

Approved: March 7, 2007

Date

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 March 1, 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

Nobuko Folmsbee, Office of Revisor of Statutes

Morgan Dreyer, Committee Secretary

Conferees appearing before the committee:

Phyllis Gilmore, Executive Director, Kansas Behavioral Sciences Regulatory Board

Others attending:

See attached list.

Upon calling the meeting to order, Chairman Barnett asked that the Committee review the Minutes for February 28, 2007 for approval at the end of the meeting.

The Chair called the attention of the Committee to view requested information given to the Committee from Senator Vickie Schmidt from Emalene Correll in the Kansas Legislative Research Department regarding Joint Committee on Administrative Rules and Regulations Consideration of Proposed Rules and Regulations Submitted by the Kansas Health Policy Authority. A copy of this information is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

Requested information also was given to the Committee from Brad Smoot regarding dependent coverage. A copy of this information is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

**Action on SB 354 – An act concerning alcohol and drug addiction treatment; relating to regulations of treatment and treatment facilities**

The Chair called upon Nobuko Folmsbee to read and explain the new draft of the proposed substitute for **SB 354**. A copy of the bill draft is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

The motion was made by Senator Wagle to make SB 354 a Senate Substitute bill and move the bill out favorably. It was seconded by Senator Jordan and the motion carried.

Chairman Barnett called upon Terri Weber to read and explain **HB 2096**, **HB 2181**, and **HB 2182** for the Committee.

Questions came from Senator Palmer regarding **HB 2181** rules and regulations.

The Chair announced that the next order of business was to open the hearing on **HB 2181**.

**Hearing on HB 2181 – An act concerning social workers; relating to hours of continuing education needed for license reinstatement**

Chairman Barnett called upon proponent conferee, Phyllis Gilmore, Executive Director, Kansas Behavioral Sciences Regulatory Board who stated that this bill would bring statute into compliance with the regulation change that has been in effect for 3 ½ years. A copy of her testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

With no questions from the Committee, the Chair closed the hearing on **HB 2181**.

The motion was made by Senator Wagle to move the bill out favorably on the consent calendar. It was

CONTINUATION SHEET

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

seconded by Senator Gilstrap and the motion carried.

Chairman Barnett then opened the hearing on **HB 2182**.

**Hearing on HB 2182 – An act concerning the behavioral sciences regulatory board; relating to temporary permits to practice for out-of-state licensees**

The Chair called upon proponent conferee, Phyllis Gilmore, Executive Director, Kansas Behavioral Sciences Regulatory Board who stated that this bill would allow the BSRB to issue a temporary permit to practitioners from other jurisdictions licensed at the independent level in the professions of counsel in, social work, psychology, marriage and family therapy and master's level psychology, to practice their profession in the State of Kansas for fifteen days. A copy of her testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

With no questions from the Committee, the Chair closed the hearing on **HB 2182**.

The motion was made by Senator Jordan to move the bill out favorably. It was seconded by Senator Palmer and the motion carried.

The Chair then opened the hearing on **HB 2096**.

**Hearing on HB 2096 – An act concerning the state board of pharmacy; relating to meetings**

Chairman Barnett announced that written testimony was submitted from Deborah Billingsley, Executive Director, Kansas State Board of Pharmacy. A copy of her testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

Senator Schmidt filled in and briefed the Committee on the bill.

With no questions from the Committee, the Chair closed the hearing on **HB 2096**.

The motion was made by Senator Schmidt to move the bill out favorably on the consent calendar. It was seconded by Senator Brungardt and the motion carried.

Chairman Barnett announced that the final item on the agenda was for the Minutes for the Senate Public Health and Welfare Committee on February 28 to be approved.

The motion was made by Senator Brungardt to approve the Minutes. It was seconded by Senator Jordan and the motion carried.

**Adjournment**

As there were no more items on the agenda, the meeting was adjourned at 2:00 p.m.

The next meeting is scheduled for March 7, 2007.

March 1, 2007

Senate Public Health and Welfare Committee

Please Sign In

Phyllis Gilmore  
Vivian Mungy  
Pat Eaker

Michelle Peterson  
Derek Hein

Austin Hayden

Craig Albert  
Juni Rose

Capitol Strategies  
Hein Law Firm

Sen. Bangardt

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February 20, 2007

**To:** Senator Vicki Schmidt

**From:** Emalene Correll, Research Associate

**Re:** Joint Committee on Administrative Rules and Regulations Consideration of Proposed Rules and Regulations Submitted by the Kansas Health Policy Authority

In response to your question as to rules and regulations proposed by the Kansas Health Policy Authority and reviewed by the Joint Committee, the following information was compiled from the minutes and agendas of the Joint Committee on Administrative Rules and Regulations.

