REVISED
SESSION OF 2011

CONFERENCE COMMITTEE REPORT BRIEF
HOUSE BILL NO. 2182

As Agreed to May 12, 2011

Brief*

HB 2182 would enact and amend several health-related provisions in Kansas law. Generally, the bill would:

- Create the Pharmacy Audit Integrity Act which would define a Pharmacy Benefits Manager (PBM) under the Act, outline the procedures for conducting an audit, detail the audits to which the Act does not apply, and provide for an appeals process;

- Enact the Health Care Freedom Act, which would outline the individual right of Kansas residents to choose to purchase or refuse to purchase health insurance;

- Permit mail order pharmacies physically located outside of Kansas, but licensed within the state, to donate unused prescription medication under the Utilization of Unused Medications Act;

- Make changes in Chapter 45 of the 2010 Session Laws of Kansas (the Addictions Counselor Licensure Act, which becomes effective on July 1, 2011) with regard to definitions, requirements for licensure and continuing education, denial or restriction of licensure, licensure requirements for the practice of addiction counseling, and the scope of the Addictions Counselor Licensure Act;

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* Conference committee report briefs are prepared by the Legislative Research Department and do not express legislative intent. No summary is prepared when the report is an agreement to disagree. Conference committee report briefs may be accessed on the Internet at http://www.kslegislature.org/klrd

- Create the School Sports Injury Prevention Act and add provisions governing the participation by student athletes in a Kansas state high school league-sponsored sport or competition while participating in non-school swimming athletic training, non-school diving athletic training, or both;

- Amend the Physical Therapy Practice Act by expanding the allowable professional designations for physical therapists (PTs) and physical therapy assistants (PTAs), including the use of designations of educational degrees, certifications or credentials earned;

- Create the Kansas Health Information Technology and Exchange Act. The stated purpose of this act would be to harmonize state law with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules with respect to individual access to protected health information, safeguarding protected health information, and the use and disclosure of protected health information to facilitate the development and use of health information technology and health information exchange;

- Amend current law governing the membership of the Regional Trauma Councils (RTCs) and the Advisory Committee on Trauma (ACT) to make the committees and officers "peer review committees" and "peer review officers" who would be granted peer review protection while acting in an official capacity under this act, only with regard to reviews of incidents involving trauma injury or trauma care. Disclosure of information to the Secretary of Health and Environment related to such review would not waive the peer review privilege;

- Amend current law to update the title of an Advanced Registered Nurse Practitioner (ARNP) to Advanced Practice Registered Nurse (APRN), change licensure and education requirements for the role of the APRN, make a definitional change regarding optometrists, and

permit reinstatement of lapsed nurse licenses upon meeting specified requirements. The reinstatement provision expires January 1, 2012;

- Make changes to current law regarding emergency medical services provided by individuals regulated by the Board of Emergency Medical Services (BEMS). Changes made in 2010 law allowed Emergency Medical Services (EMS) attendants to transition from authorized activities to scope of practice, changed the names of some attendant levels to reflect national nomenclature, and allowed for enhancement of skills set to create the ability to provide a higher level of care. The bill would make changes to support the transition and to provide options for those required to meet the transition requirements;

- Enact new law to allow the franchise practice of dentistry in Kansas and revise portions of the Dental Practices Act pertaining to definitions and oversight functions of the Kansas Dental Board. Under current law, licensed dentists are prohibited from entering into arrangements with unlicensed proprietors and specifically prohibited from the franchise practice of dentistry; and

- Amend the Kansas Indoor Clean Air Act, which bans smoking in enclosed areas or public places while providing specific exemptions where smoking is allowed. The bill would add an exemption from the statewide smoking ban for any annual benefit cigar dinner or other cigar dinner of a substantially similar nature when specific conditions are met.

The bill also contains a severability clause which would allow continued effect of remaining provisions should any provision or clause of the bill be held invalid.

Effective Dates

With the exception of provisions related to three subject areas, all other parts of this bill would take effect on publication in the statute book. One is Advanced Practice Registered Nursing, which would become effective on January 1, 2012. The other two, the Kansas Dental Practices Act provisions and the provision for reinstatement (in certain circumstances) of a registered professional nurse's license whose license has lapsed for more than 13 years, would become effective on publication in the *Kansas Register*.

Details of the bill follow.

Pharmacy Audit Integrity Act (New Sections 1-6)

The Pharmacy Audit Integrity Act would apply to contracts between an auditing entity and a pharmacy entered into, extended or renewed on or after July 1, 2011, and would not apply to any audit, review or investigation that is initiated based upon suspected or alleged fraud, willful misrepresentation or abuse.

Definition

The bill would define a Pharmacy Benefits Manager (PBM) as a person, business or other entity that performs pharmacy benefits management and would include a person or other entity acting for a PBM in a contractual or employment relationship in the performance of pharmacy benefits management for a managed care company, not-for-profit hospital or medical service organization, insurance company, third-party payor, or health program administered by the State Board of Pharmacy.

Audit Procedures

The bill would require entities conducting pharmacy audits to comply with the following procedures:

- Provide a minimum of seven days' written notice to a pharmacy prior to conducting an on-site initial audit;
- Require audits that involve clinical or professional judgment to be conducted by or done in consultation with a licensed pharmacist;
- Limit the period covered by an audit to two years from the date of claim submission to or adjudication by the entity conducting the audit;
- Allow pharmacies to request an extension of not more than seven days from the date of an originally scheduled on-site audit;
- Permit pharmacies to use the records of a hospital, physician or other authorized practitioner to validate the pharmacy record;
- Allow the use of any legal prescription which complies with the regulations of the State Board of Pharmacy to validate claims for prescriptions, refills or changes in prescriptions;
- Require similarly situated pharmacies to be audited under the same standards and parameters; and
- Require an auditing entity to establish a written appeals process.

Audit Calculations

The bill would require any entity conducting an audit to follow these requirements with regard to calculations:

- Overpayment and underpayment amounts would be based on actual amounts and not projections;

- Extrapolation could not be used in calculating recoupments or penalties for audits, unless required by state or federal contracts;
- Auditing company payments could not be based on a percentage of the recovery amount, unless required by contracts; and
- Accrual of interest during the audit period would not be permitted.

