Approved: March 31, 2006
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:37 P.M. on March 15, 2006 in Room 231-N of the Capitol.

All members were present.

Late Arrival:

Haley	1:40
Gilstrap	1:40
Journey	1:40

Committee staff present:

Terri Weber, Kansas Legislative Research Department
Norm Furse, Office of Revisor of Statutes
Diana Lee, Office of Revisosr of Statutes
Morgan Dreyer, Committee Secretary

Conferees appearing before the committee:

Ron Hein - Lobbyist
John Peterson - Lobbyist
Carolyn Middendorf - Kansas State Nurses Association
Deanne Bacco - Kansas Advocates for Better Care
Margaret Farley - Kansas Trial Lawyers
Richard Morrissey - Kansas Department of Health and Environment
Dr. Paul Concannon - Kansas Medical Society
Darlene Whitlock - Kansas Hospital Association
Joseph Conroy - Kansas Association of Nurse Anesthetists

Others attending:

See attached list.

Discussion and Action on HB 2285–An act concerning health care; relating to the board of examiners for hearing instruments, membership, powers and duties, relating to licensure, disciplinary actions; fee and penalties

Upon calling the meeting to order, Chairman Barnett asked Norm Furse to review the bill and read a new balloon attachment that was handed out to the Committee. A copy of the balloon is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

The Chair called upon Ron Hein, Lobbyist who stated that he submitted an amendment change and passed out the amendment to the Committee. A copy of the amendment is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett then called upon John Peterson, Lobbyist who stated that he supported the amendment change to Section 8. No written testimony was provided.

The motion was made by Senator Haley to move the amendments by Norm Furse, Ron Hein, and John Peterson. It was seconded by Senator V. Schmidt and the motion carried.

Hearing on HB 2342–An act concerning nurses and physician assistants; relating to the pronouncement of death

The Chair asked Norm Furse to review the bill and read the new language in the balloons passed out to the Committee. A copy of the amendment is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett called upon proponent conferee, Carolyn Middendorf, Kansas State Nurses Association who stated that there are 18 states that permit either RN's or ARNP's, or both, to pronounce death in a variety of settings and circumstances, and submits amendments to the Committee. A copy of her testimony is

MINUTES OF THE Senate Public Health and Welfare Committee at 1:37 P.M. on March 15, 2006 in Room 231-N of the Capitol.

(Attachment 4) attached hereto and incorporated into the Minutes as referenced.

The Chair called upon opponent conferee, Deanne Bacco, Executive Director for Kansas Advocates for Better Care who stated that the current law is not "broken" and this bill seeds to establish a case exception for persons who die in nursing homes. She submits Dr. Mary Dudley, Chief Medical Examiner of Sedgwick County suggestions on suspicious deaths in nursing homes that some coroners are concerned about the existing process, and would be even more concerned about this proposed change that sets the communications. A copy of her testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett called upon the second opponent conferee, Margaret Farley, Kansas Trial Lawyers who stated her opposition to the bill with several points of reason and that they need more oversight of the deaths of adult care home residents, not less urging the Committee to vote no on **HB 2342.** A copy of her testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett asked for questions or comments from the Committee. Questions came from Senators V. Schmidt, and Haley regarding that the words in Farley's testimony "(This of course begs the question of how the living are able to get the prompt physician response they need, but that is another story)"were not appropriate or needed to be included in her testimony.

The Chair announced that written proponent testimony was offered from Cindy Luxem, Kansas Health Care Association, Debra Zehr, Kansas Association of Homes and Services for the Aging, Douglas Smith, Kansas Academy of Physician Assistants, Sandra Kuhlman, Kansas Hospice and Palliative Care Organization, Jerry Slaughter, Kansas Medical Society. A copy of her testimony is (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

With no more conferees' to give testimony and no questions or comments from the Committee, Chairman Barnett then closed the hearing on **HB 2342.**

Hearing on HB 2752–An act concerning health care; relating to trauma facilities

Chairman Barnett opened the hearing on **HB 2752**, and asked Terri Weber to review the language and explain changes on **HB 2752** for the Committee.

Chairman Barnett called upon his first proponent conferee, Richard Morrissey, Kansas Department of Health and Environment who is speaking on behalf of and reading the testimony of Dr. Howard Rodenberg , MD, MPH, Director of Health for the Kansas Department of Health and Environment who stated the trauma system should provide optimal care given available resources, for all trauma patients no matter where they are injured or treated, and that he urges the Committee to support **HB 2752.** A copy of his testimony is (Attachment 8) attached hereto and incorporated into the Minutes as referenced.

The Chair called upon the next proponent conferee, Dr. Paul Harrison, Chair of the Advisory Committee on Trauma, who shared a power point slide handout asking for the Committee's support of **HB 2752.** A copy of his testimony is (Attachment 9) attached hereto and incorporated into the Minutes as referenced.

Next, the Chair called upon proponent conferee, Dr. Craig Concannon, M.D., F.A.C.P, Kansas Medical Society, who stated that the bill would provide three tools necessary to enable the trauma system to work most efficiently both systematically and economically, it would allow designation of trauma hospitals based on their capabilities as well as identifying and appropriately affordable fee structure to allow maximal participation by all facilities, and provides provisions to link trauma registry data to peer review processes so that continuous evaluation of the system will enable optimal patent outcome. A copy of his testimony is (Attachment 10) attached hereto and incorporated into the Minutes as referenced.

The Chair then called upon proponent conferee, Darlene Whitlock, R.N., M.S.N., C.E.N., with Kansas State Nurses Association and ENA, who stated it is hoped that this proposed legislation would result in a decrease in both incidence and severity of injury through strengthened quality-improvement activities. A copy of her

testimony is (Attachment 11) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett called upon the next proponent conferee, Melissa Hungerford, Executive Vice President of Kansas Hospital Association, who stated that **HB 2752** makes two important changes to the statutes governing our trauma planning process. A copy of her testimony is (Attachment 12) attached hereto and incorporated into the Minutes as referenced.

The Chair called upon the last proponent conferee, Joseph Conroy, CRNA, Kansas Association of Nurse Anesthetists stated concerns regarding section (f) of proposed changes in **HB 2752** and asks that the Committee amend new (f) to clarify that the ACT *shall not* base the trauma level designations on criteria that place practice limitations on CRNAs' that are not required by state law. A copy of his testimony is (Attachment 13) attached hereto and incorporated into the Minutes as referenced.

The Chair announced that written proponent testimony was offered from Mary Mulryan, Kansas Board Emergency Medical Services. A copy of her testimony is (Attachment 14) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett asked for questions or comments from the Committee. Questions came from Senator Barnett regarding Dr. Harrison's and Dr. Concannon's view on the amendment.

With no more conferees' to give testimony and no questions or comments from the Committee, Chairman Barnett then closed the hearing on **HB 2752.**

The Chair announced that with no time remaining, the final item the agenda was for the Minutes to be approved for Public Health and Welfare Committee on March 8, 2006, and March 9, 2006.

The Committee approved the Minutes for March 8, 2006, and March 9, 2006 after corrections were made.

Adjournment

As there was no further business or time, the meeting was adjourned at 2:35 p.m.

The next meeting is scheduled for Thursday, March 16, 2006.

Sign In

PH & W

March 15, 2006

Con Olson	Region I EMS Council, Inc.
Craig Concannon	KMS
Rosanne Rutkowski	KDHE
Paul B Hamion, M.D. FACS	Advisory Committee on Trauma
JOE MORELAND	BOARD OF EMS
Dick Morrissey	KDHE
Susan K	KDHE
Scott Harrison	Stormont Vail
Darlene S Whitlock	Stormont Vail
Kim Lynch	KFMC
Mary Mellway	Carla Consulting Grp.
Linda Hall	& Washburn University Nsg.
Melissa Hunkerford	KHA
Chip Wheeten	Assn of Osteo. Med.
Cecelia Miller MD FACS	Dir. of DAV - KSAFP.
Marla Rhoden	KDHE
M. Dow Kauffman	Ks. Hospital Society
Mary E Mulligan	KBEMS
Steven M Sutton	KBEMS
Carolyn Medenda	Ks St Dis Comm
Margaret Harkey	KTLA
Craig Kale	KS Area Agencies on Aging Assoc.
Ronnie Bracco	Ks Advocates for Better Care

Session of 2005

HOUSE BILL No. 2285

By Committee on Health and Human Services

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AN ACT concerning health care; relating to the board of examiners for hearing instruments; membership, powers and duties; relating to licensure, disciplinary actions, fees and penalties; amending K.S.A. 74-5801, 74-5802, 74-5804, 74-5805, 74-5806, 74-5807, 74-5808, 74-5809, 74-5810a, 74-5811, 74-5812, 74-5813, 74-5814, 74-5815, 74-5816, 74-5818, 74-5819, 74-5820, 74-5821 and 74-5823 and repealing the existing sections.

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

Section 1. K.S.A. 74-5801 is hereby amended to read as follows: 74-5801. There is hereby established the Kansas board of examiners in fitting and dispensing of hearing ~~aids~~ *instruments* constituted as provided in this act and hereinafter called the "board."

Sec. 2. K.S.A. 74-5802 is hereby amended to read as follows: 74-5802. ~~Within sixty (60)~~ *60* days after the effective date of this act the governor shall appoint a board of examiners of hearing ~~aid~~ *instrument* dispensers, consisting of five ~~(5)~~ persons. No person shall be eligible for appointment as a member of ~~said~~ board unless ~~he~~ *such person* is a resident of Kansas. ~~Three (3)~~ *The governor shall appoint three* members of such board ~~shall be members of a Kansas hearing aid association affiliated with a national hearing aid association having affiliations in not less than ten (10) states, shall be certified by a national hearing aid association having affiliations in not less than ten (10) states, and~~ *who are licensed in this state as hearing instrument fitters and dispensers and shall* have been engaged in the actual practice of fitting and dispensing hearing ~~aids~~ *instruments* in this state continuously for the last five ~~(5)~~ years. ~~Two (2)~~ *The Kansas hearing aid association shall submit the names of three persons licensed in this state as hearing instrument fitters and dispensers and the Kansas speech language and hearing association shall submit the names of three persons licensed in this state as hearing instrument fitters and dispensers to the governor who shall select at least one member from each list to be on the board with the third member being selected by the governor. The final composition of the board shall include one audiologist who is also licensed as a hearing instrument fitter and dispenser and one*

(a) The

the

Senate Public Health and Welfare Committee
Date: March 15, 2006
Attachment #1

hearing instrument fitter and dispenser who is not licensed as an audiologist. The governor shall appoint two members of such board ~~shall be~~ *who are* individuals not *currently* engaged in the practice of fitting and dispensing hearing ~~aids in the state of Kansas. Two members shall be appointed for terms of three years, two members shall be appointed for terms of two years, and one member shall be appointed for a term of one year, thereafter successors~~ *instruments nor have any current or previous affiliation with a fitter and dispenser of hearing instruments. Each member* shall be appointed by the governor for terms of three years. Vacancies shall be filled by appointment by the governor for the unexpired term. The governor shall have the power to remove from office any member of the board for neglect of duty, incompetency, improper or unprofessional conduct, or when the certificate of a member has been revoked.

