Committee to take final action on **SB 183**, an act concerning federally active licenses under the Kansas healing arts act; amending K.S.A. 65-2809 and repealing the existing section. The Chair asked that Mr. Norm Furse give a brief overview of the bill and its amendments. A copy of the amendments is (Attachment 8) attached hereto and incorporated into the Minutes as referenced.

Senator Brungardt motioned to accept only the second amendment to SB 183. Senator Jordan seconded the motion. Motion Passed.

Senator Brungardt motioned to pass the legislation favorably as amended. Senator Wagle seconded the motion. Motion Passed.

**Final Action on SB 216**

**SB 216– Infectious or contagious diseases, quarantine and isolation of individuals**

The next order of business was for the Committee to take final action on **SB 216**, an act concerning infectious and contagious diseases; powers and duties of local health officials and the secretary of health and environment in investigating infectious or contagious diseases; quarantine or isolation of certain individuals.

Senator Journey motioned to pass the legislation favorably. Senator V. Schmidt seconded the motion. Motion Passed.

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**Adjournment**

As there was no further business, the meeting was adjourned at 2:20 p.m.

The next meeting scheduled for Tuesday, February 22, 2005.

GUEST LIST

DATE: February 17, 2005

NAME	REPRESENTING
Joe Connor	KS Assn. of Local Health Depts.
Julie Melin	KAC
Elic Smith	Ks Assn. of Local Health Depts.
Susan Kang	KDHE
Marci Nielsen	KS-SOM, Dept. of Health Policy
Chad Austin	KHA
Dick Morrissey	KDHE
LARRY BUENING	BD OF HEALING ARTS
Phil Griffin	KDHE
Sharon Patnode	KDHE
Ron Seiber	
Jenny Davis	Conlee Consulting
Lindy D'Ercole	Kansas Action for Children
Jodi Mackey	Ks Dept of Ed



# K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

**Testimony on Senate Bill No. 216  
Concerning Infectious Diseases – Quarantine and Isolation  
Before the  
Senate Committee on Public Health and Welfare**

**Richard Morrissey  
Interim Director, Division of Health**

**February 17, 2005**

Chairman Barnett, members of the committee, I am Dick Morrissey, Interim Director of the Division of Health. The Department appreciates this opportunity to discuss with you legislation that addresses what we believe to be a critical public health issue. Senate Bill No. 216 is intended to clarify – and add to – the authority of local health officers and the Secretary to issue and enforce isolation and quarantine orders. Isolation and quarantine are two common public health strategies designed to protect the public by preventing exposure to infected or potentially infected persons.

- In general, **isolation** refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Isolation is a standard procedure used in hospitals today for patients with tuberculosis and certain other infectious diseases.
- **Quarantine**, in contrast, generally refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy, like isolation, that is intended to stop the spread of infectious disease.
- Both isolation and quarantine may be conducted on a voluntary basis or compelled on a mandatory basis through legal authority.

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*Senator Barber's Health & Welfare  
2-17-05 Attachment #1*



Several statutes and regulations in Kansas address isolation and quarantine of individuals for public health purposes. Most of them have been on the books unchanged for many years and have rarely been used, especially in situations requiring isolation of multiple individuals at the same time. New emerging diseases such as SARS, and the possibility of the intentional release of a biological agent (bioterrorism), have brought the need to use large-scale isolation and quarantine back into the realm of possibility. Changes in state law, similar to this, are part of a national effort recommended by the Centers for Disease Control and Prevention dealing with bioterrorism threats and are being undertaken across the country. A number of states have passed comprehensive public health statutory reform legislation that includes similar provisions for isolation and quarantine, and others have passed legislation similar to this, limited to updating the authority for isolation and quarantine.

