

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 p.m. on February 16, 2010, in Room 784 of the Docking State Office Building.

All members were present except:

Representative Owen Donohoe - excused
Representative Bill Otto - excused

Committee staff present:

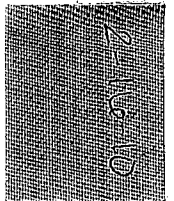
Norm Furse, Office of the Revisor of Statutes
Kathie Sparks, Kansas Legislative Research Department
Debbie Bartuccio, Committee Assistant

Conferees appearing before the Committee:

John Federico
Dan Morin

Others attending:

See attached list.



HB 2448 - Pharmacists, administration of vaccine.

The committee proceeded to work **HB 2448**.

Representative Crum made a motion to add an amendment to HB 2448. The motion was seconded by Representative Neighbor.

Representative Crum explained the amendment (Attachment 1) allows pharmacists to administer influenza vaccine to persons six years of age or older and to administer vaccine other than influenza vaccine to persons eighteen years of age or older. He stated office visits to primary care physicians present an important opportunity for the health, safety and well-being of our adolescent population. Because of the large number of health care objectives relevant to this age group, it is critical to address the most serious health and safety issues facing this population including violence issues, substance abuse issues, mental health and reproductive health, and education to focus on adult chronic diseases.

Representative Neighbor echoed the comments of Representative Crum, stating there is no better person than the primary care physician, who has a one-on-one relationship and knows the history of the child and can see if there are altered behaviors such as depression or other critical areas of need. While she believes the pharmacists will be very helpful in administering the flu vaccine in pandemic situations for ages six and up, she believes the other immunization piece needs to stay with the primary care physician.

Representative Gordon commented that those who use a health clinic for immunizations and other health issues would not necessarily receive a check-up when they receive a vaccination. She does not support the amendment.

Representative Schwab commented we have doctors going into schools to do vaccinations so if we assume the argument that they need to go to their primary care doctor, then we should not be allowing schools to provide vaccinations because they're not going to their primary care physician. The goal is to increase access without increasing the cost of health care. Why would you want to put a healthy child into a clinic with sick kids to receive the vaccination when they could go to the pharmacist and receive the needed immunization. He does not support the amendment.

Representative Slattery asked how often children are required to have check-ups to attend school, for sports, etc.

Representative Neighbor responded children are required to have a physical when they enter kindergarten. It is advisable for them to have a physical check-up each year but it is not a requirement. To be active in

CONTINUATION SHEET

Minutes of the House Health and Human Services Committee at 1:30 p.m. on February 16, 2010, in Room 784 of the Docking State Office Building.

sports, physicals are often required. The larger issue is that children need to be seen once a year. There are sometimes genetic predispositions to issues which a primary care physician and a more thorough check-up can address. Most of your immunizations are completed by the time the children are five years old.

After learning that physicals are not required prior to vaccinations, Representative Slattery said he would tend to agree with Representative Gordon and Representative Schwab.

Representative Flaharty clarified that with the amendment the only change to current law is that pharmacists may now give flu shots to those from age six to eighteen.

Representative Quigley asked whether this amendment is a compromise between pharmacists and physicians. Representative Crum said he did not believe so.

There were a few other questions relating to how many immunizations occur above the age of twelve which Representative Flaharty answered. She also indicated she believes that access and keeping up with the immunizations was more important in a prevention population sense than insisting that the immunization be accompanied by a relationship with a physician through a scheduled physical.

Representative Morrison said he was in favor of the amendment.

Representative Crum closed stating he feels this is an important incremental step in moving forward and allowing pharmacists greater authority to administer injections for influenza and still ensures our young patients under the age of eighteen are seen on a regular basis in their physician's office.

The motion for the amendment to HB 2448 carried with ten in favor and eight in opposition.

Representative Schwab said there was a clarification that the Department of Pharmacy wanted that was a balloon passed out with this bill. It had to do with making sure that if a student was administering the vaccine, that they were operating under a pharmacist authorized to give vaccines. Representative Schwab moved for the adoption of that balloon. Representative Gordon seconded the motion.

Representative Neighbor asked if this does in fact alter back to the original wording on the pharmacist because section 1 isn't in compliance with what we just passed. Representative Schwab indicated its only accepting that portion of the language that they're adding.

Representative Schwab moved HB 2448 be passed favorably as amended. The motion was seconded by Representative Crum.