Sec. 3. K.S.A. 74-5804 is hereby amended to read as follows: 74-5804. The board shall keep a record in which shall be registered the name, residence, place of business, date of issuance of ~~certificate~~ *license*, renewals, revocations ~~and~~, suspensions *or other disciplinary action* of every person authorized under this act to practice the fitting of or dispensing of hearing aids. A majority of ~~said~~ board shall constitute a quorum and the proceedings thereof shall be open ~~for~~ *to the* public ~~inspection~~.

Sec. 4. K.S.A. 74-5805 is hereby amended to read as follows: 74-5805. At the first meeting of the board in every year it shall elect from its own membership a chairman and vice-chairman. The board shall appoint one of its own members or some other person to serve as executive officer of the board. The executive officer shall be in the unclassified service of the Kansas civil service act and shall receive compensation fixed by the board with the approval of the state finance council.

Members of the board ~~of examiners in fitting and dispensing of hearing aids~~ attending meetings of such board, or attending a subcommittee meeting thereof authorized by such board, shall be paid compensation, subsistence allowances, mileage and other expenses as provided in K.S.A. 75-3223, and amendments thereto. The board shall remit all moneys received by or for it from fees, charges or penalties to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury. Twenty percent of each such deposit shall be credited to the state general fund and the balance shall be credited to the hearing ~~aid~~ *instrument* board fee fund. All expenditures from such fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the ~~secretary-treasurer~~ *executive officer* or by a person or persons designated by such ~~secretary-treasurer~~ *executive officer*.

(b) The provisions of this act shall not affect the office of any member of the board appointed prior to the effective date of this act. As positions become vacant on the board, appointments shall be made in a manner so as to comply with the provisions of this section.

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Sec. 5. K.S.A. 74-5806 is hereby amended to read as follows: 74-5806. The board is hereby authorized, empowered and directed to administer and enforce the provisions of this act and it is hereby granted such specific powers as are necessary for the purpose of administering and enforcing the same. In addition thereto the board shall have the power:

(a) To employ *or contract with* agents, attorneys and inspectors under such rules and regulations as it may prescribe in accordance with the provisions of this act, but no state officer shall be eligible for employment by the board.

(b) To make all necessary disbursements; *and purchases* to carry out the provisions of this act~~, including payment for the premium on the bond of the secretary-treasurer, stationery supplies, to purchase and maintain or rent audiometric equipment and facilities necessary to carry out the examination of applicants for license, the printing and circulating to all holders of hearing aid licenses in the state, and issue a yearbook which shall contain the names and addresses of all holders of hearing aid licenses in the state~~.

(c) To appoint representatives to conduct or supervise the examination of applicants for license.

(d) To designate the time and place for examining applicants for licenses.

(e) The board shall preserve an accurate record of all meetings and proceedings of the board including *a* complete ~~minutes~~ *record* of all prosecutions and *disciplinary actions for* violations of this act *and rules and regulations adopted thereunder*, and of examinations held under the provisions hereof. Such records shall be kept in the office of the board and made accessible to the public *in accordance with the Kansas open records act*.

(f) To administer oaths; take testimony upon ~~granting,~~ revoking ~~or~~, suspending ~~certificates of registration~~ *or taking other disciplinary action against licenses*.

(g) To grant all ~~certificates of registration and endorsement as to it shall seem just and proper~~ *licensees to eligible applicants* and to revoke, *suspend or take other authorized disciplinary action against* any such ~~certificate~~ *license* granted for any of the causes specified in ~~K.S.A. 74-5816~~ *this act or rules and regulations adopted thereunder*.

(h) Each witness who appears before ~~said~~ the board at its request, other than a state officer or employee, shall receive for his attendance the fees and mileage provided for witnesses in civil cases in courts of record which shall be audited and paid upon the presentation of proper vouchers sworn to by such witnesses and approved by the ~~president and secretary~~ *chair or executive officer* of ~~said~~ the board.

(i) To make rules and regulations for the procedure ~~and~~, conduct and government of applicants ~~for certificates of registration and endorsement, and licensed and registered hearing aid dispensers.~~ *and licensees, for implementation and administration of this act* and to prescribe by rules and regulations a code of ethics for ~~the practitioner of the hearing aid art~~ *hearing instrument fitters and dispensers* within this state, which ~~said~~ the rules and regulations shall not be inconsistent with the provisions of this act.

(j) To require, in its discretion, the periodic inspection and calibration of audiometric testing equipment and to carry out the periodic inspection of facilities of all persons who practice the fitting or ~~selling~~ *dispensing* of hearing ~~aids~~ *instruments*.

Sec. 6. K.S.A. 74-5807 is hereby amended to read as follows: 74-5807. As used in this act, unless the context otherwise requires:

(a) The "board" means the Kansas board of examiners in fitting and dispensing of hearing ~~aids~~ *instruments*.

(b) "License" *means an authorization to practice the fitting and dispensing of hearing instruments pursuant to this act and* includes a temporary license~~, certificate of registration,~~ and *any* certificate of endorsement *issued prior to July 1, 2005*.

(c) "Hearing ~~aid~~ *instrument*" means any instrument, *aid* or device designed for or represented as aiding~~,~~ *or* improving ~~or correcting defective~~ *impaired* human hearing and any parts of such an instrument, *aid* or device.

(d) "Practice of *fitting and* dispensing ~~and fitting~~ hearing ~~aids~~ *instruments*" means the evaluation or measurement of the powers or range of human hearing by means of an audiometer or by any other means ~~devised~~ *as established by rules and regulations of the board* and the consequent selection or adaptation or sale of hearing ~~aids~~ *instruments* intended to compensate for hearing loss, including the making of an impression of the ear.

Sec. 7. K.S.A. 74-5808 is hereby amended to read as follows: 74-5808. *(a)* No person shall engage in the sale of or practice of dispensing and fitting hearing ~~aids~~ *instruments* or display a sign or in any other way advertise or hold ~~himself~~ *oneself* out as a person who practices the dispensing and fitting of hearing ~~aids~~ *instruments* unless ~~he~~ *such person* holds a current, unsuspended, unrevoked license issued by the board as provided in this act, or unless ~~he~~ *such person* holds a current, unsuspended, unrevoked certificate of endorsement ~~pursuant to K.S.A. 74-5814~~. The license or certificate required by this section shall be kept conspicuously posted in ~~his~~ *such person's* office or place of business at all times.

(b) ~~*In order not to confuse or mislead the consuming public, no*~~ No *person*

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shall use the title "hearing instrument dispenser," "hearing aid dispenser," "hearing instrument specialist," "hearing aid specialist," "hearing aid dealer," "hearing instrument dealer" or any other comparable or similar term or by any other words, letters, abbreviations or insignia that indicate such person practices the fitting of hearing instruments unless such person is licensed by the board.

Sec. 8. K.S.A. 74-5809 is hereby amended to read as follows: 74-5809. Any person who practices the fitting or dispensing of hearing aids shall ~~deliver~~ *provide* to each ~~person supplied with~~ *purchaser of* a hearing ~~aid, by him or at his order or direction, a bill of sale~~ *instrument, a purchase agreement* which shall contain ~~his~~ *the licensee's* printed name ~~and his~~, signature ~~and show the~~, address of ~~his~~ regular place of practice and ~~the~~ *licensee* number ~~of his license, together with a description of the make and model of the hearing aid furnished and the amount charged therefor~~. *The purchase agreement shall include the brand, model, style, type of technology, warranty and the amount charged for the hearing instrument furnished to the consumer.* The ~~bill of sale~~ *purchase agreement* shall also ~~reveal~~ *include* the condition of the hearing ~~device~~ *instrument* and whether it is *assembled*, new, used or rebuilt.

Sec. 9. K.S.A. 74-5810a is hereby amended to read as follows: 74-5810a. (a) The ~~Kansas~~ board ~~of examiners in fitting and dispensing of hearing aids~~ is hereby authorized to adopt rules and regulations fixing the amount of fees for the following items and to charge and collect the amounts so fixed subject to the following limitations:

License application—not more than	$150
Temporary license—not more than	$150
Temporary license renewal—not more than	$150
~~Certificate of registration or endorsement~~ *License*—not more than	$150
License or certificate of ~~registration or~~ endorsement renewal—not more than	$150
License or certificate of ~~registration or~~ endorsement late renewal—not more than	$200
License or certificate of ~~registration or~~ endorsement ~~extended late renewal~~ *reinstatement*—not more than	$300
Examination (written)—not more than	$50
Examination (practical, each section)—not more than	$35
State licensure verification *per state*—not more than	$25
Replacement of certificate or license—not more than	$25
Change of ~~sponsor~~ *supervisor*—not more than	$25
Insufficient funds—not more than	$35
Inactive license or renewal of inactive license—not more than	$25
Conversion of inactive license to active license—not more than	$150

(b) Whenever the board shall determine that the total amount of

revenue derived from the fees collected pursuant to this section is insufficient to carry out the purposes for which such fees are collected, the board may amend such rules and regulations to increase the amount of the fee, except that the amount of the fee for any item shall not exceed the maximum amount authorized by this section. Whenever the amount of fees collected pursuant to this section provides revenue in excess of the amount necessary to carry out the purposes for which such fees are collected, it shall be the duty of the board to decrease the amount of the fee for one or more of the items listed in this subsection by amending the rules and regulations which fix such fees.

~~(c) Fees charged by the board on the day preceding the effective date of this act shall continue in effect until rules and regulations are adopted by the board fixing a different amount. Fees authorized to be charged for any item specified in subsection (a) for the first time under this act shall not be charged until the amount of such fee is fixed by the board by rules and regulations.~~

~~(d)~~ Fees paid under this section are not refundable.

Sec. 10. K.S.A. 74-5811 is hereby amended to read as follows: 74-5811. An applicant for a license *shall submit an application on a form provided by the board and* shall pay the license application fee provided for in K.S.A. 74-5810a and amendments thereto and shall show to the satisfaction of the board that such applicant:

(a) Is 21 years of age or older; and

(b) has ~~an education equivalent to a four-year course in an~~ *graduated from an accredited high school or has a degree equivalent to graduation from an* accredited high school.

Sec. 11. K.S.A. 74-5812 is hereby amended to read as follows: 74-5812. (a) An applicant for a license who is notified by the board that such applicant has fulfilled the requirements of K.S.A. 74-5811 shall appear at a time, place and before such persons as the board may designate, to be examined by written and practical tests in order to demonstrate that such applicant is qualified to practice the fitting *and dispensing* of hearing ~~aids~~ *instruments*:

(b) An applicant who fulfills the requirements of K.S.A. 74-5811 *who has completed the required training hours as established by rules and regulations of the board* and who has not ~~previously applied to take the examination provided under this section~~ *held a temporary license within the preceding three years* may apply to the board for a temporary license.

