

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 March 13, 2002 in Room 210 Memorial Hall

All members were present except: Representative Peggy Palmer, Excused
Representative Dale Swenson, Excused
Representative Jonathan Wells, Excused

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

Conferees appearing before the committee: Lawrence Buening, Executive Director, Kansas Board of Healing Arts
Chip Wheelen, Executive Director, Kansas Association of Osteopathic Medicine
Chris Collins, Director of Government Affairs, Kansas Medical Society
Richard Morrissey, Director, Office of Local and Rural Health, Kansas Department of Health and Environment
Tom Sipe, Director of Regulatory Activities, Kansas Hospital Association
Joye Huston, Kansas State Nurses Association

Others attending: See Attached Sheet

The Chairperson opened the hearing on **SB 447 - Compensation of review members appointed by the state board of healing arts.**

Dr. Bill Wolff gave a briefing on **SB 447.**

Lawrence T. Buening, Jr., Executive Director, Kansas Board of Healing Arts, a proponent to **SB 447**, stated the bill was requested by the State Board of Healing Arts and the Board is a strong proponent for the bill.

Sections 1 and 2 would enable but not require the Board to compensate healing arts and podiatry review committee members for time expended reviewing investigative records and reports in preparation of attendance at review committee meetings. Section 3 of the bill would exempt the Board from competitive bids when obtaining experts to render opinions and testimony on matters which may result in a disciplinary action. Review committees in the three branches of the healing arts were created by the 1984 Legislature to investigate and make recommendations to the Board, when in the judgment of the review committee, a violation of the healing arts act had occurred. The review committee for the practice of podiatry was created by the 1992 legislature. The Board has 6 three-member review committees—one each for osteopathic medicine and surgery, chiropractic and podiatry and three for medicine and surgery.

The Board recognized the increasing number of investigative cases being presented and the amount of time expended by each of the members in reviewing investigative materials and preparing for the committee meetings. In FY85 the Board received a total of 190 complaints, not all of which were made into investigative cases. In FY2000, the Board opened 372 investigative cases.

SB 447 does not change the amount of compensation review committee members would

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receive for attending the meeting themselves. The review committee members will still be required to spend their day off or to take a day away from their practice and receive \$35 for attending the meeting. This additional compensation would be paid for time spent in reviewing records sent to the committee members. This also exempts the Board of the Kansas Healing Arts Act from competitive bids or approval of the Director of Purchases when securing experts to provide reports, testimony, and opinions on disciplinary matters that are before the Board (Attachment 1).

Charles L. Wheelen, Kansas Association of Osteopathic Medicine, testified in support of **SB 447** which would allow the State Board of Healing Arts to resume the practice of compensating members of committees who review medical charts and related information in order to render a professional opinion whether a licensee adhered to appropriate standards of care. It is believed that because of the importance of their role in the regulatory process, only the most respected physicians should be appointed to serve on review committees. It is also believed that qualified professionals should receive reasonable compensation for their work. The amount of compensation to be paid review committee members would be a function of the budget process (Attachment 2).

Chris Collins, Director of Government Affairs, Kansas Medical Society, testified in support of **SB 447** as it allows the Board of Healing Arts to compensate health care professionals fairly for the time that they spend reviewing medical records or otherwise preparing to review disciplinary proceedings before the Board of Healing Arts. The Board currently solicits volunteers and compensates them \$35 for attending meetings, plus their mileage expenses. Review members must review medical charts and occasionally request additional information or request to interview the licensee under investigation. This is time consuming and the lack of compensation makes it very difficult for the Board of Healing Arts to attract talented physician reviewers willing to take on this vital task (Attachment 3).

The Chairperson closed the hearing on **SB 447**.

The Chairperson opened the hearing on **SB 417 - Limitations on length of stay for inpatient hospitalizations in critical access.**

Dr. Bill Wolff gave a briefing on **SB 417**, stating this amends a statute that is a part of an act that authorizes the establishment and operation of rural health networks. Under the new definition, a critical care hospital is a member of a rural health network that has 24-hour emergency services available, provides acute inpatient care for a period that does not exceed 96 hours per patient on an annual average.

Richard Morrissey, Director, Office of Local and Rural Health, Kansas Department of Health and Environment, testified as a proponent to **SB 417**, stating changes in the Medicare Conditions of Participation implemented upon enactment of the Balanced Budget Reconciliation Act on November 29, 1999 have eased the length-of-stay restrictions on Critical Access Hospitals under the federal program, allowing for an annual *average* length of stay of no more than 96 hours.

Modifying K.S.A. 65-468 would enhance access to care in rural areas without any administrative or fiscal impact to the state government (Attachment 4).

Tom Sipe, Director of Regulatory Activities, Kansas Hospital Association, a proponent to **SB 417**, testified in accordance with the flexibility alluded to in the program title, the Balanced Budget Reconciliation Act of 1999 eased the length of stay requirement to an annual average 96 hour acute care patient length of stay. This is a significant expansion of program eligibility for the small rural hospitals which are most in need of the federal financial assistance provided by cost based reimbursement for their Medicare patients (Attachment 5).

Joye Huston, R.N., Kansas State Nurses Association, and administrator of Jefferson County Memorial Hospital and Geriatric Center, testified as a proponent for **SB 417**. The bill as

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proposed would extend the maximum amount of time a patient may be kept in critical access hospitals. The current 96 hour limit in statute is more restrictive than the federal requirement. The language is being modified to emulate the federal standard and is as follows: "provides acute inpatient care for a period that does not exceed on an annual average basis, 96 hours per patient" (Attachment 6).

The Chairperson closed the hearing on **SB 417**.

The Chairperson announced that time has come to an end and the committee would meet on Thursday, March 14 in Room 423-S at 2:00 p.m. and have a hearing on **HB 2892 - Adoption; reimbursement of state moneys paid for birthing.**

The meeting adjourned at 3:00 p. m. and the next meeting will be March 14.