Since September 11, 2001, we have all become more sensitive about the potential for infectious disease outbreaks which might call for expanded quarantine efforts, even though we haven't yet experienced such situations in Kansas. However, the SARS outbreak and the experience in several countries in 2003 caused public health officials to re-evaluate existing capacity to implement isolation and quarantine measures. A variety of different quarantine measures were employed in March, 2003 in Toronto at the height of the outbreak. These included quarantine of groups of individuals; home quarantine; and work quarantine, where exposed workers were allowed to continue to work (as long as they were not symptomatic), but were required to follow home quarantine guidelines when not working. All area hospitals were required to create isolation units for SARS patients, limit visitors, and implement protective clothing procedures for exposed staff. Other less coercive measures were also employed; these included the closure of schools and day care facilities and the cancellation or postponement of large public events.

Considering the very real threats from emerging infectious diseases and threat of intentional release of biological agents, KDHE and other state health departments are moving to ensure that the necessary authority for public health safeguards is in place, while also assuring that individual rights are protected with appropriate due process.

This bill establishes three protections for persons who are subject to compulsory isolation or quarantine and expands the authority of local health officers and the Secretary in two important ways. The bill contains the following key elements:

- 1) The provision for individuals ordered to isolation or quarantine to appeal the order to a court .
- 2) The provision of counsel for individuals who are not represented by counsel in court proceedings related to appeals from quarantine or isolation orders.
- 3) A provision making it unlawful for any public or private employer to discharge an employee who is under an order of isolation or quarantine because of such order.
- 4) The authority of public health officials to issue quarantine orders affecting groups of exposed individuals, such as passengers arriving on a certain aircraft who may have been

exposed to an infectious disease.

5) The authority of public health officials to require individuals who have been exposed to an infectious or contagious disease to seek appropriate and necessary evaluation and treatment. That would include diagnostic tests necessary to determine the infectiousness of the exposed individuals, and vaccination or prophylaxis (when appropriate), of exposed individuals to limit the spread of disease.

This legislation gives state and local governments some needed tools to protect the public health in situations not anticipated before the events of September 11, 2001 and the subsequent outbreaks of infectious disease, while still assuring citizens due process. We have worked closely with the Kansas Association of Local Health Departments and the Kansas Association of Counties in developing this legislation. It is extremely difficult to project the many scenarios that may occur, but we are jointly working to develop necessary contingency plans, both state and local, using our federal bioterrorism funding.

We expect that the greatest use of isolation and quarantine will be based on voluntary compliance as has been the history in this country, and most recently in the SARS outbreak in Canada. At the same time, however, we must be prepared to enforce compliance for the social good in extreme situations where alternatives are limited.

I would be happy to answer your questions.



TESTIMONY  
Senate Public Health and Welfare  
Senate Bill 216  
February 17, 2005, 1:30 p.m.

By: Joseph M. Connor, Past President  
Kansas Association of Local Health Departments

Chairman Barnett and Members of the Senate Committee, thank you for the opportunity to provide testimony on Senate Bill 216 on behalf of the Kansas Association of Local Health Departments (KALHD).

Local public health departments across the state have undertaken the task of emergency preparedness planning for our communities over the past three years. These planning efforts will provide the framework for a local response to biological and infectious disease events. In order to effectively respond to an event of this nature, an updated isolation and quarantine statute needs to be in place. Recent events have made that evident to not only those in the public health field, but also our partners that will be involved in emergency response.

KALHD has had significant input into the development of SB 216. KALHD is already in the process of developing and will sponsor this year local community training with elected officials, law enforcement, district/county attorneys and other local partners to help ensure a proper community response in the event of having to utilize isolation and quarantine. KALHD discussed and supports the passage of SB 216 by a unanimous vote at our monthly board meeting on February 15, 2005.

This bill is not only a modernization of the quarantine and isolation laws, it is also a way to protect the due process rights of the citizens of Kansas in case of an event requiring isolation and/or quarantine.

The Kansas Association of Local Health Departments is requesting passage SB 216.

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*Senate Public Health & Welfare  
2-17-05 Attachment #2*





**KANSAS**  
ASSOCIATION OF  
**COUNTIES**

(3)

TESTIMONY  
Senate Public Health and Welfare  
SB 216

February 17, 2005

By Judy A. Moler, General Counsel/Legislative Services Director

Thank you Chairman Barnett and Members of the Senate Committee for allowing the Kansas Association of Counties to provide testimony on SB 216.