(c) Upon receiving an application provided under subsection (b) of this section, accompanied by the temporary license fee provided for in K.S.A. 74-5810a, the board may issue a temporary license which shall entitle the applicant to practice the fitting and dispensing of hearing ~~aids~~ *instruments* for a period ending ~~thirty (30)~~ *30* days after ~~the conclusion~~

~~of~~ the next examination ~~given after the date of issue~~.

(d) No temporary license shall be issued by the board under this section unless the applicant shows to the satisfaction of the board that such applicant is or will be employed ~~by a supervised and trained~~ *and in the course of such employment will practice fitting and dispensing of hearing instruments under the supervision of a* person who holds a valid license ~~or certificate of endorsement~~ issued under this act *and meets any other requirements established by rules and regulations of the board*.

(e) If a person who holds a temporary license issued under this section does not take the next examination given after the date of issue, the temporary license shall not be renewed, except for good cause shown to the satisfaction of the board.

(f) If a person who holds a temporary license passes the examination, upon payment of the license fee, the board shall issue such person a license to practice fitting and dispensing of hearing instruments.

~~(f)~~ *(g)* If a person who holds a temporary license issued under this section takes and fails to pass the next examination given after the date of issue, the board may renew the temporary license ~~for a period ending thirty (30) days after the results of the next examination given after the date of renewal are announced, but in any event the time for which~~. *However,* an individual may hold a temporary license ~~shall not exceed sixteen (16)~~ *no more than 16* months. ~~In no event shall~~ *No* more than one renewal *shall* be permitted. A temporary license renewal fee as provided for in K.S.A. 74-5810a shall be charged by the board.

(h) A temporary license may be revoked, suspended or otherwise disciplined for the same grounds as provided in this act for licensees.

Sec. 12. K.S.A. 74-5813 is hereby amended to read as follows: 74-5813. The examination provided in K.S.A. 74-5812 shall consist of:

(a) Tests of knowledge in the following areas as they pertain to the fitting of hearing ~~aids~~ *instruments*.

(1) Basic physics of sound.

(2) The human hearing mechanism, including the science of hearing and the cause and rehabilitation of abnormal hearing and hearing disorders.

(3) Structure and function of hearing ~~aids~~ *instruments*.

(4) Other areas relating to the fitting of hearing ~~aids~~ *instruments* as may be determined by the board.

(b) Tests of proficiency in the following techniques as they pertain to the fitting of hearing ~~aids~~ *instruments*.

(1) Pure tone audiometry, including air conduction testing and bone conduction testing.

(2) Live voice or ~~record~~ *recorded* voice speech audiometry.

(3) Effective masking.

(4) Recording and evaluation of *pure tone* audiograms and speech audiometry to determine hearing ~~aid~~ *instrument* candidacy.

(5) Selection and adaptation of hearing ~~aids~~ *instruments* and testing of hearing ~~aids~~ *instruments*.

(6) Taking earmold impressions.

(7) Troubleshooting and modification of hearing instruments.

(8) Food and drug administration medical referral criteria.

(9) The hearing instrument act and rules and regulations adopted thereunder.

~~(7)~~ *(10)* Other skills as may be determined by the board for the fitting *and dispensing* of hearing ~~aids~~ *instruments*.

(c) The tests under this section shall not include questions requiring a medical or surgical education.

Sec. 13. K.S.A. 74-5814 is hereby amended to read as follows: 74-5814. (a) The board shall ~~register each applicant, and~~ issue a ~~certificate of registration thereto,~~ *license to each applicant* who [(1)] satisfactorily passes the examination, **[or (2) is currently licensed as an audiologist under K.S.A. 65-6501 et seq., and amendments thereto,]** who pays the ~~certificate of registration or endorsement~~ *license* fee provided for in K.S.A. 74-5810a and amendments thereto and who submits documentation that the calibration of the applicant's audiometric testing equipment has been tested and verified as accurate within the preceding two-year period. The ~~certificate of registration~~ *license* shall be effective for one year.

(b) ~~Whenever the board determines that another state or jurisdiction has requirements equivalent to or higher than those in effect pursuant to this act for the selling and the practice of fitting hearing aids, and such state or jurisdiction has a program equivalent to or stricter than the program for determining whether applicants pursuant to this act are qualified to sell and fit hearing aids, the board may issue certificates of endorsement to applicants therefor who hold current, unsuspended and unrevoked certificates or licenses to sell and fit hearing aids in such other state or jurisdiction. No such applicant for a certificate of endorsement pursuant to this subsection shall be required to submit to or undergo any examination, investigation or other procedure, other than the payment of the appropriate fees, pursuant to K.S.A. 74-5811 and 74-5812 and amendments to those sections in the amounts provided for in K.S.A. 74-5810a and amendments thereto and the requirement to submit documentation that the calibration of the applicant's audiometric testing equipment has been tested and verified as accurate within the preceding two-year period. The holder of a certificate of endorsement shall be registered in the same manner as holders of certificates of registration. The fee for an initial certificate of endorsement shall be the same as the fee for an initial cer-~~

~~tificate of registration. Fees, grounds and procedures for renewal, suspension and revocation of certificates of endorsement shall be the same as for renewal, suspension and revocation of certificates of registration.~~ *The board may issue a license to a person who is currently licensed to practice fitting and dispensing of hearing instruments in another jurisdiction if the board determines that the applicant demonstrates, on forms provided by the board, compliance with the following standards as adopted by the board:*

(1) Continuous licensure to practice fitting and dispensing of hearing instruments during the five years immediately preceding the application with at least the minimum professional experience as established by rules and regulations of the board; and

(2) the absence of disciplinary actions of a serious nature brought by a licensing board or agency of another jurisdiction.

Sec. 14. K.S.A. 74-5815 is hereby amended to read as follows: 74-5815. *(a)* A person who holds a ~~certificate of endorsement~~ *license* shall notify the board in writing of the *business name and* address of the place or places where ~~he~~ *such person* engages or intends to engage in the practice of fitting or dispensing of hearing ~~aids~~ *instruments and shall notify the board within 10 days of any change of such information.*

(b) A person who holds a temporary license shall further notify the board in writing within 10 days of any change of such person's supervisor and submit the change of supervisor fee.

(c) The board shall keep a record of the places of practice of persons who hold *a* license~~, temporary license, or certificates of endorsements~~ *or certificate of endorsement*. Any notice required to be given by the board to a person who holds a license, temporary license or certificate of endorsement may be given by mailing it to ~~him at~~ the address of the last place of practice of which ~~he~~ *such person* has notified the board.

Sec. 15. K.S.A. 74-5816 is hereby amended to read as follows: 74-5816. *(a) The executive officer of the board shall send a written notice of renewal to every person holding a valid license to practice the fitting and dispensing of hearing instruments within the state at least 30 days prior to the first day of July in each year, directed to the last known address of such licensee.*

(b) A person who practices the fitting and dispensing of hearing ~~aids~~ *instruments* shall annually pay to the board the ~~certificate of registration or endorsement~~ *license* renewal fee provided for in K.S.A. 74-5810a and amendments thereto for renewal of such person's license ~~or certificate of endorsement~~ and shall submit documentation that the calibration of the person's audiometric testing equipment has been tested and verified as accurate within the preceding two-year period. A thirty-day grace period shall be allowed after the expiration of a license ~~or certificate of endorse-~~

? No requirement of program equivalency. See p. 8, lines 25 through 33.

Certificate of endorsement deleted. See lines 16, 37-38, 39-40, 42-43

or temporary license

~~ment~~ during which the same may be renewed on payment to the board of the ~~certificate of registration or endorsement~~ late renewal fee provided for in K.S.A. 74-5810a and amendments thereto and submission of the documentation of testing and verification of calibration. ~~The board may suspend the license or certificate of any person who fails to have such person's license or certificate renewed by the expiration of the thirty-day grace period. After~~

(c) Within two years after the expiration of the grace period, the board may ~~renew~~ *reinstate* a license ~~or certificate~~ upon payment to the board of the ~~certificate of registration or endorsement extended late renewal~~ *license reinstatement* fee provided for in K.S.A. 74-5810a and amendments thereto and submission of the documentation of testing and verification of calibration. *Such person may also be required to complete such additional testing, training or education as the board may deem necessary to establish the person's present ability to practice with reasonable skill and safety.*

(d) ~~No~~ *A* person who applies for ~~renewal~~ *reinstatement* and whose license ~~or certificate was suspended~~ *expired* for the sole reason of failure to renew shall be required to submit to any examination as a condition of ~~renewal~~ *reinstatement* if such person applies for ~~renewal within three~~ *reinstatement more than two* years from the date of ~~suspension~~ *expiration* of the license ~~or certificate~~.

New Sec. 16. (a) There is hereby created a designation of inactive license. The board is authorized to issue an inactive license to any licensee who makes written application for such license on a form provided by the board and remits the fee for an inactive license established pursuant to K.S.A. 74-5810a, and amendments thereto. The board may issue an inactive license only to a person who is not engaged in the practice of fitting and dispensing hearing instruments in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An inactive license shall not entitle the holder to practice fitting and dispensing hearing instruments in this state. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education required by K.S.A. 74-5821, and amendments thereto.

(b) Each inactive license may be renewed subject to the provisions of this section. Each inactive licensee may apply for a license to regularly engage in the practice of fitting and dispensing hearing instruments upon filing a written application with the board. The request shall be on a form provided by the board and shall be accompanied by the conversion fee established pursuant to K.S.A. 74-5810a, and amendments thereto, and documentation that the calibration of the person's audiometric testing equipment has been tested and verified as accurate. For those licensees

whose license has been inactive for less than two years, the board shall adopt rules and regulations establishing appropriate continuing education requirements for inactive licensees to become licensed to regularly practice fitting and dispensing hearing instruments within Kansas. Any licensee whose license has been inactive for more than two years, in addition to completing appropriate continuing education requirements pursuant to rules and regulations adopted by the board, may be required to complete such additional testing, training or education as the board may deem necessary to establish the licensee's present ability to practice with reasonable skill and safety.

(c) This section shall be part of and supplemental to the hearing instrument act.

Sec. 17. K.S.A. 74-5818 is hereby amended to read as follows: 74-5818. ~~Any~~ *An applicant or any* person licensed under this act may have the license denied, revoked ~~or~~, suspended *or conditioned* for a fixed period to be determined by the board for any of the following causes:

(a) Conviction of a felony *or a misdemeanor related to the practice of fitting and dispensing hearing instruments*. The record of conviction, or a certified copy thereof certified by the clerk of the court or by the judge in whose court the conviction is had, shall be conclusive evidence of such conviction.

(b) When the license has been secured *or attempted to be secured* by fraud or deceit practiced upon the board.