## 2007

Rules and Regulations Noticed by Kansas Health Policy Authority on prior authorization of drugs—January 4, 2007

## 2006

Rules and Regulations Noticed for Hearing by Kansas Health Policy Authority on scope of physician services and revocation of one regulation—November 20, 2006

Rules and Regulations Noticed by Kansas Health Policy Authority on scope of services for durable medical equipment, medical supplies, orthotics, and prosthetics and revocation of an existing regulation—September 6, 2006

~~Rules and Regulations Noticed by Kansas Health Policy Authority on prior authorization of drugs—July 17, 2006~~

Beginning July 1, 2005, rules and regulations relating to the Kansas Medical Assistance Program were brought to the Committee by the Division of Health Policy and Finance in the Department of Administration. On July 1, 2006, the Kansas Health Policy Authority assumed responsibility for the Medical Assistance Program as well as the State Children's Health Insurance Program and several other health-related programs.



# BRAD SMOOT

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February 21, 2007

The Honorable James Barnett, MD  
Chairman  
Senate Health Care Task Force  
State Capitol, Room 120-S  
Topeka, Kansas 66612

Subject: Dependent Coverage

Dear Chairman Barnett:

During our general presentation on the above-referenced subject, I presented information prepared by Blue Cross Blue Shield of Kansas actuaries regarding potential costs of SB 117, a bill designed to mandate dependent health insurance coverage beyond the current age 23 to age 26. Senator Brungardt asked that I provide further explanation of how that number was obtained. I am pleased to respond.

SB 117, as we understood its intent, would have required both group and non-group policies to allow young adults to continue on parental policies for three additional years. Our staff made the initial estimate based on the number of persons who "aged off" our coverage in 2006 and discovered that 4,355 left group coverage due to age and 433 left non-group coverage because of age limitations. Under the proposed law, those persons would now be allowed to stay on the dependent coverage for three years, meaning Blue Cross Blue Shield of Kansas would have approximately 14,364 additional lives to cover. Our dollar estimates are derived by use of a combined average per member per month claims cost of \$103 for those persons covered under both our group and non-group policies age 23, 24, and 25. It is important to emphasize, as we did in our written statement, that these estimates represent costs as if all current dependents remained on dependent coverage for three years.

Staff notes that it is impossible to know precisely how this extension of dependent coverage will work. Some factors will work to lower the number remaining on family coverage, such as marriage, death or employment opportunities with health coverage, in other words they lose dependent status. Other factors, including anti selection (persons with health problems will be more likely to keep family coverage while young healthy adults may seek their own coverage) may cause these costs to be higher.

Since introduction of SB 117 and our comments referenced above, SB 243 has also been introduced. That bill appears more narrowly drawn to only affect the non-group dependent market and only expands mandated coverage to age 25. Consequently, the potential cost impact is substantially less. Using our current numbers of persons who age off non-group coverage (433 last year) times two years at an average per member per

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month claims cost for 23 and 24 year olds of \$63 (or \$756 per year), the top end cost estimate would be about \$650,000 per year for our customers with dependent coverage. This represents a cost increase of approximately 1.3% to our family rate. Again, this number represents the upper end of those who might stay on their parents' coverage and this number is impacted by the factors set forth in the preceding paragraph.

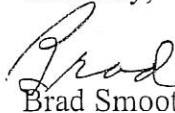
SB 243, with recent Public Health & Welfare Committee amendments to expand the bill to age 26 and include all groups, the amended version will have a much larger impact on premiums for Kansas businesses and families than the original version.

We would be happy to discuss these numbers further, as we were simply attempting to give the Task Force a sense of what this mandate or others like it might mean to your constituents and our policyholders. Year after year, our BCBSKS actuarial staff estimates health care costs, trends and premium requirements with a high degree of accuracy. They help keep our company solvent and our rates competitive. I very much appreciate their willingness to help us get some fiscal perspective on this new legislative discussion.

It is important, however, we should not lose sight of the underlying policy issues presented by these bills. When more people are covered, more services will be delivered and more costs must be paid. Those dollars must, in turn, be collected by insurers in the form of premium. Kansas laws can either encourage young adults to "age off" family coverage and pay for coverage themselves or remain on family coverage where costs will be spread over a larger group of dependents. In other words, health care costs don't go away by extending dependent coverage to older adult children, they are merely spread to a broader group of policyholders.

I trust that this information is responsive and helpful to you and your Task Force members.

