

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:30 P.M. on February 8, 2007 in Room 231-N of the Capitol.

All members were present.

Committee staff present:

Emalene Correll, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jim Wilson, Office of Revisor of Statutes
Nobuko Folmsbee, Office of Revisor of Statutes
Morgan Dreyer, Committee Secretary

Conferees appearing before the committee:

Diane Glynn, JD, RN Practice Specialist for the Kansas State Board of Nursing
Deborah Stern, RN, JD, Vice President Clinical Services/ Legal Counsel for Kansas Hospital Association
Joan Felts, Kansas Committee for Nursing Education and Practice, a Committee of the Kansas Organization of Nurse leaders
Martha Butler, PhD, RN, Kansas Association of Colleges of Nursing
Geraldine Tyrell, President of the Bethel College Chapter of Kansas Association of Nursing Students
Bernadette Kahler PhD, RN, CNS
Amanda Wilson, President of the Newman-Kansas Association of Nursing Students Organization at Emporia State University
Howard Rodenberg, MD, MPH, Kansas Department of Health and Environment
James Hamilton, Jr., MD, FACS, Kansas Cancer Partnership

Others attending:

See attached list.

Upon calling the meeting to order, Chairman Barnett asked Emalene Correll to read and explain **SB 106**, **SB 178**, and **SB 179**. Then the Chair announced that the next order of business would be to open hearing on **SB 106**.

Hearing on SB 106 – An act concerning the practice of nursing

Fiscal Note or **SB 106** was available for the Committee to view. A copy of the fiscal note is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett then called upon his first proponent conferee, Diane Glynn, JD, RN Practice Specialist for the Kansas State Board of Nursing who stated that the bill would eliminate the practice of nursing by graduates pending the results fo the first licensure examination and the mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses. A copy of her testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

The Chair then call upon the second proponent conferee, Deborah Stern, RN, JD, Vice President Clinical Services/ Legal Counsel for Kansas Hospital Association who stated that the bill requires nursing students to take a computerized national nursing licensing exam, known as the NCLEX graduated from nursing school has up to 120 days to take the NCLEX and in the interim can be hired as a Graduated Nurse (GN). A copy of her testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett then called upon proponent conferee, Joan Felts, Kansas Committee for Nursing Education and Practice, a Committee of the Kansas Organization of Nurse leaders who asked for the Committee's support for the bill because technology has significantly reduced the period of time that it takes for receiving the results of NCLEX and the license to practice, because graduates will have minimal competency as established by the nation licensure examination before they begin their practice, and because healthcare cost savings can be realized by hospitals by hiring licensed staff nurses. A copy of her testimony is (Attachment

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on February 8, 2007 in Room 231-N of the Capitol.

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

Chairman Barnett then called upon proponent conferee, Martha Butler, PhD, RN, Kansas Association of Colleges of Nursing who stated her belief in requiring graduates of professional nursing programs to obtain licensure prior to beginning professional practice is in the best interests of the citizens of Kansas. A copy of her testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

The Chair called upon proponent conferee, Geraldine Tyrell, President of the Bethel College Chapter of Kansas Association of Nursing Students who stated that the elimination of the exception will place a demand on students to take the NCLEX in a timely manner, thus resulting in an improvement in testing scores and efficient placement of licensed nurses in the work force. A copy of her testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett called upon proponent conferee, Bernadette Kahler PhD, RN, CNS who stated that the bill first and foremost as a protection of public safety, and secondly to facilitate a more effective use of personnel and fiscal resources for health care agencies. A copy of her testimony is (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

The Chair then called upon the last proponent conferee, Amanda Wilson, President of the Newman-Kansas Association of Nursing Students Organization at Emporia State University who stated that N-KANS respectfully request the Committee amend the effective date of **SB 106** to October 1, 2007. A copy of her testimony is (Attachment 8) attached hereto and incorporated into the Minutes as referenced.

Written testimony was submitted by Janice Jones, nurse educator with Butler Community College in opposition to **SB 106**. A copy of her testimony is (Attachment 9) attached hereto and incorporated into the Minutes as referenced.

Questions came from Senators Schmidt, Haley, and Wagle regarding failure of the NCLEX, student vs. graduate status, October 1, 2007 request, practicum of 120 days, January 1, 2008 notice, loss of health insurance after graduation.

With no more conferee and no more questions from the Committee, Chairman Barnett closed the hearing on **SB 106**.

The motion was made by Senator Schmidt that would amend the effective date to October 1, 2007 and move the bill out favorably. It was seconded by Senator Haley and the motion carried.

Chairman Barnett then opened the hearing on **SB 178**.

Hearing on SB 178 – An act concerning the cancer registry

Fiscal Note or **SB 178** was available for the Committee to view. A copy of the fiscal note is (Attachment 10) attached hereto and incorporated into the Minutes as referenced.

The Chair then called upon the first proponent conferee Dr. Howard Rodenberg, Kansas Department of Health and Environment who stated that the bill proposes to allow the Secretary of the Department of Health and Environment to authorize use of Cancer Registry data under carefully controlled circumstances to expand the use of this confidential data. A copy of his testimony is (Attachment 11) attached hereto and incorporated into the Minutes as referenced.