(c) For unethical conduct *or unprofessional conduct*.

(d) Advertising ~~professional superiority~~ *in a manner that is false, fraudulent, deceptive or misleading*.

(e) Practicing the fitting *or dispensing* of hearing ~~aids~~ *instruments* under a false or alias name *other than a legal business entity name*.

~~(f) Failure to actively practice the art of fitting and dispensing of hearing aids for a period of three consecutive years.~~

~~(g) For any cause for which the board might refuse to admit a candidate to examinations.~~

~~(h)~~ For violation of any of the provisions of this act *or any rule and regulation adopted hereunder*.

(g) For negligent or incompetent practice or supervision.

(a)

New Sec. 18. The board, in addition to any other penalty authorized under this act may assess an administrative fine, after notice and an opportunity to be heard in accordance with the Kansas administrative procedures act, against a licensee or an unlicensed person for a violation of any provision of this act or any rule and regulation hereunder in an amount not to exceed $1,000 per violation.

(b)

~~New Sec. 19.~~ If the board determines that an individual has practiced fitting or dispensing of hearing instruments without a valid license, in addition to any other penalties imposed by the law, the board in accordance with the Kansas administrative procedure act, may issue a cease

and desist order against such individual.

~~New Sec. 20.~~ Whenever in the judgment of the board any person has engaged, or is about to engage, in any acts or practices which constitute or will constitute a violation of the hearing instrument act, the board may make application to any court of competent jurisdiction for an order enjoining such acts or practices, and upon a showing by the board that such person has engaged or is about to engage in any such acts or practices, an injunction, restraining order or such other order as may be appropriate shall be granted by such court without bond. (c)

~~New Sec. 21.~~ In all matters pending before the board, the board shall have the option to censure the licensee in lieu of other disciplinary action. (d)

~~New Sec. 22.~~ In all matters pending before the board, the board shall have the power to revoke the license of any licensee who voluntarily surrenders such person's license pending investigation of misconduct or while charges of misconduct against the licensee are pending or anticipated. (e)

Sec. ~~23.~~ 19. K.S.A. 74-5819 is hereby amended to read as follows: 74-5819. No person may:

(a) Sell, barter or offer to sell or barter a license ~~or certificate~~.

(b) Purchase or procure by barter a license ~~or certificate~~ with intent to use it as evidence of the holder's qualification to practice the fitting and dispensing of hearing aids.

(c) Alter materially a license ~~or certificate with fraudulent intent~~.

(d) Use or attempt to use as a valid license ~~or a certificate~~ *a license* which has been purchased, fraudulently obtained, counterfeited or materially altered.

(e) Willfully make a false, material statement in an application for ~~registration~~ *a Kansas license* or for renewal *or reinstatement* of a *Kansas* license ~~or certificate~~.

(f) Sell through the mail, courier or delivery service, internet, telephonically or electronically hearing instruments without prior fitting and testing by a licensee **[except for a replacement of a hearing instrument that was previously fitted and tested by a licensee]**.

Sec. ~~24.~~ 20. K.S.A. 74-5820 is hereby amended to read as follows: 74-5820. Before any ~~certificate or~~ license may be suspended ~~or~~, revoked ~~pursuant to K.S.A. 74-5818 and amendments thereto~~ *or other disciplinary action taken*, the board shall give the licensee ~~or certificate holder~~ notice and an opportunity to be heard in accordance with the provisions of the Kansas administrative procedure act. ~~The suspension or revocation of any certificate or license of registration suspended or revoked for any of the above causes except those specified in K.S.A. 74-5808, and amendments thereto, may be set aside upon application of the holder of such certificate or license at any time within six months from the date of such suspension~~

(f) This section shall be part of and supplemental to the hearing instrument act.

1-12

~~or revocation, upon proof being made to the satisfaction of the board that the cause of such suspension or revocation no longer exists and that the applicant has been sufficiently punished. The board shall not suspend any certificate or license of registration for a period of more than six months.~~

Sec. ~~25~~. K.S.A. 74-5821 is hereby amended to read as follows: 74-5821. ~~Beginning on the first day of July, 1969,~~ In addition to the payment of the ~~certificate or~~ license renewal fee, each ~~hearing aid dealer~~ licensee applying for the renewal ~~of his certificate or~~ *or reinstatement of a* license shall furnish to the ~~secretary~~ *executive officer* of the board satisfactory evidence that ~~he~~ *such person* has ~~attended at least two days of the annual education program as conducted by the board, or similar training school conducted by the various manufacturers for their representatives or periodic training sessions conducted by the national society of hearing aid dealers~~ *obtained the required number of hours of continuing education as established by rules and regulations of the board* in the year just preceding such application for the renewal ~~of his certificate. The secretary-treasurer of the board shall send a written notice to this effect to every person holding a valid certificate or license of registration to practice the fitting and dispensing of hearing aids within the state at least thirty (30) days prior to the first day of July in each year, directed to the last known address of such licensee~~ *or reinstatement of the license*.

In the event that any licensee shall fail to meet such annual educational requirement, ~~his license may be suspended or withheld~~ *the license shall be denied*. The board of examiners may reinstate such licensee to practice the fitting and dispensing of hearing aids upon the presentation of satisfactory evidence of educational study of a standard approved by the board, and upon the payment of all fees due~~, which in no event shall apply to licensees residing and practicing in other states~~.

Sec. ~~26~~. K.S.A. 74-5823 is hereby amended to read as follows: 74-5823. This act shall be known and may be cited as the "hearing ~~aid~~ *instrument* act."

Sec. ~~27~~. K.S.A. 74-5801, 74-5802, 74-5804, 74-5805, 74-5806, 74-5807, 74-5808, 74-5809, 74-5810a, 74-5811, 74-5812, 74-5813, 74-5814, 74-5815, 74-5816, 74-5818, 74-5819, 74-5820, 74-5821 and 74-5823 are hereby repealed.

Sec. ~~28~~. This act shall take effect and be in force from and after its publication in the statute book.

21

22

and the act of which this section is amendatory

23

24

1-13

(4) Recording and evaluation of *pure tone* audiograms and speech audiometry to determine hearing ~~aid~~ *instrument* candidacy.

(5) Selection and adaptation of hearing ~~aids~~ *instruments* and testing of hearing ~~aids~~ *instruments*.

(6) Taking earmold impressions.

(7) Troubleshooting and modification of hearing instruments.

(8) Food and drug administration medical referral criteria.

(9) The hearing instrument act and rules and regulations adopted thereunder.

~~(7)~~ *(10)* Other skills as may be determined by the board for the fitting *and dispensing* of hearing ~~aids~~ *instruments*.

(c) The tests under this section shall not include questions requiring a medical or surgical education.

Sec. 13. K.S.A. 74-5814 is hereby amended to read as follows: 74-5814. (a) The board shall ~~register each applicant, and~~ issue a ~~certificate of registration thereto,~~ *license to each applicant* who **[(1)]** satisfactorily passes the examination, **[or (2) is currently licensed as an audiologist under K.S.A. 65-6501 et seq., and amendments thereto,]** who pays the ~~certificate of registration or endorsement~~ *license* fee provided for in K.S.A. 74-5810a and amendments thereto and who submits documentation that the calibration of the applicant's audiometric testing equipment has been tested and verified as accurate within the preceding two-year period. The ~~certificate of registration~~ *license* shall be effective for one year.

and holds a doctoral degree or its equivalent in audiology from a nationally or regionally accredited college or university in a program with educational standards consistent with those of the state universities of Kansas

(b) ~~Whenever the board determines that another state or jurisdiction has requirements equivalent to or higher than those in effect pursuant to this act for the selling and the practice of fitting hearing aids, and such state or jurisdiction has a program equivalent to or stricter than the program for determining whether applicants pursuant to this act are qualified to sell and fit hearing aids, the board may issue certificates of endorsement to applicants therefor who hold current, unsuspended and unrevoked certificates or licenses to sell and fit hearing aids in such other state or jurisdiction. No such applicant for a certificate of endorsement pursuant to this subsection shall be required to submit to or undergo any examination, investigation or other procedure, other than the payment of the appropriate fees, pursuant to K.S.A. 74-5811 and 74-5812 and amendments to those sections in the amounts provided for in K.S.A. 74-5810a and amendments thereto and the requirement to submit documentation that the calibration of the applicant's audiometric testing equipment has been tested and verified as accurate within the preceding two-year period. The holder of a certificate of endorsement shall be registered in the same manner as holders of certificates of registration. The fee for an initial certificate of endorsement shall be the same as the fee for an initial cer-~~

Senate Public Health & Welfare Committee
Date: March 15, 2006
attachment # 2

Session of 2005

HOUSE BILL No. 2342

By Committee on Health and Human Services

2-8

AN ACT concerning nurses and ~~nursing~~ **physician assistants**; relating to the pronouncement of death.

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

Section 1. When a patient dies in a licensed adult care home, an advanced registered nurse practitioner ~~and~~**, a physician assistant or** a registered professional nurse who are licensed in this state and employed by such adult care home at the time of apparent death of such patient, in the absence of a physician, may make the determination and pronouncement of the death of such patient[; ~~provided, however,~~] that[when such patient is a registered organ donor only a physician may make the determination or pronouncement of death[; ~~provided further, that~~] when it appears that a patient died from other than natural causes, only a physician may make the determination or pronouncement of death. Such determination shall be made in writing on a form approved by the secretary of health and environment.

except

(1)

or (2)

Sec. 2. When a patient who is terminally ill or whose death is anticipated and who is receiving hospice care from a licensed hospice dies, an advanced registered nurse practitioner**, a physician assistant** or a registered professional nurse who are licensed in this state and employed by such hospice at the time of apparent death of such patient, in the absence of an attending physician, may make the determination and pronouncement of the death of such patient[; ~~provided, however,~~] that when a hospice patient is a registered organ donor, only a physician may make the determination or pronouncement of death. Such determination or pronouncement shall be in writing on a form approved by the secretary of health and environment.

except

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

Senate Public Health & Welfare Committee
Date: March 15, 2006
Attachment # 3

KANSAS STATE NURSES ASSOCIATION

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Caring Hearts, Healing Hands

Decade of the Nurse in Kansas
2005 2015

ELLEN CARSON, PH.D., A.R.N.P., B.C
PRESIDENT

THE VOICE AND VISION OF NURSING IN KANSAS

TERRI ROBERTS, J.D., R.N.
EXECUTIVE DIRECTOR

Terri Roberts J.D., R.N.
troberts@ksna.net

H.B. 2342--Pronouncement of Death by RNs and ARNPs

March 15, 2006

Chairman Barnett and members of the Senate Public Health and Welfare Committee, I am Carolyn Middendorf, M.N., R.N., lobbyist for the KANSAS STATE NURSES ASSOCIATION. We appreciate the opportunity to address the committee on this legislation. In most instances in long-term-care facilities and hospice-care situations, RN's and ARNP's are physically present and available when a patient dies. In reality, physicians are rarely present, and usually available by telephone or pager only.