Sincerely,



Brad Smoot

Legislative Counsel

Blue Cross Blue Shield of Kansas

BS:crw

cc: Pete Brungardt

Nobuko  
Folmsbee

By

AN ACT concerning alcohol and drug addiction treatment; relating to regulations of treatment and treatment facilities therefor; amending K.S.A. 59-29b46, 65-4001, 65-4006, 65-4007, 65-4011, 65-4012, 65-4013, 65-4014, 65-4023 and 65-4024 and repealing the existing sections; also repealing K.S.A. 65-4002, 65-4020, 65-4022, 65-4056, 65-4601, 65-4602, 65-4603, 65-4604, 65-4605, 65-4606, 65-4607, 65-4608, 65-4609, 65-4610 and 65-4611.

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

Section 1. K.S.A. 65-4001 is hereby amended to read as follows: 65-4001. It shall be the purpose of this act to provide for the development, establishment and enforcement of standards:

(1) For the care and treatment of individuals in public and private treatment facilities as defined herein;

(2) for the construction, maintenance and operation of public and private treatment facilities as defined herein, which will promote safe and adequate treatment of such individuals in alcohol or other drug treatment facilities.

New Sec. 2. As used in this act:

(a) "Act" means the alcohol or other drug addiction treatment act;

(b) "Alcohol or other drug addiction" means a pattern of substance use, leading to significant impairment or distress, manifested by three or more of the following occurring at any time in the same 12-month period:

(1) Tolerance, defined as: (A) A need for markedly increased amounts of the substance to achieve intoxication or desired effect or (B) a markedly diminished effect with continued use of the same amount of substance;

(2) withdrawal, as manifested by either of the following:  
(A) The characteristic withdrawal syndrome for the substance or  
(B) the same or a closely related substance is taken to relieve or avoid withdrawal symptoms;

(3) the substance is often taken in larger amounts or over a longer period than was intended;

(4) there is a persistent desire or unsuccessful efforts to cut down or control substance use;

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(5) a great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from its effects;

(6) important social, occupational or recreational activities are given up or reduced because of substance use;

(7) the substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

(c) "Care or treatment" means such necessary services as are in the best interests of the physical and mental health of the patient.

(d) "Committee" means the Kansas citizens committee on alcohol and other drug abuse.

(e) "Counselor" means an individual whose education, experience and training has been evaluated and approved by the department of social and rehabilitation services to provide the scope of practice afforded to an alcohol and drug credentialed counselor or counselor assistant working in a licensed, certified alcohol and drug treatment program.

(f) "Department" means the department of social and rehabilitation services.

(g) "Designated state funded assessment center" or "assessment center" means a treatment facility designated by the secretary.

(h) "Discharge" shall have the meaning ascribed to it in K.S.A. 59-29b46 and amendments thereto.

(i) "Government unit" means any county, municipality or other political subdivision of the state; or any department, division, board or other agency of any of the foregoing.

(j) "Head of the treatment facility" shall have the meaning ascribed to it in K.S.A. 59-29b46 and amendments thereto.

(k) "Incapacitated by alcohol" shall have the meaning ascribed to it in K.S.A. 59-29b46 and amendments thereto.

(l) "Intoxicated individual" means an individual who is

under the influence of alcohol or drugs or both.

(m) "Law enforcement officer" shall have the meaning ascribed to it in K.S.A. 59-29b46 and amendments thereto.

(n) "Patient" shall have the meaning ascribed to it in K.S.A. 59-29b46 and amendments thereto.

(o) "Private treatment facility" shall have the meaning ascribed to it in K.S.A. 59-29b46 and amendments thereto.

(p) "Public treatment facility" shall have the meaning ascribed to it in K.S.A. 59-29b46 and amendments thereto.

(q) "Treatment" shall have the meaning ascribed to it in K.S.A. 59-29b46 and amendments thereto.

(r) "Treatment facility" shall have the meaning ascribed to it in K.S.A. 59-29b46 and amendments thereto.

(s) "Secretary" means the secretary of social and rehabilitation services.

Sec. 3. K.S.A. 65-4006 is hereby amended to read as follows: 65-4006. The secretary may:

(1) Plan for, establish, amend, and revise standards for treatment programs as necessary or desirable;

(2) make contracts necessary or incidental to the performance of ~~its~~ the secretary's duties and the execution of ~~its~~ the secretary's powers;

(3) solicit and accept for use any gift of money or property, real or personal, made by will or otherwise, and any grant of money, services, or property from the federal government, the state, or any political subdivision thereof or any private source, and do all things necessary to cooperate with the federal government or any of its agencies in making an application for any grant;

(4) administer or supervise the administration of the provisions relating to ~~alcoholics-and-intoxicated~~ persons with alcohol or other drug addiction of any state plan submitted for federal funding pursuant to federal health, welfare, or treatment legislation;

(5) coordinate its activities and cooperate with ~~alcoholism~~

treatment facilities for alcohol or other drug addiction programs in this and other states, and make contracts and other joint or cooperative arrangements with state, local, or private agencies in this and other states for the treatment of ~~alcoholics--and intoxicated~~ persons with alcohol or other drug addiction and for the common advancement of ~~alcoholism---programs~~ treatment facilities;

(6) keep records, gather relevant statistics and make and disseminate analysis of same;

(7) do other acts and things necessary to execute the authority expressly granted to ~~it~~ the secretary.