Audit Report Timeline and Appeals

The bill would:

- Require delivery of the preliminary audit report to the pharmacy within 60 days after the audit's conclusion;
- Allow a minimum of 30 days following receipt of the preliminary audit for the pharmacy to provide documentation on any audit discrepancies;
- Require delivery of a final audit report to the pharmacy within 120 days after receipt of a preliminary audit report or final appeal, whichever is later;
- Require recoupment of disputed funds or repayment of funds to the entity by the pharmacy, if allowed by contracts, to the extent demonstrated or documented in the pharmacy audit findings, after final internal disposition of the audit including the appeals process;
- Allow for the withholding of future payments to a pharmacy if an identified discrepancy for an individual audit exceeds $20,000, pending finalization of the audit;
- Protect the confidentiality of audit information, unless disclosure would be required by federal or state law;
- Limit an auditor's access to previous audit reports of a pharmacy to those performed by the same entity;

- Require an auditing entity to provide a copy of the final report, including the disclosure of any money recouped, upon request of the plan sponsor; and

- Allow a pharmacy to provide a copy of the report to the Insurance Commissioner, provided the report does not contain any personally identifiable health information in violation of the provisions of HIPAA.

Health Care Freedom Act
(New Section 7)

The bill would enact the Health Care Freedom Act, which would codify the individual right of Kansas residents to choose to purchase or refuse to purchase health insurance. The bill would state the government is prohibited from interfering with a resident's right to purchase or refuse to purchase the insurance.

The bill would state it is a resident's right to enter into a private contract with health care providers for lawful health care services, and that the government is prohibited from interfering with this right. The bill would allow a person or employer to pay directly for the services and establish a prohibition against penalizing or fining for doing so. Likewise, the bill would allow a health care provider to accept direct payment for lawful health care services and establish a prohibition against penalizing or fining for doing so.

The bill would prohibit any state agency or other state entity from requiring an agreement to participate in Medicare, Medicaid or any other insurance plan, health care system or health information technology or benefit exchange as a condition for the licensure, registration or certification of a health care provider. State agencies and other governmental entities would not be allowed to prohibit participation by a health care provider in a health information organization for either health information technology or benefit exchange based on whether the health care provider participates in

Medicare, Medicaid or any other insurance plans or health care systems.

The bill would provide that government is prohibited from enacting a law that would restrict any of the rights detailed in the Act or that would impose a form of punishment for exercising the rights. The bill also states none of the Act's provisions shall render a resident liable for any type of punishment or penalty as a result of the resident's failure to obtain health insurance coverage or participate in any health care system or plan.

The bill would define a number of terms, including “direct payment or pay directly” and “lawful health care services.”

Utilization of Unused Medications Act—Donations (Sections 8 and 9)

Mail order pharmacies that are licensed in Kansas, but not physically located in the state, would be allowed to make donations of unused prescription medications under the Utilization of Unused Medications Act. Currently, only mail order pharmacies physically located within the state are allowed to donate medication to be distributed under the Act. This bill also would revise a statute dealing with medication packaging requirements under the Act. The bill would delete the requirement that medications in tamper-evident packaging be hermetically sealed.

Addictions Counselor Licensure Act (Sections 10-16)

The bill would make certain changes in Chapter 45 of the 2010 Session Laws of Kansas.

Definitions

Specifically, the bill would:

- Eliminate case management from the scope of "addiction counseling";

- Expand independent practice, as applied to addiction counseling and licensed clinical addiction counselors, to include not only the diagnosis and treatment of substance abuse disorders but to allow for both independent practice and diagnosis and treatment of substance abuse disorders; and

- Allow a licensed addiction counselor, on and after July 1, 2011, to practice in treatment facilities exempted under KSA 59-29b46(m). (Among the exempted facilities are licensed medical care facilities, licensed adult care homes, community-based alcohol and drug safety action programs, and state institutions at which detoxification services may have been obtained.)

Licensure Requirements

The bill would:

- Change, from August 1 to September 1, 2011, the effective date of the provision prohibiting individuals engaging in the practice of addictions counseling or representing themselves as the following without first obtaining the requisite license under the act: licensed addiction counselors, addiction counselors, substance abuse counselors, alcohol and drug counselors, licensed clinical addiction counselors, clinical addiction counselors, clinical substance abuse counselors, or clinical alcohol and drug counselors.

- Provide that an applicant for licensure as an addiction counselor who holds a Baccalaureate degree in a related field have:
    - Included as part of the related field course work, a minimum number of semester hours of course work in substance abuse disorders, without the

specific requirement that the course work be in the diagnosis and treatment of substance abuse disorders; or

- Additional course work in addiction counseling including course work in substance abuse disorders, to be distinguished from practicum.

- Provide applicants seeking licensure as clinical addiction counselors (who are licensed addiction counselors or meet all of the requirements for licensure as addiction counselors) a new option to enable the applicants to meet a part of the licensure requirements. This option would be completion of a Master's degree in a related field and licensure by the Board as a licensed addiction counselor.

- Eliminate, as a condition of licensure, that individuals who would be grandfathered in under the Act as licensed addiction counselors have been actively engaged in the practice of addiction counseling in Kansas as registered alcohol and other drug counselors, alcohol and drug credentialed counselors, or credentialed alcohol and other drug abuse counselors within three years of the effective date of this act, and instead would require that these individuals be registered in Kansas in those capacities in the same period of time.

- Eliminate, as a condition of licensure, that individuals who would be grandfathered in under the Act as licensed clinical addiction counselors have been actively engaged in the practice of addiction counseling in Kansas as alcohol and other drug counselors within three years of the effective date of this act, and instead would require registration in Kansas in that capacity in the same period of time.

- Provide (upon application, payment of fees and completion of applicable continuing education requirements) that individuals credentialed by the Department of Social and Rehabilitation Services (SRS)

as alcohol and drug counselors who have been actively engaged in the practice, supervision or administration of addiction counseling in Kansas for not less than four years; hold a Master's degree in a related field; and whose last registration or credential in Kansas prior to the effective date of this act was not suspended or revoked, be:

- Licensed as clinical addiction counselors;
- Able to engage in the independent practice of addiction counseling; and
- Authorized to diagnose and treat substance use disorders specified in the edition of *The Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association designated by the Behavioral Sciences Regulatory Board (Board) by rules and regulations.

Licensure Requirements—Other Jurisdictions

The bill would provide for the issuance of a license to an applicant currently registered, certified or licensed to practice addiction counseling in another jurisdiction if:

- The standards required in that jurisdiction are substantially equivalent to the requirements of the Addictions Counselor Licensure Act and rules and regulations of the Board; or

- The applicant demonstrates compliance with standards adopted by the Board.