Chairman Barnett called upon his final proponent conferee Dr. James Hamilton, Kansas Cancer Partnership who stated that as a physician, he does not believe this bill would result in an undue burden on myself or my practice. However, I believe it will enhance public health efforts and result in enhanced data for the Kansas Cancer Registry. A copy of his testimony is (Attachment 12) attached hereto and incorporated into the Minutes as referenced.

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on February 8, 2007 in Room 231-N of the Capitol.

Written testimony was submitted by Patti Moser, RN, MPH, BSN, OCN, Chair, Research and Data Workgroup, Kansas Cancer Control Partnership. A copy of her testimony is (Attachment 13) attached hereto and incorporated into the Minutes as referenced.

Questions came from Senators Haley and Wagle regarding consent form requirements, death certificates, other states registries.

The Chair announced to the Committee that they were out of time and that they would close the hearing on **SB 178**, work **SB 178** and push the hearing for **SB 179** to next week.

Adjournment

As there was no more time, the meeting was adjourned at 2:30 p.m.

The next meeting is scheduled for Tuesday, February 13, 2007.

Senate Public Health and Welfare Committee

2/8/07

Please Sign In

DEBORAH STERN

KS. HOSPITAL ASSN.

Jean Felts

KNEP

Martha Butler

KACN - Southwestern College

Amy Watson

Southwestern College - student

BERNADETTE KALLER

Quoran University

Pam Scott

Ks funeral Directors Assn

Susan Belshe

Colby Com. College

Merilyn Douglass

KSNTA

Janice Jones

KSNA

Henri Menager

KDHE

Sue Lai

Univ. of Kansas Med Ctr.

Sarah Tidwell

KSNA Assn

Kishimjan Bertashova

Southwestern College - visiting scholar

Jane Scheridan

Southwestern College Faculty

Renda Wenzel

Emporia State University Faculty

Colby Pimpl

Emporia State University Faculty

Dianna Corpstein

KSNA

Margaret Winstead

Webster University

Carla A Lee

Kaangp

Alcie Bley

KSBN

Diane Smith

WU graduate student

Mack Smith, Exec. Sec.

KS ST BO of Mortuary Arts

Senate Public Health and Welfare Committee

2/8/07

Please Sign In

| | |
|-----------------------|--------------------------|
| Nancy Mosback | KSBO |
| Gregg Schroeder | Bethel College |
| Patricia Brown | Ks Wesleyan University |
| Teresa Fekas | Ks Wesleyan University |
| Rahab Kiarie | NDN ESU |
| James Hamilton, M.D. | Kansas Comp. Career Plan |
| Tarot Neff | Ks. Dept Health & ERU. |
| Ryan Simic | ESU - NDN |
| Rebecca Spade | ESU - NDN |
| Betsey Grant | ESU, NDN |
| Molue Shriver | KWU Nursing |
| Cynthia Gaering | KWU Nursing |
| Miranda Y. Vega-Brown | KWU Nursing |
| Nancy Myers | KWU Nursing |
| Shana Reed | KWU Nursing |
| Karen Brillhart | KWU Nursing |
| Patti Rust | Butler Community College |
| Mia Timmons | Butler Community College |
| | KWU Nursing |
| Abby Simon | ESU - NDN |

Senate Public Health and Welfare Committee

2/8/07

Please Sign In

Kim Reed

ESU student nurse

Mallory Halcik

ESU student nurse

Amy Critchfield

ESU student nurse

Amanda Wilson

ESU student nurse

Paul Hansen

KDHE

Susan Kang

KDHE

Paula Mamm

KDHE

January 22, 2007

The Honorable Jim Barnett, Chairperson
Senate Committee on Public Health and Welfare
Statehouse, Room 120-S
Topeka, Kansas 66612

Dear Senator Barnett:

SUBJECT: Fiscal Note for SB 106 by Senate Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning SB 106 is respectfully submitted to your committee.

SB 106 would repeal current law that allows graduates of approved nursing schools to practice nursing for up to 120 days prior to receiving the results of their first licensure examination.

The Kansas Board of Nursing and the Kansas Department of Aging indicate that passage of SB 106 would have no fiscal effect.

Sincerely,



Duane A. Goossen
Director of the Budget

cc: Mary Blubaugh, Board of Nursing
Barbara Conant, Department on Aging
Aaron Dunkel, Health & Environment

Public Health and Welfare Committee
February 8, 2007

Testimony in Support of Senate Bill 106
Diane Glynn, J.D., R.N.
Practice Specialist

Good Afternoon Chairman Barnett Members of the Committee on Public Health and Welfare. My name is Diane Glynn, Practice Specialist for the Kansas State Board of Nursing. I am providing testimony on behalf of the Board Members to provide support of SB 106 which would eliminate the practice of nursing by graduates pending the results of the first licensure examination.

The mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses. The 2006 National Council Licensure Examination (NCLEX) pass rates for professional nursing (RN) and practical nursing (PN) programs are listed below.

| Profession | National Pass Rate | Kansas Pass Rate |
|--------------------|--------------------|------------------|
| Professional Nurse | 88.11% | 86.02% |
| Practical Nurse | 87.87% | 93.34% |

The pass rates for Kansas and the nation for the last several years are available on KSBN web site at <http://www.ksbn.org/cne/multiyearpassrates.htm> (2006 rates will be displayed on the web site after the March 13th and 14th Board of Nursing Meeting). These statistics show that 14% of graduate professional nurses may have practiced for up to 120 days without the minimum knowledge and skills to be licensed in Kansas.

In the past, graduate nurses did not receive the results of the NCLEX for 1 to 2 weeks after taking the examination. Since the testing vendor for NCLEX has changed, KSBN has the results within one business day (usually within 2 hours) after the examination is taken. KSBN mails the results the same day the graduate nurse takes the test, or the next business day, eliminating the 1 to 2 weeks delay in receiving the test results. Current procedure is that the board does not give authorization to test until both the application and transcripts were received. The Board of Nursing approved a pilot study for those students that graduated October through December 2006. The pilot study allowed the school of nursing to complete a form to state the student had passed or was expected to pass the nursing program. When the form and application was received, the board gave the authorization to test. This eliminated waiting for the transcript. After the student had received the authorization to test they were able to make an appointment to take the examination. Below is a table that shows the number of nursing student graduates and testing or scheduled to test for the same time period for the last two years.

| 2005-2006 | Tested | 2006-2007 | Tested | Scheduled to Test |
|-----------|--------|-----------|--------|-------------------|
| December | 32 | December | 51 | N/A |

Senate Public Health and Welfare Committ.
Attachment #2
February 8, 2007

| | | | | |
|----------|-----|----------|-----|-----|
| January | 129 | January | 258 | N/A |
| February | 261 | February | N/A | 178 |
| March | 141 | March | N/A | 6 |
| April | 58 | | | |

Elimination of graduate status may encourage graduates to test early. Both Kansas and national data reveal a higher pass rate for graduates who take NCLEX within 60 days of graduation.

A review of the National Council State Board of Nursing *Profile of Member Boards 2002* revealed that 22 boards of nursing do not allow graduates to practice until they have passed NCLEX. Two neighboring states, Nebraska and Oklahoma, do not allow the practice of nursing by graduates.

National Council of State Board of Nursing released a study in January 2007 of candidate data from the calendar years 2003 to 2005 for both Registered Nurse and Practical Nurse. The study showed that testing population passing rates tend to decrease with increased time between the date of becoming eligible to sit for the examination and the test date. Below are charts that show the passing rates in correlation to dates of approval to test for RN and LPN U.S. educated first time and repeat test takers.

RN Passing Rates

| Days | First Time | Repeat |
|--------|------------|--------|
| 0-21 | 90.1% | 60.8% |
| 22-33 | 88.1% | 54.9% |
| 34-54 | 85.0% | 50.4% |
| 55-365 | 77.0% | 39.2% |

LPN Passing Rates

| Days | First Time | Repeat |
|--------|------------|--------|
| 0-18 | 90.4% | 55.1% |
| 19-28 | 91.1% | 50.6% |
| 29-46 | 88.3% | 46.1% |
| 47-365 | 79.4% | 36.4% |

The elimination of the 120 day graduate status offers assurance to the public that the recently graduated registered and practical nurses have reached the level of minimum competence to provide care in a safe and effective manor. We ask for favorable action on this legislation. Thank you for your time and consideration and I will stand for questions.



Thomas L. Bell
President

TO: Senate Committee on Public Health and Welfare

FROM: Deborah Stern, RN, JD
Vice President Clinical Services/ Legal Counsel

RE: Senate Bill 106

DATE: February 8, 2007

The Kansas Hospital Association (KHA) and its allied organization, the Kansas Association of Nurse Leaders appreciates the opportunity to speak in favor of Senate Bill 106 which requires nursing students to take a computerized national nursing licensing exam, known as the NCLEX and pass it prior to obtaining employment as a Registered Nurse. Currently, a student who has graduated from nursing school has up to 120 days to take the NCLEX and in the interim can be hired as a Graduate Nurse (GN).

Studies have shown that the sooner the nursing graduate takes the NCLEX exam, the higher the pass rate. Promoting graduates to take the exam earlier has been piloted in Kansas with good results. In other words, the graduate nurse who procrastinates and waits up to four months to take the licensing exam has a lower pass rate than his or her counterpart who takes the exam right out of nursing school.

Once a GN is hired, an employer puts this new hire through orientation assuming that the GN will take and pass the NCLEX exam and soon function as a Registered Nurse. With the current system, problems arise when the GN is hired and then takes and fails the NCLEX exam. Often the employer has no choice but to terminate the GN or demote him or her to a nurse aide position if one is available. Senate Bill 106 would eliminate the GN status; all newly hired nurses would be ready to work as Registered Nurses having successfully passed the licensing examination.

Your support of this legislation will assist new nursing graduates as well as the employers who hire them. Thank you.