The Kansas Association of Counties supports the passage of SB 216. At the 2004 KAC Annual Meeting support of this bill was voted on by the entire membership and affirmed unanimously.

As you know, the Kansas quarantine and isolation statutes have not been updated in a very long time. Recent events have made that evident to those in the public health field.

The Kansas Association of Counties worked with KDHE to craft this bill. KDHE did its due diligence in checking with county officials including sheriffs to seek input regarding the legislation.

This bill is a modernization of the quarantine and isolation laws, and it is also a way to protect the due process rights of the citizens of Kansas in case of an event requiring isolation and/or quarantine.

The Kansas Association of Counties respectfully requests passage SB 216.

The Kansas Association of Counties, an instrumentality of member counties under K.S.A. 19-2690, provides legislative representation, educational and technical services and a wide range of informational services to its member counties. Inquiries concerning this testimony should be directed to Randy Allen or Judy Moler by calling (785) 272-2585.

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Senate Public Health & Welfare  
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Attachment #3

# The University of Kansas Medical Center

School of Medicine  
Department of Health Policy and Management

**Testimony for Marcia Nielsen, PhD MPH  
Assistant Professor of Health Policy and Management  
University of Kansas School of Medicine  
Senate Public Health and Welfare Committee  
February 17, 2005; Room 231-N**

Thank you to Senator Barnett, Senator Schmidt and all of the Members of the Committee on Public Health and Welfare for inviting me here this afternoon.

Serving as an Assistant Professor of Health Policy and Management at the University Of Kansas School Of Medicine, I am here to testify in regard to Senate Bill 218, an Act concerning infectious and contagious diseases. The views I share today are my own and are informed by my research and practice background in international, federal and state public health policy.

The 2003 SARS (Severe Acute Respiratory Syndrome) outbreak was a wake up call to the global public health community – and to citizens everywhere – that infections and diseases of today know no boundaries, and obey no rules. As international travel and immigration have increased, so too has the possibility of spreading infection. History has taught us, however, that there are ways to protect our citizens and minimize harm to our population. To accomplish this requires coordination between multiple organizations, including the World Health Organization, the Centers for Disease Control, and perhaps most importantly, the State and Local public health community. As they say – all public health is local. SB 218 is a bill that seeks to modernize existing law in regard to protecting the citizens of Kansas from disease and infection, and to maximize the civil liberties of individuals in a public health emergency.

The public health community was well aware of the potential for a SARS-like outbreak -- or other infectious disease -- long before 2003. In 1992, a report by the Institute of Medicine entitled "Microbial Threats to Health: Emergence, Detection, and Response" warned that "infectious diseases were a tangible threat to our security and that we might soon regret the comfort and complacency that had overtaken us with the advent of wonder drugs and vaccines." A decade later, the same Institute of Medicine reported that the problem of infectious disease had gotten worse for several reasons:

- Genetic and biological factors in microbes in humans that allowed those microbes to change human susceptibility to infectious disease;

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- Increases in international travel bringing people into contact with human and animal disease reservoirs
- Social, political, and economic factors, including war and famine, leading to the breakdown of public health measures around the world.
- Bioterrorism including the deliberate spread of contagious organisms.

Diseases once thought eradicated or nearly eradicated, such as smallpox and tuberculosis, again threaten the modern world.

Because of these emerging threats, many states and the federal government are reviewing laws and regulations related to quarantine and isolation. President Bush has recently signed an Executive Order that expands the list of diseases for which quarantine or isolation is required. However, States – through local public health leadership -- are responsible for containing the spread of disease and infection within their own boundaries. Thus, it becomes the responsibility of the Kansas legislature to review the definition of quarantine and isolation, and update it appropriately for modern infectious disease threats, the provision of due process, and conditions of quarantine.