Continuing Education

The bill would clarify the continuing education requirements to distinguish between requirements applicable only to clinical addiction counselor applicants and those applicable to both the clinical addiction counselor applicants and addiction counselor applicants.

Denial or Restriction of Licenses

The bill would remove the requirement for a hearing prior to Behavioral Sciences Regulatory Board refusal to grant a license or Board action to suspend, revoke, condition, limit, qualify or restrict any licensure issued under this act and require only the opportunity for a hearing.

Scope

The bill would clarify the scope of the Act so as not to be construed as authorizing the practice or applying to the activities and services of other professions licensed by the Board.

School Athletes

School Sports Injury Prevention Act (New Section 17)

The bill would enact the School Sports Injury Prevention Act, an act that would apply to any public or accredited private high school, middle school, or junior high school. The State Board of Education would be required to distribute information regarding the nature of risks of concussion and head injury. Further, the new law would require that a student suffering, or suspected of having suffered, a concussion or head injury be immediately removed from a sport competition or practice. Specific conditions would have to be met before a student would be allowed to return to competition or practice.

The bill would require:

- The State Board of Education, in cooperation with the Kansas State High School Activities Association (KSHSAA), to gather information on the nature and risk of concussion and head injury, including the dangers of continuing to play or practice after suffering such an

injury, and distribute the information to coaches, school athletes, and parents or guardians of school athletes;

- A concussion and head injury information release form be signed by the athlete and the athlete's parent or guardian and returned to the school prior to participation in any sport competition or practice session. A new signed release form would be required to be returned to the school each school year that a student participates in sports competitions and practice sessions;

- Immediate removal of a school athlete from a sport competition or practice session if a concussion or head injury has been suffered or is suspected;

- Evaluation by a health care provider (defined under the Act as a person licensed by the State Board of Healing Arts to practice medicine and surgery) of any school athlete who has been removed from a sport competition or practice session; and

- Written clearance by the health care provider performing the evaluation prior to return to competition or practice.

The bill would exempt a health care provider who provides a written clearance, and is not an employee of the school district, from liability for civil damages resulting from any act or omission in rendering care, except for acts or omissions which constitute gross negligence or willful or wanton misconduct.

Participation by High School Athletes (Section 18)

The bill also would prevent the Kansas State High School Activities Association and its member high schools, as well as administrators, principals, coaches, teachers and others affiliated with the KSHSAA and member high schools, from adopting rules or regulations or interpreting existing rules and regulations in such a way as to prohibit a student athlete from training with any Kansas State High School

League-sponsored sport or competition while the student is participating in non-school swimming athletic training, non-school diving athletic training, or both, during the high school sport season and throughout the year if:

- The non-school swimming, non-school diving athletic training, or both, is under the jurisdiction of and sanctioned by the national body of the sport, U.S.A. Swimming, Inc., or U.S.A. Diving, Inc., and is conducted in a manner which protects the health and safety of a student athlete; and
- The student athlete meets the reasonable and ordinary requirements established by the school for participation in the student athlete's high school swimming program or diving program, or both, including requirements designed to protect the health and safety of such student athlete.

Physical Therapy Practice Act
(Sections 19 and 20)

The bill would amend the Physical Therapy Practice Act by expanding the allowable professional designations for physical therapists (PTs) and physical therapy assistants (PTAs), including the use of designations of educational degrees, certifications or credentials earned. The bill also would insert a definition for the phrase “recognized by the Board” and make technical amendments.

Licensed Physical Therapists

The bill would:

- Allow licensed PTs to designate or describe themselves as a “doctor of physical therapy,” and use similar abbreviations or words. In written or oral communication, when using the letters or term “Dr.” or “Doctor” in conjunction with a licensed PTs professional practice,

the PT must identify oneself as a “physical therapist” or “doctor of physical therapy”;

- Allow licensed PTs to list or use in conjunction with their name any letters, words, abbreviations or other insignia to designate educational degrees, certifications or credentials recognized by the Board of Healing Arts (Board) which the PT has earned; and

- Prohibit the use of the term “doctor of physical therapy” by an individual not licensed as a PT or whose license has been suspended or revoked in any manner.

Physical Therapy Assistants

The bill would allow certified PTAs to list or use in conjunction with their name any letters, words, abbreviations or other insignia to designate educational degrees, certifications or credentials which the PTA has earned.

Kansas Health Information Technology and Exchange Act (New Sections 21-35)

The bill would create the Kansas Health Information Technology and Exchange Act, with the stated purpose of harmonizing state law with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules with respect to individual access, safeguarding, and the use and disclosure of protected health information to facilitate the development and use of health information technology and health information exchange.

Definitions

Among the applicable definitions in the Act would be the following:

- “Approved HIO” means a health information organization operating in the state which has been approved by the Corporation;

- “Covered entity” means a health care provider, a health care component of a hybrid entity, a health plan or a health care clearinghouse;

- “Health care provider” means a health care provider, as that term is defined by the HIPAA privacy rule, that furnishes health care to individuals in the state; and

- “Health information technology” means an information processing application using computer hardware and software for the storage, retrieval, use and disclosure of health information for communication, decision-making, quality, safety and efficiency of health care. Health information technology includes, but is not limited to: an electronic health record; a personal health record; health information exchange; electronic order entry; and electronic decision support.

Duties of Covered Entity

The bill would require a covered entity to:

- Provide an individual or the individual's personal representative with access to the individual's protected health information which is maintained by the covered entity in a designated record set in compliance with HIPAA privacy rules; and

- Implement and maintain appropriate administrative, technical and physical safeguards to protect the privacy of protected health information in a manner consistent with HIPAA rules.

Disclosure of Information

A covered entity would be prohibited from the use and disclosure of protected health information, with certain exceptions as follows:

- The use and disclosure is consistent with an authorization that satisfies HIPAA requirements;
- The use and authorization without authorization is permitted under applicable sections of the HIPAA privacy rules; or
- The use and disclosure is as required under 45 C.F.R. 164.502 of the HIPAA privacy rules.