*Senate Public Health and Welfare
Attachment #3
February 8, 2007
Committee*

Kansas Hospital Association

215 SE 8th Ave. • P.O. Box 2308 • Topeka, KS • 66601 • 785/233-7436 • Fax: 785/233-6955 • www.kha-net.org

Testimony on SB 106---Elimination of the 120-Day GN Exception Clause

To: Senator Jim Barnett, Chair, Senate Public Health and Welfare Committee

From: The Kansas Committee for Nursing Education and Practice

Date: February 5, 2007

Thank you for the opportunity to present in support of SB 106. My name is Joan Felts and I am representing the Kansas Committee for Nursing Education and Practice, a Committee of the Kansas Organization of Nurse Leaders.

Nursing graduates have had to take a licensure examination for decades. Since 1994, the licensure examination, NCLEX, has been a computerized test. Current technology enables candidates to receive test results in a significantly reduced period of time, and hence, receive the license issued by the Kansas State Board of Nursing.

In the current health care delivery system, the complexity of the environment continues to increase, the acuity level of patients is increasing in the acute care hospitals, and there is a national emphasis on patient safety. The NCLEX measures minimal competency of new graduates. Elimination of the 120 day exception for graduates ensures a professional nursing license before the practice of nursing by the graduate.

Over the past few years, both national and Kansas data verify that graduates who take the NCLEX RN closer to their graduation date have a better pass rate than those who take later in the cycle. For example, May graduates who take the NCLEX in May and June have a higher pass rate than those who take the NCLEX in August.

Currently, new graduates have the 120 day exception. Those who fail the NCLEX RN must work in an ancillary capacity until licensed. This results in increased costs to the hospitals because of orientation expenses, and, it causes staffing difficulties. (National failure rate in 2005 was 12.71% and Kansas failure rate was 14.59%)*

The Kansas Committee for Nursing Practice and Education asks for your consideration of this bill because technology has significantly reduced the period of time that it takes for receiving the results of NCLEX and the license to practice, because graduates will have minimal competency as established by the national licensure examination before they begin their practice, and because healthcare cost savings can be realized by hospitals by hiring licensed staff nurses.

Thank you,

Joan Felts PhD RN
Chair, Kansas Committee for Nursing Education and Practice

*Data from the National Council of State Boards of Nursing

Senate Public Health and Welfare
Attachment # 4
February 8, 2007
committee

To: Senator Jim Barnett, Chair, Senate Public Health and Welfare Committee
From: Kansas Association of Colleges of Nursing (KACN)
Date: February 5, 2007

Chairman Barnett and members of the Senate Public Health and Welfare Committee, thank you for the opportunity to present testimony regarding SB 106. My name is Martha Butler, PhD, RN, and I am here today on behalf of KACN, the Kansas Association of Colleges of Nursing. KACN represents the 14 baccalaureate and higher degree nursing programs in Kansas.

We strongly support eliminating the provision from statute 65-1124 of the Nurse Practice Act which allows graduates of professional nursing programs to practice before licensure for 120 days.

It is our belief that graduates should be licensed prior to engaging in professional nursing practice for the following reasons:

- There has been a growing emphasis on patient safety, as evidenced by national reports such as those by the Institute on Medicine. However, at the same time, the healthcare delivery environment continues to become more complex, and the acuity level of patients in acute care hospitals continues to increase.
- The National Council of State Boards of Nursing licensure exam (NCLEX-RN), required for licensure as a professional registered nurse, measures minimal competency of the nurse to deliver nursing care.
- The time required to obtain NCLEX-RN test results has been significantly reduced. Candidates for licensure now receive their results and thus can begin practicing with a license within days of taking the exam.
- Delay in the graduate's ability to practice does not negatively impact NCLEX-RN pass rates.
- Kansas data verify that graduates who take the NCLEX-RN in a timely manner, meaning soon after graduation, have a higher pass rate than those who delay taking the exam (Kansas Committee for Nursing Education and Practice, 2004).
- The difficulty level of the NCLEX-RN is raised periodically, potentially increasing the failure rate of new graduates.
- Graduates who fail to pass the NCLEX-RN must work in an ancillary capacity until licensed, resulting in staffing difficulties and hospital expense.

For these reasons, the members of KACN believe requiring graduates of professional nursing programs to obtain licensure prior to beginning professional practice is in the best interests of the citizens of Kansas. Thank you for the opportunity to provide testimony in support of SB 106.

KACN member schools:

Baker University
Bethel College
Emporia State University
Ft. Hays State University
Kansas Wesleyan University
MidAmerica Nazarene University
Newman University

Pittsburg State University
Southwestern College
University of Kansas
Washburn University
Wichita State University
Tabor College
University of Saint Mary

*Senate Public Health and Welfare
Attachment # 5
February 8, 2007
committee*

To: Senator Barnett, Chairman
Public Health and Welfare Committee

From: Geraldine Tyrell
President of Bethel College Chapter of
Kansas Association of Nursing Students

Re: SB 106

Good afternoon Chairman Barnet and committee members. Thank you for this opportunity to come and speak before you today. My name is Geraldine Tyrell and I am the President of the Bethel College Chapter of the Kansas Association of Nursing Students Organization. I am here today to represent myself and my fellow nursing students of Bethel College in support of SB 106 which would eliminate the exception in the Kansas Nurse Practice Act that allows graduate nurses to practice for up to 120 days after graduation without a license.