There are over 28,000 Registered Nurses licensed in Kansas, 649 long-term-care facilities, and 27 licensed hospices in Kansas. Registered Nurses are educated, highly-trained professionals, who have the skills to pronounce death in the long-term-care and hospice settings. There are 18 states (plus the District of Columbia and Guam) that permit either RN's or ARNP's, or both, to pronounce death in a variety of settings and circumstances. (See list below.)

Currently, when a patient dies in a hospice or long-term-care setting, the RN or ARNP must make an assessment of the patient's status, including vital signs, and call or page a physician, who then, over the telephone, pronounces the patient deceased. In situations where there is a delay between the time of death and the time of the return communication by the physician, an unnecessary and avoidable element of stress could be prevented for staff, and family of the deceased, by allowing the RN or ARNP to expeditiously pronounce death and initiate the processing of the body. In certain religions, there are strict requirements for prompt and timely preparation of the body for the funeral ritual.

We are recommending that this bill be amended slightly by removing the following phrases:

"and employed by such adult care home at the time of apparent death of such patient" from lines 16-17;

"and employed by such hospice at the time of apparent death of such patient" from lines 29-30.

Senate Public Health & Welfare Committee
Date: March 15, 2006
Attachment # 4

The "employment status" of an ARNP and/or RN is irrelevant to making a clinical assessment. If intent of the bill is to permit the pronouncement by either an RN or an ARNP in thes) s gs, it would be more straightforward to limit just the settings (hospice and long-term ca facilities), and not impose an employment status. In some hospice settings, volunteer RN's may be used to attend deaths.

In situations involving organ donation, or death from other than natural causes, which we anticipate will probably not come into play in the hospice setting, but which may occur in the long-term-care setting, we support the physician pronouncing death, as stated in the bill. This sometimes involves maintaining life support to meet organ harvesting requirements, and can be complex.

To summarize, RN's and ARNP's have both the knowledge and skills to pronounce death in hospice and long-term-care settings, and we support the physical presence of an RN or ARNP pronouncing, rather than the telephoned verbal-order method of pronouncement of death currently in place. *Thank you.*

States With Statutes Giving Nurses the Authority to Pronounce Death

Alaska
Arkansas
Connecticut – Nurse midwife
Connecticut – Registered nurse
Connecticut – Advanced practice nurse
Delaware – Registered nurse
Delaware
District of Columbia
Georgia – registered nurse, nursing home
Georgia – registered nurse, hospice
Guam
Hawaii - APRN
Iowa – Licensed practical nurse and registered nurse
Kentucky – Registered nurse, ambulance
Kentucky – Registered nurse, hospice
Maine – APRN to sign death certificate
Massachusetts
Nevada
Nevada
New Hampshire
New Hampshire
New Jersey – Registered nurse
New Jersey
Oregon – APRN to sign death certificate
Pennsylvania – Professional nurse
Tennessee
Tennessee
Washington
Wisconsin

Kansas Advocates for Better Care

913 Tennessee, Suite 2
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e-mail: info@kabc.org
website: www.kabc.org

HB 2342, allows nurses to "pronounce death" in nursing homes

March 15, 2006

Honorable Chairman Barnett
and Committee Members:

Kansas Advocates for Better Care strongly opposes HB 2342.

Current law is not "broken" and this bill seeks to establish a case exception for persons who die in nursing homes.

Attorney General (AG) Opinion # 90-81 came about when the attempt to allow nurses to "pronounce death" for residents of nursing homes was a question to the AG from the KS State Board of Nursing. The AG responded to the Board of Nursing by writing, "…You state that in some nursing homes and hospitals where a physician is not present, nurses assess the patient for vital signs. If none are present, the information is referred to a physician who releases the body to a mortuary…. For purposes of this opinion, we consider the act of pronouncing a person dead as synonymous with the act of determining death…The determination of death impacts on many subjects, including estate distribution, medical malpractice claims, criminal liability, and receipt of Medicare, Medicaid and Social Security…. If the death was not attended by a licensed physician, the district coroner must be notified pursuant to K.S.A. 22a-231…. Having stated that a determination of death is a medical diagnosis, we do not opine that a physician will actually examine the dead body in every instance prior to making the determination of death…. However, the recognition that the patient is dead in-fact must come from the physician, as the practice of nursing is limited to nursing diagnoses, as distinguished from medical diagnoses…."

A very pertinent testimony was given by Jo Scott to a House Committee. She has given permission to use excerpts. She said, "Our mother… died a suspicious and untimely death at a nursing home …she had bruises and abrasions on her face and neck, and body fluids were on the floor. The scene was cleaned up … we were never told by the nurses in charge that there was anything unusual about our mother's death. The nurse called the doctor that morning to tell him of our mother's death. They didn't tell him of the true circumstances in which they found her."

There are enough suspicious deaths in nursing homes that some coroners are concerned about the existing process, and would be even more concerned about this proposed change that sets the stage for possible cover-up of suspicious death. For example, I have recently had communications with Dr. Mary Dudley, the Chief Medical Examiner of Sedgwick County, about this topic. Her suggestions are: (1) refer all nursing home deaths to the medical examiner/coroner, (2) educate nursing home personnel that any suspicious deaths involving law enforcement (abuse cases) and any unnatural deaths (suicides/accidents) must be reported to the ME/Coroner, (3) establish a statewide elder death review board, and (4) update the out-dated Kansas coroner laws to require national death investigator certification for all death investigations and follow national standards for reportable deaths and referrals for forensic autopsies.

We ask that you amend this bill to exclude allowing licensed nurses employed at nursing homes to pronounce and determine death.

Deanne Bacco, Executive Director

[redacted]

Senate Public Health & Welfare Committee

Date: March 15, 2006

Attachment # 5

KANSAS TRIAL LAWYERS ASSOCIATION

Lawyers Representing Consumers

To: Senator Jim Barnett, Chairman
Members of the Senate Public Health and Welfare Committee

From: Margaret Farley
Kansas Trial Lawyers Association

Date: March 15, 2006

RE: HB 2342

I am submitting testimony on behalf of the Kansas Trial Lawyers Association, a statewide nonprofit organization of attorneys who represent consumers and advocate for the safety of families and the preservation of Kansas' civil justice system. I appreciate the opportunity to provide you with comments in opposition to HB 2342.

KTLA opposes this bill for several reasons:

1. It abrogates the Kansas Nurse Practice Act, and permits nurses to make medical diagnoses without protocol or specific authority, as is currently required for EMTs and ARNPs. Today, for good reasons, at least a telephone contact with a physician is necessary.

2. HB 2342 abrogates the Kansas Determination of Death Act, without examination or good reason. The testimony in the House indicated that health care professionals and the nursing home industry want the bill to save the "inconvenience" of reaching a doctor even by telephone to pronounce death. (This of course begs the question of how the living are able to get the prompt physician response they need, but that is another story.)

3. HB 2342 treats every death in a nursing home as merely routine, regardless of whether the decedent dies unexpectedly or even due to trauma. Too many deaths in nursing homes are far from routine, and often no one takes time to determine the actual cause of death. The bill incongruously allows the registered nurse to pronounce death unless the death is due to unnatural causes; but this again requires a nurse to make a medical diagnosis about the cause.

4. Perhaps most importantly: the bill does nothing to protect the safety and welfare of people who live in nursing homes, but rather makes it even easier for bad actors to cover up misdeeds that actually kill adult care home residents;

5. HB 2342 changes the law of determining death according to one factor only: where the death occurred. How does the place of death affect professional abilities? How is it that if someone dies at home or in a hospital, a physician must pronounce, but if the same person dies in a nursing

Senate Public Health & Welfare Committee

Terry Humphrey, Executive Director

Date: March 15, 2006

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Attachment #6

home a doctor is not required to pronounce?

6. For all of the above reasons, HB 2342 devalues the lives of adult care home residents, who are already devalued by society, that is, the frail elderly and the chronically disabled.

The fact is, too many people die in nursing homes due to either unexpected causes or under suspicious circumstances. It is a disgrace. A few years back, Wichita was identified as one of the worst cities in the nation in terms of substandard nursing home care. Causes of death which are often treated as "natural" in Kansas are deaths due to head injuries from falls, septicemia from infected skin ulcers, malnutrition, dehydration, sexual or physical abuse, rib or other high risk fractures, or untreated hypoglycemia. I have personally reviewed the records of all of these types of cases in my advocacy work.

We need more oversight of the deaths of adult care home residents, not less. This bill goes the wrong direction for the wrong reason. We urge you to vote no on HB 2342.

KHCA
KANSAS HEALTH CARE ASSOCIATION

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kcal ahca

March 15, 2006

Testimony

Before the
Senate Public Health and Welfare Services Committee
By
Cindy Luxem, President/CEO
KANSAS HEALTH CARE ASSOCIATION

Chairman Barnett and Members of the Committee:

The Kansas Health Care Association, representing approximately 185 long-term-care facilities including nursing homes, assisted living facilities, homes plus, nursing facilities for mental health, residential health care and long-term-care units of hospitals, appreciates the opportunity to testify in support of House Bill 2342.

HB 2342 allows the pronouncement of death by an advanced registered nurse practitioner, registered professional nurse, or a licensed physician assistant in the adult care home or hospice facility where they are employed. This is especially important in rural settings where a delay in reaching a doctor might take time. If the pronouncement could be completed more efficiently with the appropriate staff we believe this would be a kinder, gentler way of handling this difficult event.

Again to remind the committee, this pronouncement **would not** take place if the patient was a registered organ donor or when it appears that a patient died from other than natural causes.

We ask you support HB 2342.

Thank you.

Senate Public Health & Welfare
committee
Date: March 15, 2006
Attachment #7

Creating the Future of Aging Services
KAHSA
Kansas Association of Homes & Services for the Aging

Testimony in Support of House Bill 2342
to the
Senate Public Health and Welfare Committee

Debra Zehr, Executive Vice President
March 15, 2006

Thank you Chairman Barnett, and Members of the Committee, for this opportunity to testify in support of House Bill 2342.

The Kansas Association of Homes and Services for the Aging (KAHSA) represents 160 not-for-profit nursing homes, retirement communities, hospital long-term care units, assisted living facilities, senior housing and community service providers serving over 20,000 older Kansans every day.

House Bill 2342 would permit an advanced registered nurse practitioner or a registered professional nurse to pronounce the death of an adult care home resident or hospice patient in certain instances.

In most cases, the pronouncement of death by the physician is secured via phone by a licensed nurse at the adult care home or hospice. Sometimes the provider must wait for hours to release a body to the funeral home, while they track down the physician to secure the pronouncement of death. This bill is narrowly designed to address this problem.

The bill does not permit a nurse or nurse practitioner to pronounce death if it appears that the person died of other than natural causes.

Thank you for your consideration of this bill.