Sec. 4. K.S.A. 65-4007 is hereby amended to read as follows: 65-4007. (a) The duties of the secretary shall be to:

(1) Develop, encourage and foster statewide, regional and local plans and programs for the ~~identification-and prevention of alcohol--abuse,--alcoholism--and--treatment--of--alcoholics---and intoxicated--persons~~ and treatment of persons with alcohol or other drug addiction in cooperation with public and private agencies, organizations and individuals and provide technical assistance and consultation services for these purposes;

(2) coordinate the efforts and enlist the assistance of all interested public and private agencies, organizations and individuals in ~~identification--and~~ the prevention of--alcohol abuse,--alcoholism--and--treatment--of--alcoholics--and--intoxicated persons and treatment of persons with alcohol and other drug addiction;

(3) cooperate with the secretary of corrections and the Kansas adult authority in establishing and conducting programs to provide treatment for ~~alcoholics--and--intoxicated~~ persons with alcohol or other drug addiction in or on parole from penal institutions;

(4) cooperate with the department of education, boards of education, schools, police departments, courts and other public and private agencies, organizations and individuals in establishing programs for the ~~identification-and~~ prevention of



~~alcohol--abuse,--alcoholism--and--treatment--of--alcoholics--and~~  
~~intoxicated--persons~~ and treatment of persons with alcohol and  
other drug addiction and preparing curriculum materials thereon  
for use at all levels of education;

(5) prepare, publish, evaluate and disseminate educational  
material dealing with the nature and effects of ~~alcohol--and~~  
~~alcoholism~~ alcohol or other drug addiction;

(6) develop and implement, as an integral part of treatment  
programs, an educational program for use in the treatment of  
~~alcoholics--and--intoxicated~~ persons with alcohol or other drug  
addiction, which program shall include the dissemination of  
information concerning the nature and effects of alcohol ~~and~~  
~~alcoholism~~ or other drugs;

(7) organize and foster training programs for all persons  
engaged in treatment of ~~alcoholics--and--intoxicated~~ persons with  
alcohol or other drug addiction;

(8) sponsor and encourage research into the causes and  
nature of ~~alcohol--abuse,--alcoholism--and--treatment--of--alcoholics~~  
~~and--intoxicated--persons~~ addiction and the treatment of persons  
with alcohol or other drug addiction and serve as a clearing  
house for information relating to ~~alcohol--abuse--and--alcoholism~~  
alcohol or other drug addiction;

(9) specify uniform methods for keeping statistical  
information by public and private agencies, organizations and  
individuals and collect and make available relevant statistical  
information, including number of persons treated, frequency of  
admission and readmission and frequency, duration and nature of  
treatment;

(10) advise the governor in the preparation of a  
comprehensive plan for treatment of ~~alcoholics--and--intoxicated~~  
persons with alcohol or other drug addiction for inclusion in the  
state's comprehensive health plan;

(11) review all state health, welfare and treatment plans to  
be submitted for federal funding under federal legislation and  
advise the governor on provisions to be included relating to



~~alcohol-abuse, alcoholism-and-intoxicated-persons~~ addiction and treatment of persons with alcohol or other drug addiction;

(12) assist in the development of, and cooperate with, alcohol and drug addiction education and treatment programs for employees of state and local governments and businesses and industries in the state;

(13) utilize the support and assistance of interested persons in the community, ~~particularly-recovered-alcoholics,~~ to encourage ~~alcoholics~~ persons in alcohol or other drug addiction voluntarily to undergo treatment;

(14) cooperate with the superintendent of the Kansas highway patrol and secretary of transportation in establishing and conducting programs designed to deal with the problem of persons operating motor vehicles while ~~intoxicated~~ under the influence of alcohol or other drugs;

(15) encourage medical care facilities to admit, without discrimination, ~~alcoholics--and--intoxicated~~ persons under the influence of alcohol or other drugs and to provide them with adequate and appropriate treatment within their capabilities;

(16) encourage all health and disability insurance programs to include ~~alcoholism~~ addiction to alcohol or other drugs as a covered illness; and

(17) submit to the governor and the legislature an annual report covering the activities of the Kansas citizens' committee on alcohol and other drug abuse.

(b) The secretary is ~~hereby-charged-with-the-administration of-the-alcoholism-program-of~~ the state agency responsible for the prevention and treatment of alcohol or other drug addiction for the state of Kansas and may accept and disburse any moneys available from the federal government for such purpose, in accordance with appropriation acts of this state.