- Throughout our nursing education, we as nursing students are taught to deliver safe and effective patient care and actively practice the role of patient advocate.
- In theory the GN program is an excellent idea. It allows for new nurses to perfect skills under the constant supervision of a licensed RN. However, in reality this is not happening. We, as students, witness this everyday in clinical sites where we are to be supervised by a nurse and are being told to "go ahead and administer this medication while I go check on another patient." Nursing supervision in many clinical sites is inadequate due to issues like understaffing and increasing expectations in nurse's work loads.
- It is alarming to consider that as future Proctors in healthcare settings, we might potentially be held liable for mistakes made by graduates working under our own licensure.
- As students we have had two years of clinical experience in which to gain adequate knowledge needed to pass the NCLEX and we as Bethel Students do not feel that an additional 120 days will offer a significant difference in our knowledge or nursing skills in order to pass the NCLEX.
- The NCLEX is a minimum competency exam and thus GN's should not be allowed to practice without this proof of minimal competency.
- A January 2007 study published by the National Council of State Boards of Nursing reported a positive correlation between increased NCLEX failure rates and increased lag time in completing the exam.
- Elimination of the exception will place a demand on students to take the NCLEX in a timely manner, thus resulting in an improvement in testing scores and efficient placement of licensed nurses in the work force.

Finally, I stand before you today not only as a nursing student but as a future nurse, nurse educator, nurse leader, and ask that you consider voting in favor of Senate Bill 106 not only for the future of nursing in Kansas but more importantly for the safety of the citizens of the State of Kansas.

Thank You.

senate Public Health and Welfare
Attachment # 6
February 8, 2007
committee

Chairman Barnett and members of the Senate Public Health and Welfare Committee, thank you for this opportunity to present on S. B. 106 ---Elimination of the 120 day GN/GPN Exception Clause. My name is Bernadette Kahler PhD, RN, CNS and I am representing nursing practice.

The National Council of State Boards of Nursing utilizes the passage of the NCLEX licensure exam as a measure of minimal competency for safe nursing practice. The latest job survey conducted by the Council indicates that the acuity of patients in our health care environments is becoming more complex. Based on these findings the National Council has determined that a higher level of knowledge and skills is required to safely and effectively provide care to today's patients. The Council has once again voted to raise the passing standard on the NCLEX exam effective April 1st, 2007. Historically a raising of the passing standard has resulted in a decrease in pass rates nationwide.

Health care agencies today invest human and fiscal resources into the orientation of new graduates. The preceptors responsible for the orientation of a new graduate have a challenging role – to teach and mentor while maintaining patient safety and evaluating readiness for independent practice. When the graduate nurse fails to pass the NCLEX exam, which 12% of first time writers did in 2006 nationwide, these resources are lost. Nationally 46% of repeat writers in 2006 failed to pass the NCLEX exam. In today's climate of restricted budgets these fiscal resources could be more effectively allocated for the development and growth of licensed staff.

As a member of nursing practice I ask you for your consideration of the bill first and foremost as a protection of public safety, and secondly to facilitate a more effective use of personnel and fiscal resources for health care agencies.

Thank You

Senate Public Health and Welfare
Attachment # 7
February 8, 2007
Committee

SB 106: Removal of the Graduate Nurse Exception Clause

Senator Barnett and members of the Senate Public Health and Welfare Committee, my name is Amanda Wilson and I am President of the Newman-Kansas Association of Nursing Students (N-KANS) Organization at Emporia State University.

N-KANS respectfully requests the committee amend the effective date of SB 106 to October 1st, 2007. The majority of nursing education programs have their spring graduation date in May. The Kansas State Board of Nursing requires the receipt of official transcripts from the school before they will issue permission to the graduate to schedule the licensure exam. These transcripts are sometimes not received until three to four weeks after the May graduation date. This can delay the individual graduate from being able to schedule their exam, which is also dependent on availability at the test site. With the effective date currently proposed in the bill, there is the potential for May graduates to be able to initially practice under current law, but have the law change before they are licensed. This could be very confusing for the graduates and difficult for employers to monitor. In a review of nursing program graduation dates across the state, it was noted an October effective date would avoid May 2007 graduates from being caught in the middle of the implementation period, and yet would be in effect for mid-year graduates.

The Newman Kansas Association of Nursing Students requests the committee consider changing the effective date to October 1, 2007.

Thank you for your consideration.

Amanda Wilson, SN
President
Newman Kansas Association of Nursing Students
Emporia State University

senate Public Health and Welfare
Attachment # 8
February 8, 2007
committee

From: Janice G Jones <jjones@butlercc.edu>
To: <barnett@senate.state.ks.us>
Date: 2/5/2007 8:42 PM
Subject: opposition to SB 106

CC: <grange@house.state.ks.us>

Dear Senator Barnett,

I am Janice Jones, a nurse educator for twenty-five years with Butler Community College. In those twenty-five years I have taught over 1988 nursing students. I am writing in opposition to SB 106, proposing to eliminate the 120-day practice exemption for graduate nurses.

