

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 2:00 p.m. on February 25, 2002 in Room 210 Memorial Hall

All members were present except: Representative Sue Storm, Excused

Committee staff present: Dr. Bill Wolff, Kansas Legislative Research Department
Norman Furse, Revisor of Statute's Office
Renea Jefferies, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Kevin Robertson, Kevin Dental Association
Laura Howard, Health Care Policy, SRS
Connie L. Hubbell, Secretary, Department on Aging
David Lake, Director, Board of Emergency Medical Services
Bob Orth, President, Kansas Emergency Medical Technicians Association
Jason White, Vice President, KEMSA
Chris Collins, Director of Government Affairs, Kansas Medical Society

Others attending: See Attached Sheet

The Chairman apologized for starting the meeting late due to the House being in Session. There was no sub-committee meeting therefore, there will not be a report on **HB 2912**. If we get that far we will still have a heaving on **HB 2912**.

Kevin J. Robertson, CAE , Executive Director, Kansas Dental Association, gave an update on dental access for all Kansans. Kansas is in need of additional Dental Medicaid/Healthwave providers. Currently 400 dentists are enrolled in the Medicaid program with about 280 actively providing care. There are 1200 actively practicing dentist in Kansas, of these, approximately 220 are specialist. This leaves a pool of less than 1,000 general dentists to provide basic preventive and restorative care to all Kansas citizens and from which to draw providers to provide Medicaid/Healthwave services.

The KDA is working to divert this pending dentist shortage by advocating legislation to create more seats for Kansas students at dental schools, and a dental scholarship program that would require the recipients to work in rural areas of Kansas (Attachments 1 & 2).

Laura Howard, Health Care Policy, Kansas Department of Social and Rehabilitation Services, responded to request for information regarding health care services provided by SRS, and the associated costs of these services. More than 200,000 Kansans will access services for acute health care needs through the Medicaid program and the State Children's Health Insurance program this year. SRS also plays a key role in the provision of long-term care services for persons with disabilities, primarily through our home and community based services waiver programs (Attachment 3).

Due to time constraints, the Chairman asked Ms. Howard to come back at a later date to complete the update and encouraged the members to read the report.

Secretary Connie L. Hubbell, Department on Aging, responded to request for information regarding health care services provided by KDOA and the cost/benefits of those services. KDOA is the primary purchaser, using public funds, of long term care services for the elderly. Health care programs provided by the Kansas Department on Aging are long term care services

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 210, Memorial Hall at 1:30 p.m. on February 25, 2002.

that support Kansas seniors in maintaining optimum levels of health at the lowest public cost (Attachment 4).

The Chairperson opened the hearing on **HB 2912 - Emergency Medical services - professional levels, activities, licensure.**

David Lake, Director, State Board of Emergency Medical Services, testified as a proponent to **HB 2912**, stating the first issue is one of adding the term and definition for a "paramedic" to K.S.A. 65-6112 and the second issue is allowing the Board of EMS to identify authorized activities for an EMT, EMT-Intermediate, and EMT Defibrillator through rules and regulations (Attachment 5).

Bob Orth, President of the Kansas Emergency Medical Technicians Association, a proponent, stated what EMT's are allowed to do is set by statute. EMT's can not deliver or even carry an aspirin, use a pulse oximeter which is a device that measures the saturation level of oxygen by sensing the color of blood as it circulates through the body, or prick a finger and reading the drop of blood with a glucometer. Ambulance services would better serve its constituency if allowed to provide these services (Attachment 6).

Jason White, KEMSA, a proponent, stated the debate around the bill centers on the issue of "authorized acts." The provision of emergency health services via the technicians with ambulance services is regulated at several levels that are much more successful than the current reliance on the legislative process (Attachment 7).

Chris Collins, Director of Government Affairs, Kansas Medical Society, testified as an opponent to **HB 2912**, stating the Kansas Medical Society has historically supported the activities of the EMS Board and understands and appreciates the critical role that emergency medical service providers play in the delivery of emergency health care. KMS remains supportive of the EMS Board's goal to update its act. Nonetheless, passage of **HB 2912** would represent a material deviation from the law governing almost all other health care professionals. This bill would permit the Board of EMS to determine its own scope of practice by rule and regulation (Attachment 8).

Terri Roberts, J.D., R.N., provided written testimony in opposition of **HB 2912** (Attachment 9).

The meeting adjourned at 3:25 p. m. and the next meeting will be February 26.