Further, notwithstanding the above conditions, the Act would not permit the disclosure of protected health information by a covered entity to an approved health information organization (HIO) without an authorization which satisfies HIPAA, unless:

- A current participation agreement exists between the covered entity and the approved HIO;
- The disclosure to the approved HIO is done in a manner consistent with the approved HIO's established procedures;
- Prior to disclosure to the approved HIO, the covered entity must provide the individual (whose information is to be disclosed), or the individual's representative, with notice required under Section 32 of this act relating to participation agreements; and
- The covered entity restricts disclosure to the approved HIO of any protected health information concerning the individual that is the subject of a written request by the individual, or the personal representative, for reasonable restrictions on disclosure of all or any specified

categories of the individual's protected health information, following the covered entity's receipt of the written request.

A covered entity that uses or discloses protected health information in compliance with this section of this act would be immune from any civil or criminal liability or adverse administrative action as a result or related to the disclosure.

Authorization Form

The Act would require that, within six months of the effective date of the Act, the Secretary of Health and Environment develop and adopt by rules and regulations a standard authorization form for the use and disclosure of protected health information which meets HIPAA requirements for use and disclosure. A properly completed standard authorization form would be considered valid authorization for the disclosure requested.

Within six months of the effective date of the Act, the Secretary (of Health and Environment) would be required to develop educational material designed to increase awareness and improve understanding of the newly created standard authorization form for the use and disclosure of protected health information.

Fees for Copies

Under the Act, the covered entity would be allowed to charge fees for furnishing copies of the protected health information record, with the fees established and updated by the Secretary (of Health and Environment). No fees would be charged for disclosures between a covered entity and an approved HIO.

Conflicts with State Law

Any provision of state law in conflict with provisions of the Act would be superseded by the rules set out in the Act,

except that the Act could not limit or restrict the application and effect of the Kansas statutes regarding peer review, risk management, or any statutory health care provider-patient privilege. The Act would not limit or restrict the ability of a state agency to require the disclosure of protected health information by any person or entity pursuant to law.

Public Health Purpose for Disclosure

The Act would allow a health care provider to disclose protected health information without authorization to any state agency for any public health purpose required by law.

Setting of Standards of HIO's

The Kansas Health Information Exchange, Inc. (Corporation) would establish and revise standards for the approval and operation of statewide and regional HIO's operating in the state as approved HIO's. Among these standards would be those needed for satisfaction of certification standards for health information exchanges promulgated by the federal government and adherence to nationally recognized standards for interoperability.

Approval Process

The Corporation would be required by the Act to establish and implement processes for the approval of an HIO, the re-approval of HIO's at appropriate intervals, and for the investigation of reported concerns and complaints regarding approved HIO's and measures to address the deficiencies.

Participation Agreement Requirements

The Corporation also would establish requirements for participation agreements. Among the requirements are procedures to allow a covered entity to disclose protected health information to an approved HIO, to allow the covered entity access to health information from the HIO, and to

establish specifications of the written notice to the individual before disclosure of information. The written notice may be incorporated into the covered entity's notice of privacy practices required under the HIPAA privacy rule. The information required in the written notice is set out in this section of the Act.

HIO Receipt of Financial Support

The Act would require an HIO to be approved to be eligible for financial support from the state, or assistance or support from the state in securing any other source of funding.

HIO Immunity for Use or Disclosure

An approved HIO that uses or discloses protected health information in compliance with rules adopted by the Corporation would be immune from civil or criminal liability or any adverse administrative action resulting from such use or disclosure.

Uniform Electronic Transactions Act

The bill would amend part of the Uniform Electronic Transactions Act to allow the definition of “transaction” to include actions or sets of actions occurring between two or more persons relating to the conduct of health care. With this amendment, transactions among entities and persons covered in the Act would fall under the Uniform Electronic Transactions Act.

Statutes Repealed

The Act would repeal statutes dealing with access to health care records, enforcement and rule and regulation authority.

Regional Trauma Council and
Advisory Committee on Trauma
(Sections 37-38)

The bill would amend the current law to limit peer review protection to reviews or incidents involving trauma injury or trauma care. Any meeting, or part of any meeting, of the Advisory Committee on Trauma (ACT) or of a Regional Trauma Council (RTC) during which a review of incidents involving trauma injury or trauma care is discussed would be required to be conducted in a closed session. The ACT, any RTC, and officers of any of these committees, when acting in their official capacity in considering incidents of a trauma injury or trauma care, would be considered peer review committees and peer review officers.

The bill would allow the ACT, an RTC or an officer thereof to advise, report to, and discuss activities, information, and findings of the committee related to incidents of trauma injury or trauma care with the Secretary of Health and Environment without waiving peer review privilege. The records and findings of these committees or officers would remain privileged. The provisions of this bill related to peer review and disclosure of information to the Secretary of Health and Environment related to incidents of trauma injury or trauma care would expire on July 1, 2016, unless reviewed and reenacted by the Legislature prior to that date. The bill also would make technical amendments to the current law.

A "peer review officer or committee" is defined in current law (KSA 2010 Supp. 65-4915) as:

- An individual employed, designated or appointed by, or a committee of or employed, designated or appointed by, a health care provider group and authorized to perform peer review; or

- A health care provider monitoring the delivery of health care at correctional institutions under the jurisdiction of the Secretary of Corrections.

Advanced Practice Registered Nursing (APRN)
(Sections 39-79)

The bill would make the following specific changes to the Nurse Practice Act:

APRNs

- Replace all references to an ARNP in statute with APRN;
- Require an APRN to be licensed, instead of holding a certificate of qualification as currently is required;
- Replace language referring to the disciplinary action which may be taken against a holder of a certificate of qualification to instead apply to the holder of a temporary permit;
- Replace the use of "categories" in describing the types of ARNPs with "roles" (Under current law, the four recognized categories are: Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, and Certified Registered Nurse Anesthetist);
- Require a Masters or higher degree for an APRN;
- Allow an ARNP registered to practice prior to the effective date of the act to be deemed licensed as a APRN without requiring the filing of a new application;
- Treat any application for registration which has been filed but not granted prior to the effective date of the Act, to be processed as an application for licensure under this bill; and
- Require continuing education for an APRN specific to advance practice nursing role.

Optometrist Definition Change

The bill would change the definition of "practitioner" with regard to the licensure of an optometrist in the Regulation of Pharmacists Act.

Reinstatement of Lapsed Nurse License

The bill would permit a registered professional nurse whose license has lapsed to apply to the nursing board for reinstatement as a registered professional nurse, and would waive the requirement to complete a refresher course, if the following conditions are present:

- The nursing license has lapsed for more than 13 years;
- The nurse has been employed for at least 10 of the last 13 years providing the type of patient care that is substantially comparable to patient care provided by a registered professional nurse.