In conversations with recent graduates and experienced nurses, the "learning moments" that occur between graduation and taking the NCLEX-RN (licensing exam) improve the graduates' confidence and help solidify their nursing knowledge base. In my experience, local practice environments (El Dorado) pull the new graduate under their wings, initiating their role in "growing the profession" with passion and dedication. Graduates are able to practice in the role of Registered Nurse side-by-side with one-on-one supervision of experienced nurses. The words "in the role of Registered Nurse" are key here. Should SB 106 pass, graduates would be working (because most have to put bread on the table) in a nurse's aide or nurse tech position, applying none of the high level critical thinking skills that are the essence of nursing. The intense practice and guidance in application of the high level critical thinking skills help prepare the graduate for successful completion of the NCLEX-RN.

As mentioned previously, graduate nurses practice side-by-side under the wings of experienced nurses. The Kansas State Board of Nursing Annual Report has no reference to evidence of errors by new graduates. I have seen no other documentation that new graduates put the public "at risk".

The pass rate for Kansas programs for first time candidates was 85.41% in 2005 53.6% of those who fail the first exam pass the second time (national figure). Retrieved February 5, 2007 from: <http://www.ksbn.org/annualreport/FY05%20Annual%20Report/Annual%20Report%20FY%202005.pdf> page 43. Unfortunately, 2005 is the most recent Annual Report available. Costs born by orientation of the new graduate who fails and then succeeds are not lost; the benefit of the expense is delayed. I know several nurses who didn't pass the first time, were retained by the employing agency with continued support for achieving success, and have been valuable Registered Nurse employees for many years. If an agency so desired under current statute, they could delay hiring graduates until boards were passed.

Data does show that NCLEX pass rates are better if the exam is taken within 60 days of graduation. I could support decreasing the practice exception from 120 to 60 days, which combines the synergistic impact of basic nursing education and the nurturing of the professional practice environment.

Thank you for your attention to my point of view. If I can be of

Senate Public Health and Welfare
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committee

further assistance please let me know.

Janice Jones, MN RN CNE
1106 Delmar Drive
El Dorado, KS 67042
316-321-9919 (home)
316-322-3141 (work)

Janice Jones, MN RN CNE CNS-Diabetes
316-322-3141 or 733-3141

If you want to build a ship, don't drum
up the men to gather wood, divide the
work, and give orders. Instead, teach
them to yearn for the vast and endless
sea. Antoine de Saint-Exupéry

February 6, 2007

The Honorable Jim Barnett, Chairperson
Senate Committee on Public Health and Welfare
Statehouse, Room 120-S
Topeka, Kansas 66612

Dear Senator Barnett:

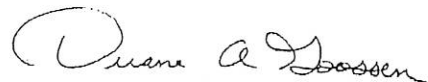
SUBJECT: Fiscal Note for SB 178 by Senate Committee on Public Health and Welfare

In accordance with KSA 75-3715a, the following fiscal note concerning SB 178 is respectfully submitted to your committee.

SB 178 would amend current law regarding the Kansas Cancer Registry to allow the Department of Health and Environment to expand allowable uses of confidential data in the Registry to conduct follow-up projects on cancer cases for public health purposes. The bill would allow KDHE, with the approval of the Health and Environmental Institutional Review Board of the Department, to contact individuals who are the subjects of medical reports submitted to the Registry for follow-up studies. Any person contacted would have the option to decline participation; and, informed consent by a parent or guardian would be required if the person is under the age of 18, unless the inquiry involved information about a subject who is deceased. KDHE would adopt rules and regulations to define who could conduct the follow-up studies and to develop criteria for obtaining informed consent.

The passage of SB 178 would not have a fiscal effect for the Department of Health and Environment. Should studies be conducted as a result of this legislation, sources of funding would need to be identified that are commensurate with the needs of the study.

Sincerely,



Duane A. Goossen
Director of the Budget

cc: Aaron Dunkel, KDHE



Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Division of Health

**Testimony for Senate Bill 178
Follow-up on Cancer Cases**

**To
Senate Public Health and Welfare Committee**

**By
Howard Rodenberg MD MPH**

Kansas Department of Health and Environment

February 8, 2007

Chairman Barnett and Members of the Committee: My name is Dr. Howard Rodenberg. I am the Director of the Division of Health, Kansas Department of Health and Environment. Thank you for the opportunity to appear before you today to discuss Senate Bill 178 concerning the Kansas Cancer Registry. The Department of Health and Environment supports this bill to grant authority to the Secretary to conduct follow-up studies for important public health purposes.

Each year in Kansas, nearly 12,000 people are diagnosed with cancer, and 5,000 die from the disease. Cancer is second only to heart disease as the leading cause of death among Kansas' citizens. The cost of cancer exceeds \$1.6 billion each year in direct medical expenses, lost productivity on the job and premature death.