Sec. 5. K.S.A. 65-4011 is hereby amended to read as follows:  
65-4011. (a) The secretary shall establish a comprehensive and coordinated ~~program-for-the~~ plan for the prevention and treatment of alcoholics-and-intoxicated persons with alcohol or other drug

addiction. The secretary shall divide the state into appropriate regions for the conduct of the program plan and establish standards for the development of the program plan on the regional level. In establishing the regions, consideration shall be given to any existing regional organization being utilized by other state agencies engaged in the delivery of health care.

(b) The program plan of the secretary shall include:

- (1) Emergency treatment provided by a facility affiliated with or part of the medical service of a general hospital;
- (2) inpatient treatment;
- (3) intermediate treatment;
- (4) outpatient and follow-up after care treatment; and
- (5) prevention education and training.

~~c) The secretary shall provide for adequate and appropriate treatment for alcoholics and intoxicated persons admitted under K.S.A. 65-4025 to 65-4049, inclusive, and any amendments thereto. No person shall be incarcerated in a correctional institution for purposes of such treatment.~~

~~(d)~~ The secretary shall prepare, publish and distribute annually a list of all public and private treatment facilities.

Sec. 6. K.S.A. 65-4012 is hereby amended to read as follows:  
65-4012. (a) No person or governmental unit acting severally or jointly with any other person or governmental unit shall establish~~,--conduct--or-maintain-a~~ or operate a public or private treatment facility in this state without a license under this law.

(b) Violation of this section is a class C misdemeanor.

Sec. 7. K.S.A. 65-4013 is hereby amended to read as follows:  
65-4013. (a) An application for a license to establish, conduct, manage or operate a treatment facility shall be made to the secretary upon forms provided by the secretary and shall contain such information as the secretary may require, which may include affirmative evidence of ability to comply with such reasonable standards and rules and regulations as are lawfully adopted under pursuant to this act and amendments thereto. ~~---In--addition,~~ ~~the~~

~~secretary--may--require--that--all~~ . All applications must be accompanied by an application fee of not to exceed \$100 as prescribed--by--such--rules--and--regulations--of--the--secretary fixed by the secretary by rules and regulations. The application fee in effect under this section on the day preceding the effective date of this act shall continue in effect until the secretary fixes a different application fee by rules and regulations.

(b) The secretary of health and environment may adopt ~~reasonable~~ rules and regulations with regard to the health standards which must be maintained by treatment facilities and may enforce such rules and regulations in accordance with the authority granted the secretary of health and environment under K.S.A. 65-425 et seq. and amendments thereto. If the rules and regulations of the secretary of health and environment establish such standards, an application under this section shall be accompanied by certification from the secretary of health and environment that the applicant has met the requirements established by such rules and regulations.

Sec. 8. K.S.A. 65-4014 is hereby amended to read as follows:  
 65-4014. (a) ~~Upon receipt of an application for license, if the secretary approves the applicant as meeting the minimum requirements established by or pursuant to this act for a treatment facility,~~ The secretary shall issue a license if the applicant meets the minimum requirements established by or pursuant to this act for a treatment facility. ~~A license, unless suspended or revoked, shall be renewable as set forth in subsection (b) upon the filing of an annual report upon uniform dates and containing information in the form as the secretary requires by rules and regulations. Such rules and regulations may require that all applications for renewal of a license be accompanied by a fee, in an amount prescribed by such rules and regulations, not to exceed \$100.~~ Each license shall be issued only for the premises and persons or governmental units named in the application and shall not be transferable or assignable except with the written approval of the secretary. Licenses shall

be posted in a conspicuous place on the licensed premises.

(b) The secretary may ~~issue~~ renew a license ~~renewable~~ at the end of one, two or three years depending upon a facility's level of compliance with the ~~standards--and~~ rules and regulations adopted by the secretary pursuant to K.S.A. 65-4016 and amendments thereto.

New Sec. 9. The secretary shall remit all moneys received from fees for licensing alcohol or other drug treatment facilities 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 other state fees fund of the department of social and rehabilitation services.

Sec. 10. K.S.A. 65-4023 is hereby amended to read as follows: 65-4023. ~~{a}--It--shall--be--unlawful--for--any--person, corporation-or-governmental-unit-to-establish, conduct, manage-or operate---a--treatment--facility--for--alcoholics--without--first obtaining-a-license-therefor.---Any-violation-of--this--subsection shall-constitute-a-class-C-misdemeanor.~~

{b) Notwithstanding the existence or pursuit of any other remedy, the secretary may maintain an action in the name of the state for an injunction or other process against any person or governmental unit to restrain or prevent the establishment, ~~conduct,--management~~ or operation of a treatment facility without a license under this law.