The nurse would be reinstated as a registered professional nurse upon application to the Board of Nursing (Board), review by the Board of the nurse's work history, and payment of the reinstatement fee. The reinstatement provision would expire on January 1, 2012. The bill would make additional technical changes.

Emergency Medical Services
(Sections 80-91)

The bill would amend current law regarding emergency medical services provided by individuals regulated by the Board of Emergency Medical Services (BEMS). Changes made in 2010 law allowed Emergency Medical Services (EMS) attendants to transition from authorized activities to scope of practice, changed the names of some attendant levels to reflect national nomenclature, and allowed for enhancement of skills set to create the ability to provide a higher level of care.

Specifically, the bill would make changes to support the transition and to provide options for those required to meet the transition requirements. The bill would allow EMS attendants:

- The option to transition to a lower level of certification, if they so choose;

- Change the initiation date for transition from January 1, 2011, to December 31, 2011, to allow attendants complete certification cycles to accomplish the transition requirements;

- Allow transitioning upon application and completion of requirements, in addition to renewal times provided in current law; and

- Permit an emergency medical technician-intermediate (EMT-I), an advanced emergency medical technician (Advanced EMT), an emergency medical technician (EMT), an emergency medical technician-defibrillator (EMT-D) and an emergency medical responder (EMR) to provide medical services within their scope of practice when authorized by medical protocols or upon order when direct voice communication is maintained and monitored by specific authorized medical personnel.

The bill would expand the Emergency Medical Services Board (Board) membership to include two additional members who are physicians and are actively involved in emergency medical services. The rule and regulation authority of the Board in specific areas, among which are licensure fees and requirements for a quality assurance and improvement program for ambulance services, also would be expanded. Further, the bill would expand the grounds for disciplinary action against an operator, an attendant, an instructor-coordinator, and a training officer.

EMS Board Membership (Section 80)

The bill would increase the Board membership from thirteen to fifteen members with the Governor appointing two physicians who are actively involved in emergency medical services, bringing the total number of physicians on the Board to three. The two new physician members would serve staggered terms which would begin after July 1, 2011.

EMS Board Authority (Section 81)

The rules and regulation authority of the Board would be expanded to include the adoption of rules and regulations for: fees for licensure, temporary licensure, and renewal of licensure for ambulances and rescue vehicles; requirements for a quality assurance and improvement program for ambulance services; and staffing requirements for attendant or medical services personnel for ambulance services and vehicles.

Further, the bill states that nothing in the Act or Chapter 65, Article 61 of *Kansas Statutes Annotated*, dealing with emergency medical services, authorizes the Board to specify who may or may not ride in a helicopter that is being used as an ambulance.

Definition Changes (Section 82)

- The term “medical adviser” would change to “medical director” when referring to a physician.
- A “training officer” would mean a person who is certified under this Act to teach, coordinate or both, initial courses of instruction for first responders or emergency medical responders and continuing education as prescribed by the Board.

TRANSITIONS FOR EMS LICENSEES

Emergency Medical Technician-Intermediate (EMT-I) and Both EMT-I and EMT-Defibrillator (EMT-D) (Section 83)

The bill would provide that an EMT-I, or an individual holding a valid certificate as both an EMT-I and an EMT-D, may transition to an Advanced EMT under the following conditions:

- By application, upon successful completion of the Board prescribed transition course and validation of cognitive and psychomotor competency as determined by rules and regulations of the Board; or

- Upon application for renewal, an EMT-I or holder of both an EMT-I and EMT-D certificate, would be deemed to hold an Advanced EMT certificate, provided the individual has completed all continuing education hour requirements including successful completion of a transition course. The filing of an original application for certification as an Advance EMT would not be required.

Renewal would refer to the first or second opportunity after December 31, 2011, that an EMT-I, or a holder of both and EMT-I and EMT-D certificate, has to apply for renewal of a certificate after the effective date of this Act.

The bill would provide that if an EMT-I, or the holder of both and EMT-I and EMT-D certificate, fails to meet the transition requirements to an Advanced EMT, the individual may complete either the Board prescribed EMT transition course or EMR transition course, provide validation of cognitive and psychomotor competency and complete all continuing education requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the Board. Upon satisfaction of these requirements, the EMT-I, or holder of both the EMT-I and EMT-D certificate, may do the following:

- Apply to transition to an EMT or an EMR, depending on which course was successfully completed; or

- Upon application for renewal of an EMT-I certificate, or both the EMT-I and the EMT-D certificates, the individual would be renewed as an EMT or EMR depending on which course was completed successfully, without being required to file an original application as an EMT or an EMR.

Failure to complete either the Advanced EMT, EMT or EMR transition course would result in a loss of certification.

Emergency Medical Technician At Current Basic Level (Section 84)

The bill would provide that an individual holding an EMT certificate at the current basic level may transition to an EMT under the following conditions:

- By application, upon successful completion of the Board prescribed transition course and validation of cognitive and psychomotor competency as determined by rules and regulations of the Board; or

- Upon application for renewal, an EMT at current basic level would be deemed to hold an EMT certificate, provided the individual has completed all continuing education hour requirements including successful completion of a transition course. The filing of an original application for certification as an EMT would not be required.

Renewal would refer to the first opportunity after December 31, 2011, that an EMT has to apply for renewal of a certificate after the effective date of this Act.

The bill would provide that if an EMT fails to meet the transition requirements, the individual may complete the

Board prescribed EMR transition course, provide validation of cognitive and psychomotor competency and complete all continuing education requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the Board. Upon satisfaction of these requirements, the EMT, upon application for renewal of an EMT certificate, would be deemed to hold a certificate as an EMR, without being required to file an original application as an EMR.

Failure to complete either the EMT transition course or EMR transition course would result in a loss of certification.

Emergency Medical Technician-Defibrillator (EMT-D) (Section 85)

The bill would provide that an EMT-D may transition to an Advanced EMT under the following conditions:

- By application, upon successful completion of an EMT-I initial course of instruction and the completion of the Board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the Board; or

- Upon application for renewal, an EMT-D would be deemed to hold an Advanced EMT certificate, provided the individual has completed all continuing education hour requirements including successful completion of a transition course. The filing of an original application for certification as an Advance EMT would not be required.