Current law authorizes the Secretary of Health and Environment to collect data pertaining to all cancers that occur in Kansas and to adopt rules and regulations that specify who shall report, the data elements to be reported, timeliness of reporting and the format for collecting and transmitting data to the registry. Under the Secretary's authority, this information is reported to the Kansas Cancer Registry located at the University of Kansas Medical Center, which is operated by research professionals under a contractual agreement with the Kansas Department of Health and Environment. The cancer registry receives reports from Kansas hospitals, physicians, laboratories and clinics through mail, fax or electronic submission. Data collected includes the type of cancer, stage at diagnosis, patient's personal information (such as name, age, address) and the diagnosing physician's contact information. The data is maintained by the Kansas Cancer Registry using strict protocols to protect confidentiality. The Cancer Registry procedures are reviewed on an annual basis by the Internal Review Boards of KU and KDHE to assure protection of patient confidentiality.

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The Kansas Cancer Registry has achieved a rating of gold standard from the National Association of Central Cancer Registries based upon completeness, timeliness of reporting and data quality. Data from the Registry is used extensively for public health purposes to monitor occurrence of types of cancers, assess demographic patterns in cancer occurrence, stage at diagnosis and length of time from diagnosis until death. The data from the registry was used extensively by the 60+ partner organizations who were involved in developing the Kansas Cancer Control and Prevention Plan. The incidence and mortality information provided by the registry also enables the state to meet program and evaluation requirements for receipt of federal funds to support the Early Detection Works breast and cervical cancer screening program.

While the Registry provides critical information on occurrence of cancer, its utility is limited significantly by restrictions related to use of confidential (identifiable) data. Current law provides for identifying the types and occurrence of cancer on a population basis, but stops short of allowing a method to examine the *causes* of cancer or to identify modifiable influences that have a direct bearing on cancer outcomes. This restriction hampers public health efforts to implement recommendations of the Kansas Cancer Plan, which outlines a plan to impact the prevention of cancer as well as the quality of life of cancer survivors and their families.

Senate Bill 178 proposes to allow the Secretary of the Department of Health and Environment to authorize use of Cancer Registry data under carefully controlled circumstances to expand the use of this confidential data. The Secretary of KDHE will adopt rules and regulations regarding any and all projects to be conducted to ensure privacy, sensitivity and context of inquiries. In keeping with the strict protocols regarding confidentiality issues that are already in place, all proposed studies would be reviewed and require approval of the Institutional Review Boards of the Kansas Department of Health and Environment and the University of Kansas Medical Center to assure the highest level of confidentiality. Follow up information would be collected directly from cancer patients or their families, who will be able to decline participation upon contact or any time thereafter.

The bill will allow for carefully administered follow-up studies to be conducted that will provide important information on access to care, survivorship issues and quality of life following a cancer diagnosis. These are priority issues identified in the Kansas Cancer Prevention and Control Plan and will be used to design and implement effective screening and early detection programs, conduct epidemiological studies, monitor health care access, utilization and effectiveness of services for prevention and treatment and quantify financial burden associated with cancer care. Follow up with cancer patients for this purpose is becoming standard practice among Cancer Registries, with about half of the states operating Cancer Registries already including this provision related to use of confidential data. SB 178 does not allow for any "routine" contacts of cancer patients reported to the Registry, nor does it include any additional duties or reporting requirements on the part of diagnosing physician.

One example of a study that could be conducted under the provisions of SB178 is a closer examination of Kansans diagnosed with brain cancer. We know there are between 175 and 185 new cases reported to the Kansas Cancer Registry each year, but little is known about risk factors or possible causes of brain cancer. Asking patients a few select questions about their history of environmental exposures or health behaviors could result in pin pointing common factors that hold answers regarding potential causes or risks of this type cancer.

One of our cancer partners, a physician in rural southwest Kansas, has expressed concern about the number of late stage colorectal cancers he has diagnosed. The ability to follow up with colorectal cancer patients in the western part of the state could provide insight into why they were diagnosed at late stages: did they lack health insurance? Was transportation available to the closest screening facility? Did they not understand the importance of early detection? Such a follow up study could provide currently unavailable information about the apparent disparities between rural and urban areas of the state.

Utilization of cancer screening and treatment services are another area that would benefit greatly from follow up study. Anecdotal accounts indicate that in some circumstances patients actually refuse cancer care or specific treatment regimens, yet the reasons for their decision is not understood. In order to improve their quality of life and survivorship, we need to understand and address from a public health perspective, potential attitudes or misconceptions about screening, diagnostic or treatment options.

Overall, cancer survivors are growing in number as cancer education, screening, early diagnosis and quality treatment improve. It is estimated that more than 10 million people in the United States are cancer survivors. One of the goals of the Kansas Cancer Partnership is to improve the quality of life for those diagnosed with cancer. However, without sufficient follow up data it is difficult to focus interventions to change the current status.