New Sec. 11. The secretary, after notice and opportunity for hearing to the applicant or licensee, is authorized to deny, suspend or revoke a license in any case in which the secretary finds that there has been a substantial failure to comply with the requirements established under this act. Such notice shall fix a date not less than 30 days from the date of such notice, at which the applicant or licensee shall be given an opportunity for a prompt and fair hearing.

Hearings under this section shall be conducted in accordance with the provisions of the Kansas administrative procedure act. Any action of the secretary pursuant to this section is subject to review in accordance with the act for judicial review and civil enforcement of agency actions.

Sec. 12. K.S.A. 65-4024 is hereby amended to read as follows: 65-4024. The secretary shall adopt rules and regulations for acceptance of persons into ~~the treatment program for the purpose of early and effective treatment of alcoholics and intoxicated persons~~ a licensed treatment facility. In adopting rules and regulations the secretary shall be guided by the following standards:

(1) If possible a patient person shall be treated on a voluntary rather than an involuntary basis.

(2) A patient person shall ~~be initially assigned or transferred to outpatient or intermediate treatment~~ be assessed to determine the appropriateness of the treatment and shall receive treatment in the least restrictive treatment environment possible.

(3) A person shall not be denied treatment solely because such person has withdrawn from treatment against medical advice on a prior occasion or because such person has relapsed after earlier treatment.

(4) An individualized treatment plan shall be prepared and maintained on a current basis for each patient person.

(5) Provisions shall be made for a continuum of coordinated treatment services, so that a person who leaves a facility or a form of treatment will have available other appropriate treatment.

New Sec. 13. K.S.A. 65-4001 through 65-4024, and sections 2, 9, 11 and 14 shall be known and may be cited as the alcohol or other drug addiction treatment act.

New Sec. 14. (a) The rules and regulations adopted by the secretary under K.S.A. 65-4001 through 65-4024, and amendments thereto, or K.S.A. 65-4601 through 65-4611, and amendments



thereto, and in effect on the day preceding the effective date of this act are hereby specifically continued in full force and effect on the effective date of this act as duly adopted rules and regulations subject to amendment and revocation under the provisions of this act.

(b) Each license issued by the secretary under K.S.A. 65-4603, prior to that statute's repeal on the effective date of this act, shall continue to be effective as a license for the treatment facility for which it was issued and for the license period for which it was issued, shall be subject to being suspended or revoked in accordance with the provisions of this act, and may be renewed in accordance with the provisions of this act.

(c) For the period commencing on July 1, 1998, and ending on the effective date of this act, any action taken by the secretary of the department of social and rehabilitation services in the performance of any duty assigned to the secretary by any statute listed in section 3, and amendments thereto, shall be deemed to have been authorized and done in compliance with the provisions of such statute in existence at the time of the performance of such duty and the performance of such duty is hereby validated.

Sec. 15. K.S.A. 59-29b46 is hereby amended to read as follows: 59-29b46. When used in the care and treatment act for persons with an alcohol or substance abuse problem:

(a) "Discharge" means the final and complete release from treatment, by either the head of a treatment facility acting pursuant to K.S.A. 59-29b50 and amendments thereto or by an order of a court issued pursuant to K.S.A. 59-29b73 and amendments thereto.

(b) "Head of a treatment facility" means the administrative director of a treatment facility or such person's designee.

(c) "Law enforcement officer" shall have the meaning ascribed to it in K.S.A. 22-2202 and amendments thereto.

(d) "Other facility for care or treatment" means any mental health clinic, medical care facility, nursing home, the detox

units at either Osawatomie state hospital or Larned state hospital, any physician or any other institution or individual authorized or licensed by law to give care or treatment to any person.

(e) "Patient" means a person who is a voluntary patient, a proposed patient or an involuntary patient.

(1) "Voluntary patient" means a person who is receiving treatment at a treatment facility pursuant to K.S.A. 59-29b49 and amendments thereto.

(2) "Proposed patient" means a person for whom a petition pursuant to K.S.A. 59-29b52 or 59-29b57 and amendments thereto has been filed.

(3) "Involuntary patient" means a person who is receiving treatment under order of a court or a person admitted and detained by a treatment facility pursuant to an application filed pursuant to subsection (b) or (c) of K.S.A. 59-29b54 and amendments thereto.

(f) "Person with an alcohol or substance abuse problem" means a person who: (1) Lacks self-control as to the use of alcoholic beverages or any substance as defined in subsection (k); or

(2) uses alcoholic beverages or any substance as defined in subsection (k) to the extent that the person's health may be substantially impaired or endangered without treatment.