SB 218 attempts to meet these goals by allowing for:

- Providing due process protections for those quarantined
- Authorizing public health officials to require individuals who have been exposed to an infectious or contagious disease to seek appropriate and necessary evaluation and treatment. That would include diagnostic tests necessary to determine the infectiousness of the exposed individuals, and vaccination or prophylaxis (when appropriate), of exposed individuals to limit the spread of disease.
- Providing for isolation and quarantine for groups of individuals who are suspected to be at risk of spreading disease or infection

Given the importance of this issue – and the demonstrated speed and danger that infectious diseases pose – I believe that the State's quarantine laws must be updated to reflect modern emerging infectious disease threats and, for that reason, I support this bill.

Thank you for allowing me to testify.



# KANSAS HEALTH INSTITUTE

*For additional information contact:*

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<p><b>Senate Public Health and Welfare Committee</b></p> <p>February 17, 2005</p>
<p><b>Senate Bill 216</b></p>
<p><b>Gianfranco Pezzino, M.D., M.P.H.</b>  <b>Director of Public Health Studies</b>  <b>Kansas Health Institute</b></p>

*Healthier Kansans Through Informed Decisions*

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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*2-17-05*  
*Attachment #5*

My name is Dr. Gianfranco Pezzino. I am a physician with over 20 years of experience working in public health in different countries, the last 14 in the United States. My background includes a 10-year tenure as state epidemiologist with the Kansas Department of Health and Environment. During that time, I often assisted local health officials in their efforts to contain the spread of contagious diseases. For the last year, I have been the director of public health studies at the Kansas Health Institute.

Isolation and quarantine are essential tools that have been used for thousands of years to control the spread of communicable diseases such as leprosy and plague. In the United States, quarantine has been practiced since the early colonial period. Despite the huge progress in medicine and public health in the last centuries, including the use of antimicrobial medications, keeping infectious individuals separated from those who are not infected remains a basic principle for the control of many infectious diseases.

While the federal government retains responsibility to prevent the introduction of disease in the country and the inter-state transmission of disease, the 10th Amendment of the U.S. Constitution leaves the authority to states to enforce measures necessary to protect the health of the public at the state and local level. For this reason, it is very important that states have good, well-crafted laws in place to address the circumstances under which the government can restrict personal freedom to protect public health.

In the last few years, a renewed interest has grown regarding the use of personal restrictive measures for public health purposes, as a result mainly of two factors. The first is the concern that a bioterrorism attack could cause large-scale outbreaks that could not be controlled using routine measures. A second factor is the emergence of new infections, such as SARS, that can only be contained through the use of aggressive isolation and quarantine policies.

As a result of this renewed interest, the CDC, academic centers, and the Turning Point initiative of The Robert Wood Johnson Foundation and the W.K. Kellogg Foundation have developed a Model State Public Health Act, designed to serve as a tool that state, local, and tribal governments can use to revise or update their public health laws. According to the Center for Law and the Public's Health at Georgetown and Johns Hopkins Universities (a CDC collaborating center that studies health-related laws), as of November 10, 2004, 30 states have introduced 64 legislative initiatives related to the Model Act. Of these, at least 25 have been passed.

K.S.A. 65-119 through 65-202 are among the state's oldest statutes. Even so, they still govern the circumstances under which local health officers impose isolation or quarantine measures in their jurisdictions. However, like in most other states, these laws have not been widely used and updated for decades. Senate Bill 216 accomplishes two purposes, both consistent with principles included in the Model State Public Health Act:

- It spells out the authority of health officers to restrict individual freedom when necessary to protect public health, and it describes how restrictive measures can be put in place. This is important because current Kansas laws only define a generic authority to use isolation and

quarantine, but do not specify what measures can be used and how those measures can be implemented.

- It also defines a due process procedure through which individuals subjected to restrictive orders can appeal the government's decisions. Current Kansas laws include no such process.

The Model State Public Health Act is a very broad and comprehensive document covering a variety of actions and issues related to public health laws. This bill deals only with some of the most essential aspects of isolation and quarantine procedures. Additional issues addressed by the Model State Public Health Act, but not covered by this bill, include a description of the standards for isolation and quarantine premises, specifications about compensation and payment for the implementation costs of the restrictive measures, and requirements to address the needs of individuals who are isolated or quarantined (e.g., providing adequate food, clothing, shelter, and competent medical care). One could assume that some of these issues could be addressed in Kansas through rules and regulations.