For instance, we have little knowledge of how many individuals with cancer lose their jobs and then their health insurance or have other difficulties because of their illness. Individuals often struggle with the financial burden of cancer treatment and their recovery could affect employment, including reintegration into the workplace. To better understand how worksites and employees can be better prepared to deal with a person who comes back with physical limitations, looks different (no hair), changed energy level, need for flex schedule to accommodate treatment, personal support, etc., we would use the authorization of SB178 to better assess the extent to which these factors impact both individuals and businesses. We would also be able to assess what supports proved to be of greatest benefit to the cancer survivor and their family.

End-of-life care is also an area of concern. The spectrum of end-of-life issues encompasses use of hospice, pain management programs, advance care directives, and the support of the surviving family. At this time we don't know the extent to which people use hospice, how many use advanced care directives, how patients and families use advanced care directives, or to what degree do families throughout Kansas understand and honor the wishes of the patient. We don't have a good way to gauge which resources proved to be the most helpful to the patient, family and provider. Using the Kansas Cancer Registry allows us to explore these questions for the benefit of future cancer victims.

It is critical to note that these uses of the Kansas Cancer Registry do not duplicate any current clinical data bases used to conduct clinical trials in cancer care. The majority of oncologists (cancer specialists) in Kansas have access to networks for clinical trials, and patients entered in these trials have a myriad of clinical data entered into these registries. However, these registries are used almost exclusively to monitor the effect of an anti-cancer regimen and are specific to the group of patients being enrolled in the trial. Further, the information is often not used in a Kansas-specific model; the aggregate information from all patients enrolled in the trials

from across the country is used to determine which anti-cancer therapies provide the best treatment choices. These databases do not allow for studies on the prevention of cancer, nor for exploring the social situation in which cancer victims and their families exist, nor for evaluating the survivorship and end-of-life experiences.

The statewide nature of the Kansas Cancer Registry is the only source where the sum total of patients with cancer in Kansas can be accessed in the numbers needed to assure reliable research and explore policy issues and options unique to our state.

The biggest gain from this change in statute will allow public health to understand what the issues are that cause poor cancer outcomes. It is not a clinical trial as to which drug works best - - rather, it provides a way for public health to better understand what keeps people from utilizing the services and resources that are available. The passage of Senate Bill 178 will result in the collection of cancer information beneficial to all Kansans who are touched by cancer, now or in the future.

Thank you for your consideration of this issue. I would be happy to answer any questions at this time.

Testimony on Senate Bill 178
Concerning the Kansas Cancer Registry
To
Senate Public Health and Welfare Committee

Presented by **James Hamilton, Jr., MD, FACS**
Kansas Cancer Partnership
Commission on Cancer State Chair, Kansas
February 9, 2007

Members of the Senate Public Health and Welfare Committee: My name is Dr. James Hamilton and I am here today representing the Kansas Cancer Partnership as Chairman of the Commission on Cancer for the State of Kansas. Thank you for allowing me this time today regarding Senate Bill 178, which proposes enhancements to the Kansas Cancer Registry.

The Kansas Cancer Partnership supports cancer prevention and control and this legislation addresses one of the very vital data sources used by the Partnership to track cancer incidence and mortality in the state.

We know cancer takes a heavy toll on the citizens of Kansas. All of us have been touched by cancer. As a surgeon, I can also testify to the personal toll it takes on my patients and their families. Prevention, early detection and quality treatment are keys to reducing the burden of cancer in the state. We also must be able to track the disease and provide a means to access important information regarding causes and risks of cancer. It is important to gather data on access to cancer care including the availability of new technology and treatment options, the convenience of services and barriers that patients encounter including transportation and translations services. Only cancer survivors can provide this vital data and are key to identifying survivorship issues, pain management and other data that can directly impact the diagnosis of cancer in the public health setting.

The members of the Kansas Cancer Partnership, which currently number nearly 140 individuals representing public and private entities across that state, support cancer control and prevention for Kansas and its citizens. The state already has the authority to collect the data for the Kansas Cancer Registry. What this bill does is to allow for direct follow up with cancer survivors to plan specific activities to prevent cancer related problems. The primary outcome of this change would be to provide enhanced understanding of cancer in Kansas.

As a physician, I do not believe this bill would result in an undue burden on myself or my practice. However, I believe it will enhance public health efforts and result in enhanced data for the Kansas Cancer Registry.

Thank you and please let me know if you have any questions.



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From: "Patti Moser" <Patti_Moser@via-christi.org>
To: <morgand@senate.state.ks.us>
Date: 2/8/2007 8:39 AM
Subject: FW: SB 178 - Cancer Registry

Please support SB 178, for utilization of cancer registry data to follow up on care of cancer patients. This is an important data base that will support measurement of the goals of the Kansas Cancer Control Partnership. Over 140 people, representing various cancer organizations and individuals throughout the state of Kansas, have identified that ongoing care of and resources available to cancer patients is hard to measure, and therefore, hard to identify areas of need. The Kansas Cancer Registry data will provide a method to learn more about how to support cancer patients upon diagnosis, throughout their cancer care, and survival issues upon completion of cancer treatment. On behalf of the Research and Data Workgroup of the Cancer Partnership, I ask you to support SB178.

Patti Moser, RN, MPH, BSN, OCN
Chair, Research and Data Workgroup
Kansas Cancer Control Partnership

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