7-2

Kansas Academy of Physician Assistants

Post Office Box 597 • Topeka • Kansas • 66601-0597 • 785-235-5065

TESTIMONY TO THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE ON HOUSE BILL NO. 2342

March 15, 2006

Chairman Barnett and Members of the Public Health and Welfare Committee:

Thank you for the opportunity to present testimony House Bill No. 2342. I am Doug Smith and I serve as the Executive Director for the Kansas Academy of Physician Assistants (KAPA).

KAPA serves as the official representative voice for the Physician Assistants (PA) in Kansas. Our purpose is to enhance the quality of medical care of the citizens of Kansas by providing medical education to physician assistants, other health professionals, the legislature, governing bodies and to the public. In Kansas, there are more than 660 Physician Assistants licensed by the State Board of Healing Arts. The Kansas Academy of Physician Assistants membership includes 325+ licensed and practicing PAs and student members.

A Physician Assistant serves as an integral part in the practice of medicine by providing needed health care services across this state. Without the use of Physician Assistant the accessibility to medical care can be limited, particularly in rural areas.

In many of our communities, Physician Assistants are providing many medical services and are qualified to evaluate, diagnose and treat many illnesses and conditions, as well as performing urgent lifesaving procedures. Physician Assistants also offer patient education and counseling.

The Kansas Academy of Physician Assistants appears today in support of.

We support, and ask that you adopt, the amendments offered by the Kansas State Nurses Association related to the employment status of a Nurse or Physician Assistant. In most instances, the supervising physician or a medical clinic, not an adult care home or a hospice, employs the Physician Assistant providing healthcare services. Removing the language requiring employment is appropriate and consistent with current supervision and employment practices for Physician Assistants.

We ask for your favorable action on this request as you consider House Bill No. 2342.

Thank you for your time today and consideration.

Douglas E. Smith
Executive Director
Kansas Academy of Physician Assistants

KHPCO
Kansas Hospice and Palliative Care Organization

March 15, 2006

Testimony in support of Senate Bill 2342

Chairman Barnett and members of the Senate Public Health and Welfare Committee,

Thank you for this opportunity for the Kansas Hospice and Palliative Care Organization (KHPCO) to support Senate Bill 2342. The purpose of KHPCO is to enable all Kansans to access quality care at the end of life.

Senate Bill 2342 allows the pronouncement of death of a hospice patient to be made by a Registered Nurse, Advanced Registered Nurse Practitioner or a Physician Assistant licensed in the state of Kansas and employed by the hospice program providing care to the patient. KHPCO supports this bill and finds it to be an opportunity to enhance the service hospice programs provide to patients and their families. This bill helps to streamline the processes already in place when a patient dies. Not requiring the step of calling a physician (unless the patient is a registered organ donor) eliminates a potentially significant time lapse between the time of death and pronouncement. This time lapse decrease will have significant positive effects for the bereaved without compromising the care provided to the patient or bereaved. We understand that this bill allows a nurse to pronounce the death of a patient. The physician must still certify the death and determine the cause of death.

When this bill was heard in the House of Representatives Health and Human Services committee, testimony included the idea of not requiring the Registered Nurse, Advanced Registered Nurse Practitioner or Physician Assistant be an employee of the hospice in order to be able to pronounce. KHPCO believes that the nurse should be a hospice employee and is pleased to see that this stipulation has remained in Senate Bill 2342.

Thank you.

Sandra J. Kuhlman
Executive Director
Hospice Services, Incorporated
Based in Phillipsburg, KS

Kansas Hospice and Palliative Care Organization
1901 University, Wichita, KS 67213
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website: www.lifeproject.org

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To: Senate Public Health and Welfare Committee

From: Jerry Slaughter
Executive Director

Subject: HB 2342; concerning the determination of death in certain circumstances

Date: March 15, 2006

The Kansas Medical Society appreciates the opportunity to appear in support of HB 2342, which allows physician assistants, nurse practitioners and registered nurses, in the absence of a physician, to make a determination of death of patients in nursing homes and hospices, only when such patients died apparently as a result of natural causes. This legislation will allow for such determinations to be expedited in appropriate cases. It also insures that in other cases that are not straightforward, such as when organ donations are involved, or when the death is not apparently of natural causes, that a physician must make the determination. Thank you for the opportunity to offer these comments.

KANSAS

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

Testimony on House Bill 2752

Senate Public Health and Welfare Committee

Presented by Dr. Howard Rodenberg, MD, MPH Director of Health

Kansas Department of Health and Environment

March 15, 2006

Chairman Barnett and Members of the Committee, I am Dr. Howard Rodenberg. I serve as Director of the Division of Health within the Kansas Department of Health and Environment, and as Kansas State Health Officer. I am pleased to appear before you today to support HB 2752.

Last year, over 1,100 Kansans died from unintentional injuries suffered on the road, the farm, or in the home. Many of these victims are young people. Unintentional injury is the leading cause of death in Kansans less than 34 years of age. Kansas ranks in the top twenty states in death rates from injuries in general, and 16th in death rates from motor vehicle crashes (Health Care State Rankings, Morgan Quitno, 2005). The rural nature of our state, and the absence of comprehensive health care facilities in those rural areas, means that Kansans living in rural areas have a higher death rate from trauma than urban residents. Approximately two-thirds of all fatal motor vehicle crashes occur in rural areas.

In 1999, the Kansas legislature recognized that injuries were a significant public health issue in Kansas and established the Kansas Trauma Program. The Secretary of Health and Environment was directed to develop and implement a statewide trauma system, including a Kansas Trauma System plan, to include system components such as hospital designation, regional trauma councils, quality improvement programs, and a statewide trauma data collection system. The legislation established an Advisory Committee on Trauma (ACT) to provide input to KDHE on the development of the statewide trauma system.

As one of the key steps in developing a comprehensive trauma system, the ACT recommended that hospitals in the state be categorized according to the level of trauma care resources they are able to provide. However, while the original legislative intent may have been to include statutory authority for hospital designation, interpretation by KDHE program and legal staff is that the language in the statute did not give clear authority to the agency to perform such designations.

Kansas has three level one trauma centers located in Wichita and Kansas City respectively. While most

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Americans believe that specialized trauma centers encompass the entirety of a trauma system, it is truly but one component of a well-coordinated system. In rural states such as Kansas, the trauma system extends well beyond the walls of the large, urban center. Three hospitals in the State (two in Wichita and one in Kansas City) have sought and received national recognition as trauma centers under the auspices of the American College of Surgeons (ACS) Trauma Center Verification Program. This bill will allow the Kansas Trauma Program to recognize ACS verification for Level I and Level II facilities (Level I being the highest level of care), and to undertake a state-directed hospital designation process for Level III facilities. A checklist of required facility resources and a verification process has already been identified for Level III trauma facilities. Due to the rural nature of our state, where just over half the population can currently reach a trauma center within the "golden hour" of mortality, the establishment of additional Trauma Centers throughout the state will increase the number of Kansans with access to trauma expertise in their time of need.

There is strong evidence that outcomes for injured patients are better if they are treated at a trauma center (MacKenzie *et al.*, 2006). Numerous states have already adopted trauma systems that have legal authority to designate hospitals (Nathens *et al.*, 2000). These systems have been shown repeatedly to improve patient outcomes such as survival and disability (for example, see Mullins *et al.*, 1996, for analysis of the Oregon Trauma system).

Trauma centers do more than look good on paper. In my career as an emergency physician, I've worked at hospitals with equivalent levels of resources, one that assumed the role of a Trauma Center and one that did not. The differences in attitudes towards both trauma patients, and emergency care in general, were astounding. A heightened awareness of the time-critical nature of trauma meant that patients were assessed sooner, treated faster, and had more clinician expertise available to them as they reached the door of the ED. There was a drive to provide continuing education to staff at all levels, and focused reviews of what went right and what went wrong with individual cases, lessons we could then apply to later cases. And while the focus of the effort was on trauma care, we found that our abilities to care for all kinds of emergent patients expanded as we become more confident in our critical care skills and more used to working as a multidisciplinary team.

While individual facility designation is an important step, evaluation of statewide trauma system effectiveness, accessibility, cost, and quality of care is essential. It is the role of the state trauma program to assure consistency in the strategies used for process improvement statewide, and to monitor, analyze and report improvements in the system along with deficiencies needing to be addressed. However, a statutory barrier exists to the use of system data for quality management and performance improvement. While the regional trauma plans already contain recommendations for quality improvement processes, use of the trauma registry data for quality improvement process is not occurring at this time because existing statute does not include peer review protections in the use of this data for quality purposes. Patient records are essential to analyzing performance and identification of opportunities for improvement. These medical records must be accessible for these purposes, while being protected from inappropriate disclosure. The contents of this bill will accomplish this purpose.

The trauma system should provide optimal care given available resources, for all trauma patients no matter where they are injured or treated. Trauma is truly a matter of life or death.

We ask that you support HB 2752. I'll be happy to answer any additional question you might have.

Testimony HB 2752

Paul B. Harrison, MD, FACS
Chair, Advisory Committee on Trauma

Background

- 1999 Legislation was passed
- Authorized KDHE as the lead agency
- Appointed Advisory Committee on Trauma
- Required a State Trauma Plan
- Established a fee fund

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Requested statute changes

- Authority to designate hospitals
- Provision of fees for designation of hospitals
- Authority to link quality improvement with existing peer review

What is a trauma system?

- An organized & coordinated response to care for the injured
- Regionalized, making efficient use of resources
- Based on the needs of the population
- Emphasizes prevention
- Ability to expand to meet the medical needs of the community during disaster

Goals of the KS Trauma System

- Prevent death & disability due to trauma
- Improve delivery of trauma services
- Encourage provider preparation & response to trauma
- Increase public awareness & prevention
- Design an inclusive & comprehensive system

Kansas Milestones in Trauma

- 1997: Kansas EMS/Trauma Plan written
- 1999: Legislation passed
- 2000: Members appointed to Advisory Committee
- 2001: Kansas Trauma Plan presented to legislature
- 2002: Statewide data collection efforts begin

Milestones cont....