Chairperson Landwehr said for the sake of discussion, there was a suggestion to update the bill to reflect that information could be provided through electronic facsimile, e-mail or other electronic means. She also offered another piece of the amendment to state that immunizations will also be reported to appropriate county or state immunizations registries and to the Secretary of Health and Environment (Attachment 2). Reports to the Secretary of Health and Environment shall be made annually, on or before January 10 of the preceding calendar year, and shall provide the name of the vaccine given, the age of the person vaccinated and the total number of vaccinations given. The Secretary of Health and Environment, on or before January 31 each year, shall report the vaccination data received under this subsection to the members of the Committee on Public Health and Welfare of the Senate and to the Committee on Health and Human Services of the House of Representatives. She commented that as they were looking at the bill, it was determined we do not have a report that is reviewed on a regular basis, so this is a suggestion.

There was a question as to whether or not there was a fiscal note to the bill and it was determined there was not a fiscal note. After further discussion, it was determined KDHE is already receiving this information and could be requested to submit it to the Senate and House committees. The motion to advance the bill as amended was withdrawn.

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Minutes of the House Health and Human Services Committee at 1:30 p.m. on February 16, 2010, in Room 784 of the Docking State Office Building.

Representative Neighbor made a motion to amend **HB 2448** to add electronic facsimile, e-mail or other electronic means of transmission. The motion was seconded by Representative Furtado. The motion carried.

Representative Schwab made a motion to pass out **HB 2448** favorably as amended. The motion was seconded by Representative Slattery. The motion carried.

HB 2619 - Registered nurse anesthetists duties.

The committee proceeded to work **HB 2619**.

Norm Furse, Office of the Revisor of Statutes, reviewed the information which had been sent to the committee electronically. This included an e-mail from Ron Hein (Attachment 3) and its attachments (Attachments 4, 5 and 6) as well as an e-mail from Norm Furse reflecting the proposed amendments (Attachment 7).

The attachments received from Ron Hein included:

- 1) Copy of the Revisor's proposed amendments. These are the agreed to amendments which have been worked out between the Kansas Association of Nurse Anesthetists (KANA), the Kansas Medical Society (KMS) and the Kansas Society of Anesthesiologists (KSA).
- 2) A KANA letter of intent signed by Rachel Edgerton.
- 3) A KANA **HB 2619** legislative history remark. The legislative history remark is designed to demonstrate that **HB 2619**, as amended by the committee as per the Revisor's amendments, establishes sufficient authorization for nurses to follow the orders of CRNAs pursuant to **K.S.A. 65-1158** without the need to further amend **K.S.A. 65-1113**.

The Chairperson noted that the two documents, attached to these minutes, have been prepared and submitted to this committee for the purposes of establishing legislative intent with regards to **HB 2619**, and this committee finds that the reflection of legislative intent set out in these documents does incorporate the legislative intent of the committee in the adoption and approval of **HB 2619**.

Representative Morrison made a motion to adopt the amendment. The motion was seconded by Representative Flaharty. The motion carried.

Representative Neighbor moved that **HB 2619** as amended be passed out favorably. The motion was seconded by Representative Slattery. The motion carried.

HB 2575 - H Sub for H 2575 by Committee on Health and Human Services - Naturopathic doctors licensure act.

The committee proceeded to work **HB 2575**.

Norm Furse, Office of the Revisor of Statutes, reported it's been suggested that in lieu of the way the bill was introduced, which included both a change to scope of practice and a change from the word registration to the word licensure, that only the licensure change be made. If the committee agrees with this, he would recommend a substitute bill which will take out all of this new verbiage related to the scope of practice and would put back in just the language related to licensure. He then reviewed the changes that would be made with the committee.

Chairperson Landwehr recognized John Federico for comments. He said it was indeed a negotiated agreement and one that, while they are not thrilled with, they are willing to accept. He referred to a Memorandum of Understanding (Attachment 8) outlining exactly what was agreed to with the Kansas Medical Society. He stated their goal was to address all of the concerns they heard. Of the issues, the scope of practice was the most important issue. He referred to item #3 on the Memorandum of Understanding which is the conditions to which they agreed to accept licensure. It states that the KMS and KNPA have agreed to meet over the summer and fall of 2010 to engage in meaningful discussions about an expanded scope of practice for naturopathic doctors with the hopes of coming back to the committee in 2011. There had been a concern

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Minutes of the House Health and Human Services Committee at 1:30 p.m. on February 16, 2010, in Room 784 of the Docking State Office Building.

about insurance. He said the naturopaths stood before the committee and said their interest for licensure had nothing to do with insurance. They have stood by that and have said they are willing to accept language that would prohibit them from automatically mandating that they be paid for the services they provide.