(g) (1) "Person with an alcohol or substance abuse problem subject to involuntary commitment for care and treatment" means a person with an alcohol or substance abuse problem, as defined in subsection (f), who also is incapacitated by alcohol or any substance and is likely to cause harm to self or others.

(2) "Incapacitated by alcohol or any substance" means that the person, as the result of the use of alcohol or any substance as defined in subsection (k), has impaired judgment resulting in the person: (A) Being incapable of realizing and making a rational decision with respect to the need for treatment; or

(B) lacking sufficient understanding or capability to make



or communicate responsible decisions concerning either the person's well-being or estate.

(3) "Likely to cause harm to self or others" means that the person, by reason of the person's use of alcohol or any substance: (A) Is likely, in the reasonably foreseeable future, to cause substantial physical injury or physical abuse to self or others or substantial damage to another's property, as evidenced by behavior threatening, attempting or causing such injury, abuse or damage; except that if the harm threatened, attempted or caused is only harm to the property of another, the harm must be of such a value and extent that the state's interest in protecting the property from such harm outweighs the person's interest in personal liberty; or

(B) is substantially unable, except for reason of indigency, to provide for any of the person's basic needs, such as food, clothing, shelter, health or safety, causing a substantial deterioration of the person's ability to function on the person's own.

(h) "Physician" means a person licensed to practice medicine and surgery as provided for in the Kansas healing arts act or a person who is employed by a state psychiatric hospital or by an agency of the United States and who is authorized by law to practice medicine and surgery within that hospital or agency.

(i) "Psychologist" means a licensed psychologist, as defined by K.S.A. 74-5302 and amendments thereto.

(j) "State certified alcohol and drug abuse counselor" means a person approved by the secretary of social and rehabilitation services to perform assessments using the American Society of Addiction Medicine criteria and employed at a state funded and designated assessment center.

(k) "Substance" means: (1) The same as the term "controlled substance" as defined in K.S.A. 65-4101 and amendments thereto; or

(2) fluorocarbons, toluene or volatile hydrocarbon solvents.

(1) "Treatment" means the broad range of emergency,

outpatient, intermediate and inpatient services and care, including diagnostic evaluation, medical, - psychiatric, psychological and social service care, vocational rehabilitation and career counseling, which may be extended to persons with an alcohol or substance abuse problem.

(m) (1) "Treatment facility" means a treatment program, public or private treatment facility, or any facility of the United States government available to treat a person for an alcohol or other substance abuse problem, but such term shall not include a licensed medical care facility, a licensed adult care home, a facility licensed under K.S.A. 75-3307b and amendments thereto, a community-based alcohol and drug safety action program certified under K.S.A. 8-1008 and amendments thereto, and performing only those functions for which the program is certified to perform under K.S.A. 8-1008 and amendments thereto, or a psychologist professional licensed by the behavioral sciences regulatory board to diagnose and treat mental disorders at the independent level or a physician, who may treat in the usual course of the psychologist's behavioral sciences regulatory board licensee's or physician's professional practice individuals incapacitated by alcohol or other substances, but who are not exclusively primarily engaged in the usual course of the individual's professional practice in treating such individuals, or any state institution, even if detoxification services may have been obtained at such institution.

(2) "Private treatment facility" means a private agency providing facilities for the care and treatment or lodging of persons with either an alcohol or other substance abuse problem and meeting the standards prescribed in either K.S.A. 65-4013 or 65-4603 and amendments thereto, and licensed under either K.S.A. 65-4014 or 65-4607 and amendments thereto.

(3) "Public treatment facility" means a treatment facility owned and operated by any political subdivision of the state of Kansas and licensed under either K.S.A. 65-4014 or 65-4603 and amendments thereto, as an appropriate place for the care and

treatment or lodging of persons with an alcohol or other substance abuse problem.

(n) The terms defined in K.S.A. 59-3051 and amendments thereto shall have the meanings provided by that section.

Sec. 16. K.S.A. 59-29b46, 65-4001, 65-4002, 65-4006, 65-4007, 65-4011, 65-4012, 65-4013, 65-4014, 65-4020, 65-4022, 65-4023, 65-4024, 65-4056, 65-4601, 65-4602, 65-4604, 65-4605, 65-4606, 65-4607, 65-4608, 65-4609, 65-4610 and 65-4611 are hereby repealed.

Sec. 17. This act shall take effect and be in force from and after its publication in the statute book.

KATHLEEN SEBELIUS  
Governor

PHYLLIS GILMORE  
Executive Director



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SENATE TESTIMONY  
PUBLIC HEALTH AND WELFARE COMMITTEE  
March 1, 2007  
HB 2181

Chairman Barnett and Committee Members:

Thank you for the opportunity to testify today in support of HB 2181. I am Phyllis Gilmore the Executive Director of the Kansas Behavioral Sciences Regulatory Board (BSRB).