Renewal would refer to the second opportunity after December 31, 2011, that an EMT-D has to apply for renewal of a certificate after the effective date of this act.

The bill would provide that if an EMT-D fails to meet the transition requirements to an Advanced EMT, the individual may complete either the Board prescribed EMT transition

course or EMR transition course, provide validation of cognitive and psychomotor competency and complete all continuing education requirements inclusive of the successful completion of a transition course as determined by rules and regulations of the Board. Upon satisfaction of these requirements, the EMT-D may do the following:

- Apply to transition to an EMT or an EMR, depending on which course was successfully completed; or

- Upon application for renewal of an EMT-D certificate, the individual would be renewed as an EMT or EMR depending on which course was successfully completed, without being required to file an original application as an EMT or an EMR.

Failure to complete either the Advanced EMT, the EMT or the EMR transition course would result in a loss of certification.

First Responder (Section 86)

The bill would provide that a First Responder may transition to an Emergency Medical Responder under the following conditions:

- By application, upon successful completion of the Board prescribed transition course, and validation of cognitive and psychomotor competency as determined by rules and regulations of the Board; or

- Upon application for renewal, a First Responder would be deemed to hold an Emergency Medical Responder certificate, provided the individual has completed all continuing education hour requirements including successful completion of a transition course. The filing of an original application for certification as an Emergency Medical Responder would not be required.

Renewal would refer to the first opportunity after December 31, 2011, that a First Responder has to apply for renewal of a certificate after the effective date of this Act.

Under current law, First Responder attendants who fail to meet the transition requirements forfeit their certification.

SCOPES OF PRACTICE

Emergency Medical Technician-Intermediate (Section 83)

The bill would provide that an individual holding a valid certificate as an Emergency Medical Technician-Intermediate (EMT-I) may:

- Perform veni-puncture for the purpose of blood sampling collection and initiation and maintenance of intravenous infusion of saline solutions, dextrose and water solutions and ringers lactate IV solutions, endotracheal intubation and administration of nebulized albuterol when:
    - Approved by medical protocols; or
    - Ordered by voice contact by radio or telephone monitored by a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician, and direct communication is maintained.

Advanced Emergency Medical Technician (Section 83)

The bill would provide that an Advanced Emergency Medical Technician who has successfully completed an approved course of instruction, local specialized device training and competency validation may perform any of the listed interventions, by the use of the devices, medications and equipment, or any combination of such, as specifically identified in rules and regulations, when:

- Authorized by medical protocols; or

- Upon order when direct communication is maintained by radio, telephone or video conference with a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician.

The bill would allow electrocardiogram (ECG) interpretation and clarify that both generic or trade name medications could be administered by one or more of the listed methods when authorized by medical protocols or upon order when direct communication is maintained, as described previously.

Emergency Medical Technician (EMT) (Section 84)

The bill would eliminate the monitoring of a peripheral intravenous line delivering intravenous fluids during interfacility transport from the scope of practice of an EMT.

Upon transition, current law provides that an EMT who has successfully completed an approved course of instruction, local specialized device training and competency validation may perform any activities identified in KSA 65-6144, and any of the listed interventions, by the use of the devices, medications and equipment, or any combination of such, as specifically identified in rules and regulations, when:

- Authorized by medical protocols; or

- Upon order when direct communication is maintained by radio, telephone or video conference with a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician.

Emergency Medical Technician-Defibrillator (EMT-D) (Section 85)

The bill would provide that an individual holding a valid certificate as an EMT-D may perform any of the activities identified in KSA 65-6121, electrocardiographic monitoring and defibrillation when:

- Approved by medical protocols; or

- Ordered by radio or telephone voice contact monitored by a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician, and when direct communication is maintained.

Emergency Medical Responder (Section 91)

The bill would provide that, upon transition, an Emergency Medical Responder who has successfully completed an approved course of instruction, local specialized device training and competency validation may perform any of the listed interventions, by the use of the devices, medications and equipment, or any combination of such, as specifically identified in rules and regulations, when:

- Authorized by medical protocols; or

- Upon order when direct communication is maintained by radio, telephone or video conference and is monitored by a physician, physician assistant where authorized by a physician, advanced registered nurse practitioner where authorized by a physician, or licensed professional nurse where authorized by a physician.

Medical Director (Sections 86 and 87)

The bill would change the term “medical adviser” to “medical director” in the statutes dealing with liability for civil damages and the duties of a medical director. The bill also would require each emergency medical service to have a medical director whose duties would include the implementation of medical protocols and to approve and monitor the education of the attendants.

Requirements for Attendant's Certificate (Section 88)

The bill would add payment of a fee as required by rules and regulations adopted by the Board to the requirements to be met before the Board would grant an attendant's certificate.

DISCIPLINARY ACTION

Operator (Section 89)

The bill would add engaging in unprofessional conduct, as defined by rules and regulations of the Board, as a new ground for disciplinary action against an operator.

Attendant, Instructor-Coordinator, or Training Officer (Section 90)

The bill creates a new ground for disciplinary action against an attendant, instructor-coordinator, or training officer when disciplinary action has been taken by a licensing or other regulatory authority of another state, agency of the government, U.S. territory or other country. A certified copy of such disciplinary record or order, or other disciplinary action, by any of these entities would be *prima facie* evidence of such fact.

Amendments to the Dental Practices Act;
Proprietor Arrangements
(Sections 92-97)

The bill would enact new law to allow the franchise practice of dentistry in Kansas and revise portions of the Dental Practices Act pertaining to definitions and oversight functions of the Kansas Dental Board (Board). Under current law, licensed dentists are prohibited from entering into arrangements with unlicensed proprietors and specifically prohibited from the franchise practice of dentistry.

Under the bill, a "dental franchisor," with exceptions to the definition described later in this supplemental note, would be defined as any person or entity, pursuant to a written agreement, who provides dental practice management services, or dental material or equipment necessary for dental practice management, to a licensed dentist under a lease or an agreement for compensation. A person or entity entering into an agreement with a licensed dentist for dental office administrative services would be required to register with the Board. The bill also would allow licensed dentists to practice dentistry as employees of a general hospital in counties with a population of less than 50,000.

