

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairperson Brenda Landwehr at 1:30 PM on Wednesday, March 1, 2012 in Room 784 of the Docking State Office Building.

All members were present except:

- Representative Bethell – Excused
- Representative Bollier – Excused
- Representative Winn - Excused

Committee staff present:

- Norm Furse, Office of the Revisor of Statutes
- Katherine McBride, Office of the Revisor of Statutes
- Martha Dorsey, Kansas Legislative Research Department
- Jay Hall, Kansas Legislative Research Department
- Joseph Leiker, Kansas Legislative Research Department
- Debbie Bartuccio, Committee Assistant

Conferees appearing before the Committee:

- Senator Dick Kelsey (Attachment 1)
- Kelly Hedlund, Secretary/Treasurer, Kansas Practicing Perfusionist Society (Attachments 2 and 3)
- Secretary Robert Moser, M.D., State Health Officer, Kansas Department of Health and Environment (Attachment 4)

Others in attendance:

See attached list.

SB 5–Board of healing arts; licensure and education of perfusionists

Chairperson Landwehr opened the hearing on the bill.

Senator Dick Kelsey provided testimony in support of the bill. He stated he believed if it is important enough for a person giving a haircut to someone to have a license from the state of Kansas, it is important that a person who runs the machine that keeps us alive during open heart surgery should also have a license. The perfusionists have followed all the requirements and regulations of KDHE to be licensed and have worked hard to handle various details so that all parties are in agreement. (Attachment 1)

Kelly Hedlund provided testimony in support of the bill. In 1977, the American Medical Association recognized perfusionists as bonifide allied healthcare professionals. Today,

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CONTINUATION SHEET

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however, perfusion has evolved to a point where governmental regulation is the next step in protecting the public from the high liability of unqualified practitioners. Open-heart surgery is one of the most commonly-performed operations in the United States. Perfusionists are responsible for operating the heart-lung machine and other life support equipment during these surgical procedures. Perfusionists must use split-second skills during the crucial time when the patient's cardiac and pulmonary functions are replaced. The improper management of these sophisticated perfusion devices generally leads to severe impairment or death of the patient. This bill would serve to protect the citizens of Kansas from untrained and unqualified practitioners. It would establish minimum standards of education, training, and competency for persons engaged in the practice of perfusion in the state of Kansas. (Attachment 2) A report containing information concerning the Kansas Practicing Perfusionist Society was provided to committee members. (Attachment 3)

Dr. Robert Moser provided testimony in support of the bill. He stated though the application, technical review, technical review committee and the Secretary's recommendations for this health care profession were submitted before my tenure, he has undertaken a review of the materials and stand before the committee to state that KDHE takes a favorable position on this bill in its current form. This health occupation-perfusionist, practice under guidance or protocols of other licensed health professionals in Kansas, including physicians and hospitals. Currently, there is a nationally recognized organization (Commission on Accreditation of Allied Health Education Programs-CAAHEP) that determines the curriculum and accreditation of training programs for this profession as well as a means for the profession to attain certification (American Board of Cardiovascular Perfusion-ABCP). Having licensure requirements as outlined in this bill and regulatory oversight by the Kansas Board of Healing Arts should serve to address the concerns of public health and safety.

At this time, he also asked the committee to establish an interim study on the Kansas Act on Credentialing. This Act originated in 1980 and was last reviewed or modified in 1987. Considering the changing landscape in health care he believes it is time to revisit it and consider the definitions used in this act, the make-up of the technical review committee, the criteria required to determine if an applicant group should be credentialed, as well as the criteria for the level of credentialing. Finally, for each applicant group that is accepted for review the cost to KDHE is more than four times the current fee and they would also like to consider adjusting it during the interim study. (Attachment 4)

After all questions from the committee were addressed, the meeting was adjourned at 2:35 p.m.

The next meeting is scheduled for March 5, 2012.