The BSRB is the licensing board for most of the state's mental health professionals; the doctoral level psychologists, the master level psychologists, the clinical psychotherapists, the bachelor, master and clinical level social workers, the master and clinical level professional counselors, and the master and clinical level marriage and family therapists. Additionally, some of the drug and alcohol counselors are registered with the board, although most of them are certified with SRS at the present time.

In 2003 the BSRB reduced the number of continuing education hours required for licensure renewal for all of our licensees. This past year we realized that the continuing education requirement is also in statute for social work.

Therefore, HB 2181 brings statute into compliance with the regulation change that has been in effect for 3½ years.

I will be happy to stand for questions.

Senate Public Health and Welfare  
Attachment #4  
March 1, 2007  
Committee

KATHLEEN SEBELIUS  
Governor

PHYLLIS GILMORE  
Executive Director



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**SENATE TESTIMONY  
PUBLIC HEALTH AND WELFARE COMMITTEE  
March 1, 2007**

**HB 2182**

Chairman Barnett and Committee Members:

Thank you for the opportunity to testify today in support of HB 2182. I am Phyllis Gilmore the Executive Director of the Kansas Behavioral Sciences Regulatory Board (BSRB).

The BSRB is the licensing board for most of the state's mental health professionals; the doctoral level psychologists, the master level psychologists, the clinical psychotherapists, the bachelor, master and clinical level social workers, the master and clinical level professional counselors, and the master and clinical level marriage and family therapists. Additionally, some of the drug and alcohol counselors are registered with the board, although most of them are certified with SRS at the present time.

H.B. 2182 would allow the BSRB to issue a temporary permit to practitioners from other jurisdictions licensed at the independent practice level in the professions of counseling, social work, psychology, marriage and family therapy and master's level psychology, to practice their profession in the state of Kansas for fifteen days. The temporary permit could be extended for an additional fifteen days per calendar year on application of the practitioner and payment of an appropriate fee, not to exceed \$200.

By practicing under a temporary permit, the individual would be under the jurisdiction of the BSRB and to the statutes and regulations governing their given profession. The act would allow the BSRB take appropriate disciplinary action against professionals who are temporarily within the state of Kansas and whose practice falls below regulatory standards.

This proposed legislation comes in part from the frustration of a number of psychologists who contacted the Board following two Massachusetts psychologists' evaluation of Dennis Rader, also known as BTK. Their perception, which may or may not be accurate, of those psychologists is that the professionals from Massachusetts who evaluated Mr. Rader may have practiced unethically in revealing information to the media.

The aforementioned concern by Kansas professionals resulted in the Board's recognition that it had no authority over professionals practicing within our borders temporarily. House Bill 2182 corrects that problem for all of the professions regulated at the independent level by the BSRB.

I will be happy to stand for questions.

*Senate Public Health and Welfare  
Attachment # 5  
March 1, 2007  
Committee*

# KANSAS

BOARD OF PHARMACY  
DEBRA L. BILLINGSLEY, EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

Testimony re: HB 2096  
Senate Health and Welfare Committee  
Presented by Debra L. Billingsley  
March 1, 2007

Mr. Chairman and members of the committee:

My name is Debra Billingsley, and I am the Executive Director of the Kansas State Board of Pharmacy. The Board of Pharmacy has the responsibility for safeguarding the state's drug supply and regulating those involved in the distribution or sale of medications.

The Board of Pharmacy asked that HB 2096 be filed to change some language that relates to their meetings. Under current law the Board is required to hold their election of officers in June. The Board would like the reference to the month of June deleted from the statute. Board terms expire April 30<sup>th</sup> of each year and the replacement is often not appointed until after June. This causes the Board to have an unnecessary election when the result may be that the Board members have changed after they have been elected to office. The Board does not oppose having an annual election but they would like to hold elections after the new board members have been appointed.

The second section of the bill is related to meetings for the purpose of examining applicants for licensure. The statute currently requires that the Board hold at least one meeting a year for this purpose. The Board no longer examines or interviews applicants. Applicants for licensure are required to be 18 years of age, be a graduate of a School of Pharmacy and have one year of supervised training. The applicant must have passed the NAPLEX test. The NAPLEX is developed nationally and assesses the competence to practice. The applicant must also take the Multistate Pharmacy Jurisprudence Exam which tests students on federal and state specific laws. Both of these tests are given nationally and the Board no longer examines or interviews applicants for licensure. Therefore, this statutory provision is no longer necessary.

Thank you for permitting me to testify today.

Debra Billingsley  
Executive Secretary

*Senate Public Health and Welfare  
Attachment # 6  
March 1, 2007  
Committee*

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