Definitions

The bill would make the following changes to the Act:

- Revise the definition of "proprietor" to mean any person who employs dentists or dental hygienists in the operation of a dental office and eliminate language referring to proprietors placing or retaining ownership of dental material or equipment in the possession of a dentist or dental hygienist by lease or other agreement for compensation (Section 92);

- Add a definition for "dental franchisor," as previously defined in the supplemental note, and clarify that a

person or entity is not a dental franchisor if the agreement with the dentist:

  - Permits interference with the professional judgment of the dentist; or
  - Contains terms constituting a violation of the Dental Practices Act, rules and regulations adopted by the Board, any orders or directives issued by the Board or any other applicable law (Section 92);

- Add a definition for "licensed dentist" to mean a dentist licensed under the Dental Practices Act (New Section 97); and

- Add a definition for "unlicensed proprietor" to mean any person or entity not authorized to own or operate a dental practice that enters into an agreement with a dentist or dental hygienist related to the practice of dentistry or dental hygiene which:

  - Permits interference with the professional judgment of the dentist; or
  - Contains terms constituting a violation of the Dental Practices Act, rules and regulations adopted by the Board, any orders or directives issued by the Board or any other applicable law (Section 92).

Oversight by the Kansas Dental Board

The bill would:

- Add a new category of disciplinary action available to the Board, specifically, to limit the license of a dentist (Section 92);

- Delete the requirement to have the name of a professional dental practice approved by the Board and instead require that the name may not misrepresent the dentist to the public with the Board having the authority

to determine the issue of misrepresentation (Section 94); and

- Add a new section of law requiring registration with the Board for any unlicensed person or entity (term excludes a professional corporation or limited liability company composed of dentists) entering into an agreement with a licensed dentist to provide dental office administrative services. Any person or entity required to register would have 30 days to complete the registration. The 30 days would begin on either the date of execution of the contract or agreement or 30 days from July 1, 2011, depending upon whether the contract or agreement existed prior to July 1, 2011. Any changes in the company name and contact information for the registered person or entity who are parties to the agreement must be reported within 30 days of such change. This new section includes language permitting the Board to inspect the contract or agreement (New Section 96).

Employment with General Hospitals

The bill would permit a licensed dentist to practice dentistry as an employee of a general hospital in a county with a population of less than 50,000 (Section 93).

Dental Franchises

The bill would:

- Delete language prohibiting the franchise practice of dentistry;

- Revise language to permit the division of fees between a licensed dentist and a dental franchisor;

- Add a new section of law that would do the following (New Section 97):

    - Prohibit any contract or agreement involving a licensed dentist from containing language that would permit specified functions to be controlled by a person or entity other than a licensed dentist;
    - Permit a person or entity, acting on behalf of a licensed dentist, to perform or arrange for office administrative services;
    - Specify the parties which would be allowed to enter into agreements with a licensed dentist, professional corporation or limited liability company owned by a licensed dentist; and
    - Add an indemnification clause to protect the parties to the agreement; and

- Make technical changes.

Kansas Indoor Clean Air Act—Amendment (Section 98)

The bill would amend the Kansas Indoor Clean Air Act, which bans smoking in enclosed areas or public places while providing specific exemptions where smoking is allowed. The bill would add an exemption from the statewide smoking ban for any annual benefit cigar dinner or other cigar dinner of a substantially similar nature that is:

- Conducted for charitable purposes by a 501(c)(3) not-for-profit organization;

- Conducted no more than once per calendar year; and

- Has been held during the three previous years.

Conference Committee Action

The Conference Committee agreed to the Senate amendments to the bill, with the following exceptions, additions, and revisions:

- Deleted the contents of SB 5, which would have created the Perfusion Practice Act.

- Deleted the contents of SB 90, which related to licensure restriction actions by the Behavioral Sciences Regulatory Board in cases of substantiated abuse, neglect or exploitation.

- Further amended the contents of SB 100, dealing with the Addictions Counselor Licensure Act, by delaying the effective date of prohibitions against engaging in the practice of addiction counseling established in Section 3 of Chapter 45 of the 2010 Session Laws. The delay is for one month, from an effective date of August 1, 2011, to September 1, 2011. Technical amendments also were made.

- Amended the contents of Sub. for SB 33, as amended by the Senate Committee of the Whole, concerning the School Sports Injury Prevention Act and provisions governing the participation by student athletes in a Kansas state high school league-sponsored sport or competition while participating in non-school swimming athletic training or diving athletic training, or both, by requiring that non-school training be conducted in a manner which protects the health and safety of a student athlete, and by including requirements designed to protect the athlete's health and safety in the set of requirements for student participation.

- Further revised the contents of SB 76, amending the Physical Therapy Practice Act, by adding the House Committee amendment to SB 76, which is a new definition for “Recognized by the board.” The term would mean “an action taken by the Board at an open meeting to recognize letters, words, abbreviations or other insignia to designate any educational degrees, certifications or credentials, consistent with the provisions of this act, which a physical therapist may appropriately use to designate or describe oneself and

which shall be published in the official minutes of the board." That language had not been included when the Senate amended the bill into HB 2182.

- Further amended the contents of SB 133, creating the Kansas Health Information Technology and Exchange Act. The further changes are as follows:
    - Add, revise and delete several definitions. Among those added are definitions for "designated record set," "disclosure," "electronic protected health information," "health care," "health information," 'hybrid entity," "individual," individually identifiable health information," "protected health information," "public health authority," and "use." Definitions for "HIPAA privacy rule" and "personal representative" were revised, and those for "incapacitated adult," "minor," "state agency," and "state law" were deleted;
    - Require the Secretary of Health and Environment to develop educational materials designed to increase awareness and improve understanding of the newly created standard authorization form for the use and disclosure of protected health information;
    - Revise the section dealing with the reconciliation of laws to clarify that this Act will control when other state law conflicts with the Act, to change "physician-patient privilege" to "health care provider-patient privilege," and to delete a statement that nothing in the Act is to supersede other state law provisions regarding confidentiality, privacy, security or privileged status of protected health information in the possession of any state agency;
    - Delete all sections of new law dealing with the authorization of personal representatives;
    - Revise language requiring or permitting a health care provider to disclose protected health information without authorization under certain circumstances, to eliminate the circumstance

allowing disclosure for any public health purpose that is permitted by law;
    - Change the effective date from publication in the *Kansas Register* to publication in the statute book; and
    - Make technical changes.

- Inserted SB 134, as amended by the House Committee of the Whole, dealing with advanced practice registered nurses, and further amended the bill to: limit the applicability of the provision concerning reinstatement of lapsed nurse license by increasing the number of years the registered nurse's license has to have been lapsed and the number of years the nurse has to have been employed in an allied health profession. An expiration date of January 1, 2012, was added to this provision.