Thomas L. Bell  
President

**To:** Senate Public Health & Welfare Committee Members

**From:** Kansas Hospital Association  
Chad Austin, Senior Director of Health Policy and Data

**RE:** Senate Bill 216

**Date:** February 17, 2005

The Kansas Hospital Association (KHA) appreciates the opportunity to discuss Senate Bill 216. While resources are often tight, Kansas community hospitals stand ready to support efforts to protect the public's health.

Outbreaks of contagious diseases have impacted our country in recent years. Many United States public health agencies, including those in Kansas, are preparing for these events. Table top disaster drills across the state have identified the need to clarify our statutes and regulations related to isolation and quarantine procedures. Senate Bill 216 gives Kansas public health officials the needed tools to protect the health of all its citizens when outbreaks of infectious disease strike.

Senate Bill 216 also allows for due process for those individuals impacted by the actions of public health officials and enables the administrative and legal process to manage any appeals that may arise. This bill also protects employees, or those who have an immediate family member placed in isolation or quarantined, from being discharged by their employer.

While there are still many unanswered questions regarding how isolation and quarantine procedures would be implemented and what the impact would be to our community hospitals, KHA is prepared to work with the Kansas Department of Health & Environment to address these issues and concerns.

Thank you for your consideration of our comments.

*Senate Public Health & Welfare*  
*2-17-05*  
*Attachment #6*

**SENATE BILL No. 154**

By Committee on Public Health and Welfare

2-1

9 AN ACT relating to food and beverages available to students in Kansas  
10 school districts; providing for the adoption of certain standards.

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

12 Section 1. (a) The state board of education shall prescribe nutritional  
13 standards for all foods and beverages made available to students in Kansas  
14 public schools during the school day. In prescribing such standards, par-  
15 ticular attention shall be given to providing healthful foods and beverages  
16 with the goals of preventing and reducing childhood obesity.

17 (b) All Kansas public school districts shall comply with the standards  
18 prescribed by the state board of education. These standards may provide  
19 for the granting of a waiver in appropriate circumstances. The state board  
20 of education shall be responsible for determining waiver criteria and  
21 procedures.

22 Sec. 2. This act shall take effect and be in force from and after its  
23 publication in the statute book.  
24

In developing such standards, the state board of education shall consult  
with other state agencies, private foundations and other private entities.

, physical activities and wellness education

Sam Furse  
Senate Public Health & Welfare  
2-17-05 Attachment #7

1 active duty in the United States government or any of its departments,  
 2 bureaus or agencies or who, in addition to such employment or assign-  
 3 ment, provides professional services as a charitable health care provider  
 4 as defined under K.S.A. 75-6102 and amendments thereto. A person is-  
 5 sued a federally active license may engage in limited practice outside of  
 6 the course of federal employment consistent with the scope of practice of  
 7 exempt licensees under subsection (f), except that the scope of practice of  
 8 a federally active licensee shall be limited to the following: (A) Performing  
 9 administrative functions, including peer review, disability determinations,  
 10 utilization review and expert opinions; (B) providing direct patient care  
 11 services gratuitously or providing supervision, direction or consultation  
 12 for no compensation except that nothing in this subpart (1)(B) shall pro-  
 13 hibit a physician issued a federally active license from receiving payment  
 14 for subsistence allowances or actual and necessary expenses incurred in  
 15 providing such services; and (C) rendering professional services as a char-  
 16 itable health care provider as defined in K.S.A. 75-6102 and amendments  
 17 thereto.

without compensation

person licensed to practice the healing arts

18 (2) The provisions of subsections (a), (b), (d) and (e) of this section  
 19 relating to continuing education, expiration and renewal of a license shall  
 20 be applicable to a federally active license issued under this subsection.

21 (3) A person who practices under a federally active license shall not  
 22 be deemed to be rendering professional service as a health care provider  
 23 in this state for purposes of K.S.A. 40-3402 and amendments thereto.

24 Sec. 2. K.S.A. 65-2809 is hereby repealed.

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

Non-Juror

Senate Public Health & Welfare

2-17-05

Attachment #8