- 2003: 6 Regional trauma councils established
- 2004: Trauma training provided
- 2005: Regional Plans written
- 2005: Recommendations made for hospital designation
- 2005: 9,135 serious trauma cases reported
- 2006: Data Benchmark reports developed

Trauma Plan Components

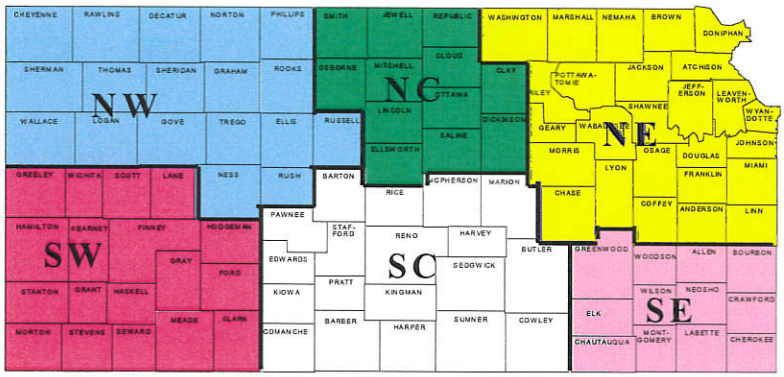
- State wide data collection system
- Regional Trauma councils
- Hospital Verification
- Training and Education
- Prehospital/EMS
- Injury Prevention
- Rehabilitation

Regional Trauma Councils

Population: 101,005
Staffed Beds : 582
Hospitals : 18 Counties: 18

Population: 133.843
Staffed Beds : 581
Hospitals : 13 Counties: 12

Population: 1,299,832
Staffed Beds : 3,200
Hospitals : 34 Counties: 26



Population: 152,623
Staffed Beds : 556
Hospitals : 18 Counties: 18

Population: 800,507
Staffed Beds : 2,503
Hospitals : 30 Counties: 19

Population: 196,108
Staffed Beds : 735
Hospitals : 15 Counties: 12

Regional Trauma Councils Accomplishments

- Regional Trauma Plans written
- Support for EMD training & education
- Supported injury prevention activities based on data
- Supported regional trauma education
- Annual meeting of Executive Committee members

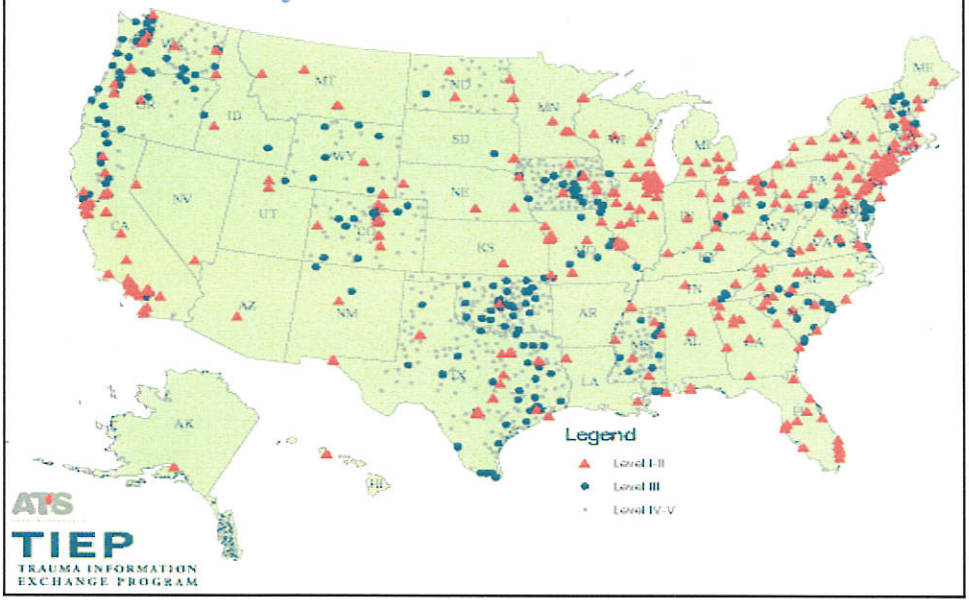
Hospital Designation Criteria

- Hospitals are classified based on level of resources
- Kansas has 3 level 1 trauma centers voluntary verified
- No level 3 or 4 facilities: backbone of the system
- Rural hospitals are the port of entry

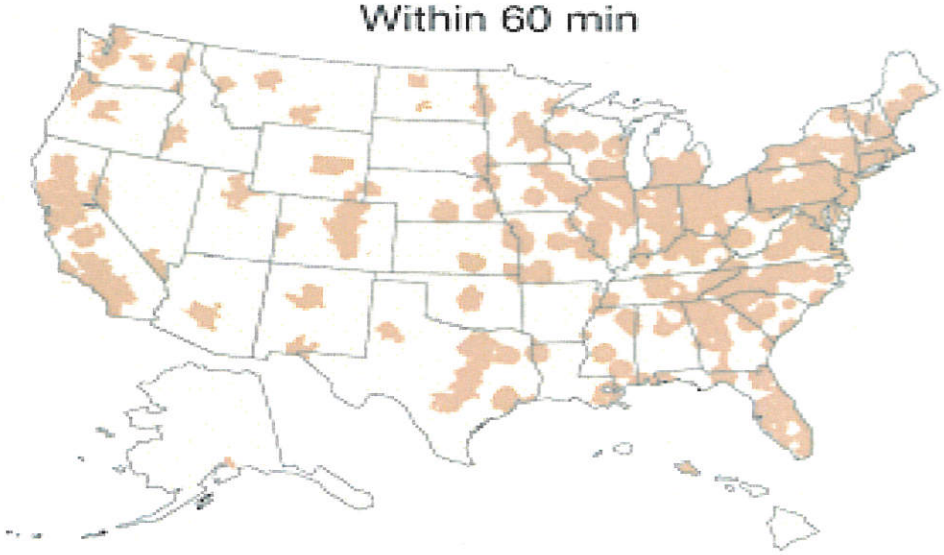
Levels of Designation

- Level 1: Provide full range of services & research responsibility
- Level 2: Similar level of clinical service & community based
- Level 3: Emergency & surgical capability. Commonly stabilize the most severe and transfer to a higher level trauma center

All Levels of Trauma Centers
January 2005



Access to Level I or II Trauma Centers Within 60 min



http://jama.ama-assn.org/cgi/content/full/293/21/2565

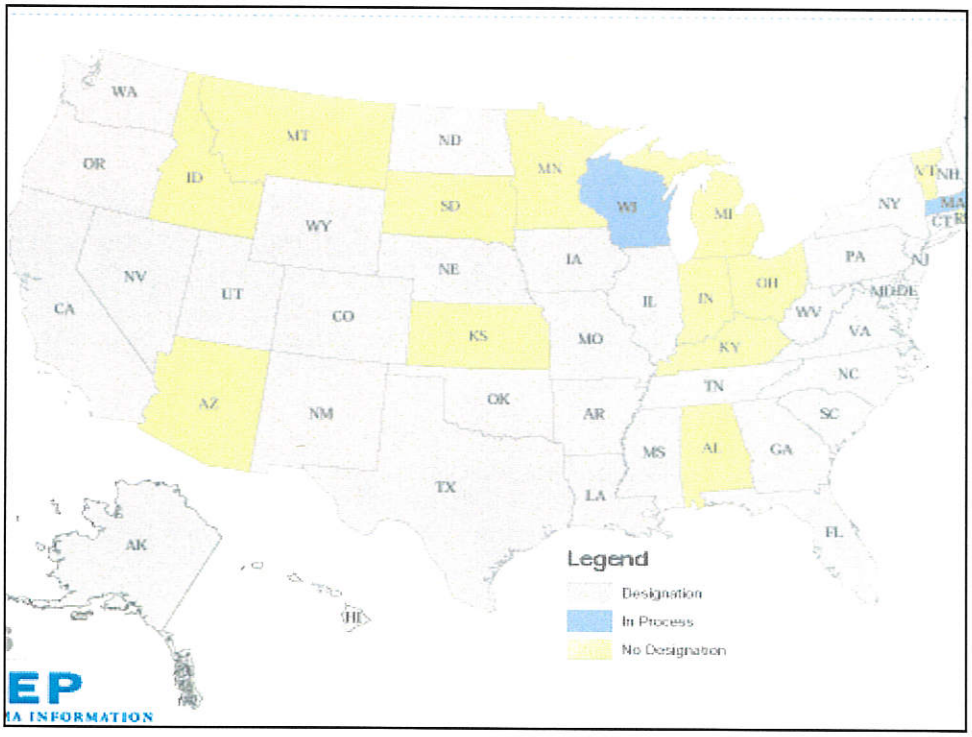
How Does Your State Compare?

This ranking is based on the percentage of the state's population within 50 miles, regardless of state borders, of a Level I or II Trauma Center.

1	CT	100		OH	88		OR	74		WV	50
	DC	100	15	SC	86	28	TN	73	41	AK	49
	NJ	100		WA	86	29	HI	72	42	NM	46
4	NY	97	17	FL	85	30	DE	71	43	AL	41
5	PA	96	18	UT	83		MN	71	44	LA	40
	RI	96	19	MI	82		TX	71	45	MT	39
7	NH	94	20	GA	78	33	IA	68	46	NE	34
8	IL	93		MO	78	34	MS	67		OK	34
9	CA	92	22	ME	77	35	IN	64	48	WY	33
10	MA	91	23	VA	76	36	KY	60	49	SD	29
11	NV	90		VT	76	37	ND	58	50	AR	9
12	MD	89		WI	76	38	KS	57	51	AZ	0
13	CO	88	26	NC	74	39	ID	50			

Source: Trauma Information Exchange Program 4

TIEP
RAUMA INFORMATION



EP
A INFORMATION

Is the Trauma System Worth it?

- Documented studies show the benefit of a organized trauma system can:
  - Reduce the risk of death by greater than 50% among severely injured
  - Survivors have shorter hospital stays
  - More efficient use of resources
  - Reduced costs

We appreciate your support of HB 2752

Thank you

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Testimony of the Kansas Medical Society on HB 2752 by
Craig Concannon, M.D., F.A.C.P.
March 15, 2006

I would like to thank Chairman Barnett and the Public Health and Welfare committee for the opportunity to testify on behalf of KMS for the trauma bill.

As an introduction, I grew up in Hugoton in SW Kansas and attended Bethany College in Lindsborg as an undergraduate student. After attending the University of Kansas School of Medicine and finishing my residency in internal medicine, I moved to Beloit where I have been a practicing physician for the past 19 years. Having spent all but 7 years of my life in rural Kansas I feel I know rural Kansas well. Similarly, my entire professional career has been dedicated to providing and promoting excellence in rural healthcare in Kansas.

Mitchell County Hospital in Beloit provides primary care to the surrounding communities as well as a general surgical referral base to those surrounding communities and their hospitals. As a result, we care for trauma victims from an initial presentation in addition to receiving patients on referral to our facility. Subsequently, we see the trauma system from across the spectrum.

As has been discussed by Dr. Rodenberg, an effective trauma system is one that provides high quality triage, stabilization, and transportation of trauma victims to the most appropriate trauma center for care in the most time efficient manner. This assures the most optimal outcome with improved survival as well as achieving the greatest functional capacity post-injury.

As stated in Dr. Harrison's testimony, trauma care requires statewide coordination to ensure that the most appropriate triage, transfer, and treatment is given for optimal patient outcomes. As with any system, a mechanism necessary to assess its effectiveness on an ongoing basis is necessary to maintain the highest levels of care.

Geographically, the majority of Kansas is rural which is served by the smallest hospitals with the most limited resources. Most trauma victims will present first to these hospitals. Subsequently, it is imperative that there is a consistent coordinated response to trauma care across all areas of the state.