- Inserted SB 139, as recommended by the Senate Committee, dealing with Regional Trauma Councils and the Advisory Committee on Trauma, and further amended the bill to limit peer review protection to reviews of incidents involving trauma injury or trauma care. Peer review protection, including confidentiality of records, would not be waived upon disclosure of information to the Secretary of Health and Environment. The Conference Committee also added an expiration date of July 1, 2016, for these added provisions, unless the Legislature reenacts them.

- Inserted SB 216, as amended by the Senate Committee of the Whole, dealing with emergency medical services.

- Inserted HB 2241, (Dental Practices Act relating to proprietor arrangements) as further amended by the Senate Committee on Public Health and Welfare, with the deletion of the declaratory judgment section previously added by the Senate Committee.

- Inserted an exemption from the statewide smoking ban provided for in the Kansas Indoor Clean Air Act for certain cigar dinners. The Conference Committee language modifies language that had been included in H. Sub. for SB 216 (as recommended by House Committee on Health and Human Services) and Sub. for HB 2340 (as amended by House Committee of the Whole).

Background

Testimony on the original bill (HB 2182) by the Kansas Association for the Medically Underserved, the Kansas Department of Health and Environment, and the Community Health Center of Southeast Kansas supported the bill at the House Committee on Health and Human Services hearing. The Utilization of Unused Medications Act was created to allow safety net clinics around the state to receive unused medication donated by adult care homes, mail order pharmacies and other medical care facilities. However, current law prevents mail order pharmacies located outside Kansas from donating to these clinics, thus reducing the variety and amount of prescription medications available to safety net clinics. There was no opponent testimony.

The House Committee on Health and Human Services amended HB 2182 to revise the medical packaging requirements of the Act. Currently, acceptable medications must be either in single dose packaging, or hermetically sealed by a pharmacy in tamper-evident packaging. The Committee modified the second option to eliminate the reference to hermetically sealed packaging, leaving only the language regarding tamper evident packaging. The process of hermetically sealing is the process used by the current Kansas mail order pharmacy. However, testimony by a representative of the Kansas Association for the Medically Underserved indicated that there are other acceptable practices to insure that the medications have not been tampered with or otherwise compromised, and recommended

striking the language relating to hermetical sealing. The Committee adopted this amendment.

The Senate Committee of the Whole amended HB 2182 by inserting the following: the Health Care Freedom Act; Pharmacy Audit Integrity Act (Sub. for SB 138, as recommended by the Senate Committee on Public Health and Welfare); Perfusion Practice Act (SB 5, as amended by the Senate Committee on Public Health and Welfare); Behavioral Sciences Regulatory Board laws, with regard to changes to licensure (SB 90, as amended by the Senate Committee of the Whole); changes to the Addiction Counselors Licensure Act (SB 100, as amended by the Senate Committee on Public Health and Welfare); School Athletes bill (Sub. for SB 33, as amended by the Senate Committee of the Whole); changes to the Physical Therapy Licensure Act (SB 76, as amended by the Senate Committee on Public Health and Welfare); and Kansas Health Information Technology and Exchange Act (SB 133, as recommended by the Senate Committee on Public Health and Welfare.

Additional information about these bills is found in corresponding Supplemental Notes.

The fiscal note on the **HB 2182**, as introduced, indicated no fiscal effect on the operations of the Board of Pharmacy.

The fiscal note for **SB 33**, as introduced, prepared by the Division of the Budget states that the Department of Education indicated the bill would have a negligible fiscal effect.

The fiscal note for **SB 76**, as introduced, states the Board of Healing Arts indicates the passage of the bill could have a fiscal effect on the agency. Reports or complaints of practitioners who are not complying with the bill also could increase the number of investigations that would need to be performed by Board staff and also could increase the number of disciplinary hearings conducted by the Board. An estimate

of the increase in investigations and disciplinary hearings that would result from implementation of this bill cannot be made. A precise fiscal effect cannot be determined. The Board of Healing Arts states that if investigations and caseloads do not increase substantially, the bill could be implemented within existing resources. Any fiscal effect associated with the bill is not reflected in *The FY 2012 Governor's Budget Report.*

The fiscal note for **SB 100**, as introduced, states that the Behavioral Sciences Regulatory Board estimated the bill would increase state revenue in FY 2012 by $75,000, of which $15,000 would be credited to the State General Fund and $60,000 would be credited to the Board. The increase in revenue is attributable to the addition of an estimated 1,000 addiction counselor licensees and a $75 licensing fee. No additional expenditures would be required. Any fiscal effect resulting from enactment of the bill is not accounted for in *The FY 2012 Governor's Budget Report*.

The fiscal note for **SB 133**, as introduced, states that passage of the bill would have no fiscal effect on the Insurance Department, the Health Policy Authority or the Kansas Department of Health and Environment.

The fiscal note for **SB 134**, as introduced, on the original bill states that the Kansas Board of Nursing indicated the bill would increase expenditures from the Board of Nursing Fee Fund because current regulations would need to be updated and those changes published. The Board estimated the costs would be less than $500. The fiscal effect of the bill is not reflected in *The FY 2012 Governor's Budget Report*.

The fiscal note for **SB 138**, as introduced, states that the Board of Pharmacy indicated the bill would have no fiscal effect on state revenues or expenditures.

The fiscal note for **SB 139**, as introduced, states that KDHE currently provides financial and staff support to the ACT and the RTC and the bill would not affect that support. The Division of the Budget indicated the bill would not have a

fiscal effect on the Kansas Board of Emergency Medical Services.

The fiscal note for **SB 216**, as introduced, states that the Emergency Medical Services Board (Board) does not have current statutory authority to collect an applicant's fee for certification. The Board indicates the language was removed in a technicality. The Board further states that if an applicant seeking certification is not required to pay a fee by the rules and regulations adopted by the Board, it would cost the agency approximately $65,000 annually. To implement the rest of the bill, the Board indicates any fiscal effect would be negligible and could be absorbed within existing resources. Any fiscal effect associated with the bill is not reflected in *The FY 2012 Governor's Budget Report*.

The fiscal note for **HB 2241**, as introduced, indicated the Kansas Dental Board stated that passage of the bill would have no fiscal effect on operations of the Board.

Health; Administrative Rules and Regulations; Business; Commerce and Labor