As the trauma system has developed to this point, the trauma regions were born from existing referral relationships between rural hospitals and their larger referral centers. Within these relationships there are varying degrees of capabilities and support between these hospitals

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unique to each of these institutions. These relationships differ from trauma region to trauma region.

National organizations, such as the American College of Surgeons, which survey trauma systems focus primarily on Level 1 and Level 2 trauma centers. Their evaluation of smaller hospitals is limited by their lack of awareness of the unique regional patterns of support existing between hospitals. This limits their ability to recognize how each region may accomplish the same tasks utilizing varying mechanisms. A state organization would be cognizant of the political playing field across all regions allowing them to better assess the landscape to maintain the highest level of care. Furthermore, the fees associated with the trauma system designation through these organizations are more than most rural hospitals can afford thus limiting participation. The system will be best served by full participation of all healthcare providers at all levels.

Subsequently, the trauma bill before you would provide 3 tools necessary to enable the trauma system to work most efficiently both systematically and economically. This bill will allow designation of trauma hospitals based on their capabilities as well as identifying an appropriately affordable fee structure to allow maximal participation by all facilities. Finally, the bill provides provisions to link trauma registry data to peer review processes so that continuous evaluation of the system will enable optimal patient outcome.

Thank you for the opportunity to testify. I will be happy to answer any questions.

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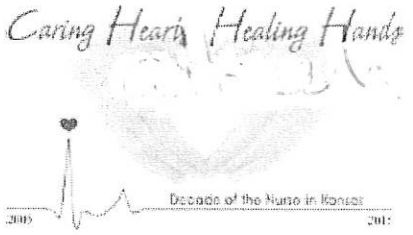

ELLEN CARSON, PH.D., A.R.N.P., B.C
PRESIDENT

THE VOICE AND VISION OF NURSING IN KANSAS

TERRI ROBERTS, J.D., R.N.
EXECUTIVE DIRECTOR

Terri Roberts J.D., R.N.
troberts@ksna.net

H.B. 2752 KANSAS TRAUMA SYSTEM

March 15, 2006

Chairman Barnett and members of the Senate Public Health and Welfare Committee, my name is Darlene Whitlock, R.N., M.S.N., C.E.N., and I am here to support H.B. 2752 on behalf of the KANSAS STATE NURSES ASSOCIATION and the KANSAS EMERGENCY NURSES ASSOCIATION. A majority of the members of the Advisory Committee on Trauma are registered nurses, and they strongly support the development of a state trauma plan. The additional provisions and revisions in this bill strengthen the already standing legislation.

It is hoped that this proposed legislation would result in a decrease in both incidence and severity of injury through strengthened quality-improvement activities. These activities could include things such as identifying common causes of injury in Kansas, so prevention efforts can be more specific. It will also allow honest evaluation of care through protected peer review. This activity is vital to improve existing care through multidiscipline evaluation and discussion, without fear of litigation. Currently, trauma-care providers are not able to easily compare their outcomes to those of their peers around the state.

A foundational component of the *Kansas Trauma Plan* has always been to classify hospitals according to their resources to care for the most critically injured. The vast majority of trauma patients can be cared for in their local communities, but a few will require resources available only in more urban areas. Verification by the American College of Surgeons is planned for Level I and Level II Trauma Centers, but the majority of Kansas hospitals are more community-based and rural in nature. This bill will permit all hospitals to be a part of the Trauma System, yet be fairly evaluated by an outside agency to assure capabilities.

Finally, registered nurses all across this state care for injured patients on a daily basis. They see the human toll of pain and suffering. The most critically ill and injured will benefit from strengthening the current Kansas Trauma Plan. We strongly support HB 2752.

Thank You.

Senate Public Health & Welfare committee
Date: March 15, 2006
Attachment # 11

KANSAS HOSPITAL ASSOCIATION

TO: Public Health and Welfare Committee

FROM: Melissa L. Hungerford, Exec. Vice President

DATE: March 15, 2006

RE: HB 2752 Testimony

Mr. Chairman and members of the Committee, I am Melissa Hungerford, and I am here representing the Kansas Hospital Association. KHA has been actively involved in the Kansas Advisory Committee on Trauma as it develops a plan to improve trauma care for Kansans. Thank you for giving me the opportunity to provide testimony in favor of HB 2752. As you are all aware, HB 2752 makes two important changes to the statutes governing our trauma planning process.

First, HB 2752 clarifies the authority of KDHE to implement the Kansas Trauma System plan by designating trauma centers in Kansas. While we have come a long way toward developing a trauma system that meets the diverse nature of Kansas, we have been in planning stages encouraging hospitals to work with the American College of Surgeons (ACS) criteria and its "verification" process. Until we bring the process into the state auspices, it will be very difficult for hospitals in the rural areas of our state to participate.

- It does this by allowing KDHE and the ACT to set standards, using national ACS standards as the base, that raise the bar for Kansas hospitals and then recognize, through designation, those hospitals that choose to implement the standards at a cost more reasonably borne by our rural hospitals.

- In addition, it allows KDHE to work with and recognize our small, critical access hospitals (Kansas now has 84) to encourage improvement and participation in the trauma system.

The second amendment allows us all to move the trauma registry to the next level. The collection of data is only the first step to improving a process. Hospitals use data collection as part of an overall Performance Improvement Process and Peer Review Process. To have the best system possible and to provide the best individual provider performance possible, data has to be available for analysis. The tort reform laws of the 1980's have proven in Kansas that having a peer review framework within which to review specific data can improve outcomes and reduce risk.

Thank you, Mr. Chairman, for the opportunity to testify. I'd be happy to try and answer questions.

Senate Public Health & Welfare Committee
Date: March 15, 2006
Attachment #12

KANSAS ASSOCIATION OF NURSE ANESTHETISTS

March 13, 2006

Senator James Barnett
Chairman, Senate Public Health & Welfare Committee
State Capitol, Topeka, Kansas 66612

Chairman Barnett and Members of the Committee,

My name is Joseph P. Conroy and I am a Certified Registered Nurse Anesthetist (CRNA) from Emporia representing the Kansas Association of Nurse Anesthetists (KANA). Thank you for allowing me to address our concerns regarding one section of the proposed changes in H.B. 2752.

> *designate trauma facilities by level of trauma care capabilities after considering the American college of surgeons committee on trauma standards and other states' standards;*

We recognize that new (f) has been added to give the Kansas Department of Health and Environment (KDHE) and the Advisory Committee on Trauma (ACT) the specific authority to designate trauma facilities.

Our concern is the language requiring consideration of the American College of Surgeons' (ACS) criteria for Levels of Trauma care. ACS standards for anesthesia services require anesthesiologist supervision (Level I and II) or physician supervision (Level III and IV) of CRNAs. Kansas law does not require supervision of CRNAs. CRNAs provide anesthesia services "upon the order of a physician or dentist" (K.S.A 65-1158).

In 1999, - when legislation establishing the ACT was adopted- KANA testified before this Committee expressing the same concern. In response to our concerns, the Committee included the language in Section 1., (b) (line 22 & 23 of H.B. 2752) "....using the Kansas EMS-Trauma Systems Plan study as a guide and ***not more restrictive than state law***." This language has been part of the statute since 1999.

Once again, we face the issue of whether the ACT is going to mandate verification and designation of trauma facilities based upon the criteria of the College of Surgeons. The minutes of the November 16, 2005 meeting of the ACT indicate a question of whether there should be any latitude in modifying the ACS model. In addition, the issue was raised several times in early meetings of the ACT.

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Date: March 15, 2006
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KANSAS ASSOCIATION OF NURSE ANESTHETISTS

Our efforts to ensure that the Legislature is the determiner of how anesthesia is delivered certainly proved frustrating to some in 1999. KANA has always been supportive of the Trauma Plan and a CRNA was on the ACT for many years. However, if new (f) is adopted as written and the verification criteria of the ACS is implemented as to anesthesia services, many hospitals would be unable to meet the criteria because the primary anesthesia services are provided by CRNAs who are not supervised. Therefore, new section (f), without clarifying language, appears to conflict with the language adopted in 1999 prohibiting implementation of a plan that is more restrictive than state law.

Nurse anesthetists are the sole provider of anesthesia care in 83% of Kansas hospitals providing surgical, obstetrical and trauma care. Based upon our history as the primary provider of anesthesia services in combat areas since WWII, we believe our ability to function in a trauma system is well documented. The ACS criteria for anesthesia services is neither practical nor necessary and mandates standards not contained in Kansas statutes or regulations.

KANA realizes that anesthesia services are only a small component of trauma services; however, CRNAs play an essential role in the trauma system from airway management and stabilization to surgical procedures. Therefore, KANA requests that new section (f) be amended to reflect state law by clarifying that new practice restrictions on CRNAs providing anesthesia care in the trauma setting, cannot come in the backdoor through trauma level designations. We realize that new (f) states that designation of trauma facilities would be done after *considering* the ACS standards, and does not require the ACT to adopt the standards. However, we ask that the Committee amend new (f) to clarify that the ACT *shall not* base the trauma level designations on criteria that place practice limitations on CRNAs that are not required by state law.

Thank you for your time.

Joseph P. Conroy

Joseph P. Conroy, CRNA
2614 Apple Drive
Emporia, KS 66801
620-342-0856

KANSAS

DENNIS ALLIN, M.D., CHAIR
ROBERT WALLER, ADMINISTRATOR

KATHLEEN SEBELIUS, GOVERNOR

BOARD OF EMERGENCY MEDICAL SERVICES

March 9, 2006

The Honorable Jim Barnett, Chair
2006 Legislature
Senate Committee on Public Health and Welfare
Room 231-N, Statehouse
Topeka Kansas

Re: HB 2752, as introduced by the House Committee on Health and Human Services

Dear Senator Barnett:

The Kansas Board of Emergency Medical Services would like to support the passage of HB 2752.

The Kansas Board of Emergency Medical Services is introducing Legislation this session (SB 546) that would create a data collection system to collect pre-hospital data similar to what is collected by the Kansas Department of Health and Environment (KDHE) within the Trauma Registry. The legislation, supported by the Board, is very similar to this Legislation and will also allow us the opportunity for improvement of quality pre-hospital care to Kansas citizens in addition to the Traffic Records System operated by the Kansas Department of Transportation's (KDOT). The value of HB 2752 cannot be underestimated and the Board of Emergency Medical Services would ask the Committee to pass the bill favorably. If you have any further questions, please call the Board Office at (785) 296-7296.

Sincerely,

Mary E. Mulryan

Mary E. Mulryan
Administrative/Fiscal Officer

LANDON STATE OFFICE BUILDING, 900 SW JACKSON STREET, ROOM 1031, TOPEKA, KANSAS 66612-1228
Voice 785-296-7296 Fax 785-296-6212 www.ksbems.org

Senate Public Health & Welfare Committee
Date: March 15, 2006
Attachment #14