Representative Gordon commented she is in favor for licensure for the naturopaths because she thinks it helps protect the public when a profession is licensed.

Representative Morrison made a motion to approve the substitute agreement approved by the naturopaths and Kansas Medical Society. The motion was seconded by Representative Hermanson. The motion carried.

As part of the discussion, Representative Crum requested an overview from Dan Morin, Kansas Medical Society (KMS). Dan related that, as the committee heard at the hearing, the KMS had some concerns with the bill. Much of the concerns had to do with understanding what was contained in the bill as far as scope of practice was concerned, and what expansions they were seeking. He confirmed there have been conversations with the group, and they've decided they can support the licensure, with the understanding they would meet off session to discuss their concerns and better understand what they are seeking in expanded scope of practice. He said they appreciated working with the naturopaths on the suggestions and will be more than happy to meet with them off session.

Representative Neighbor made a motion to pass HB 2575 as substituted out favorably. The motion was seconded by Representative Slattery. The motion carried.

Chairperson Landwehr thanked everyone for all their work and cooperation on reaching agreement on the bills for the benefit of all concerned.

The next meeting is scheduled for on call of the Chair.

The meeting was adjourned at 2:20 p.m.

HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 2-16-10

NAME	REPRESENTING
Doug Smith	Ks Society of Anesthesiologist
Kevin Keatley	KS Association of Counties
Peter Kimble	KNPA
Gret Croney	GBA
Michelle Butler	Cap. Strateges
Jodi Blascher	Ks. Optometric Association
Cathy O'Hara	KSNA
Stephanie Swiercinsky	KSNA
MICHAEL MCALULTY	KDHE
BRENDA WALKER	KDHE
SUE ROWDEN	KDHE
Nancy Zogelman	Polsinelli
Dan MORIN	KMS

Please use black ink

Madam Chairwoman.

I move to amend the bill by removing the strikethrough on the number 18 on line 17 of page 1 and striking the number 12 on the same line.

9 AN ACT concerning the pharmacy act of the state of Kansas; adminis-
10 tration of vaccine; amending K.S.A. 2009 Supp. 65-1635a and repeal-
11 ing the existing section.

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

13 Section 1. K.S.A. 2009 Supp. 65-1635a is hereby amended to read
14 as follows: 65-1635a. (a) A pharmacist or a pharmacy student or intern
15 who is working under the direct supervision and control of a pharmacist
16 may administer *influenza vaccine to a person six years of age or older and*
17 *may administer vaccine, other than influenza vaccine, to a person 18-42*
18 *years of age or older* pursuant to a vaccination protocol if the pharmacist,
19 pharmacy student or intern has successfully completed a course of study
20 and training, approved by the accreditation council for pharmacy or the
21 board, in vaccination storage, protocols, injection technique, emergency
22 procedures and recordkeeping and has taken a course in cardiopulmonary
23 resuscitation (CPR) and has a current CPR certificate when administering
24 vaccine. A pharmacist or pharmacy student or intern who successfully
25 completes such a course of study and training shall maintain proof of
26 completion and, upon request, provide a copy of such proof to the board.

Attachment 2

Debbie Bartuccio

From: Norman Furse
Sent: Tuesday, February 16, 2010 9:20 AM
To: Debbie Bartuccio
Subject: HB 2619 and HB 2448
Attachments: HB 2448 Pharmacists Vaccines.wpd; HB 2619 Nurse Anesthetists.wpd

Debbie, Attached is what I have by way of amendments to these two bills. HB 2619 is the agreed to version of the registered nurse anesthetist bill. I set up HB 2448 (pharmacists administering vaccines) to reflect the amendments mentioned that I know of: Add e-mail or other electronic means to the reporting mechanism of the bill; additionally send the reports to the secretary of health and environment and then have the secretary report the vaccination data to the health committees of the House and Senate; and clarify for this section that the pharmacist supervising the vaccinations has the same training as is required of persons giving the vaccinations under the section – new sub (d) does this by defining “pharmacist” for purposes of the section to mean a pharmacist who has received this training. In addition the proposed age change in the bill from 18 to 12 years of age was mentioned, but no specific suggestion was made for an amendment.

Norm

HEALTH AND HUMAN SERVICES
DATE: 2-16-10
ATTACHMENT:
2-1

PROPOSED AMENDMENTS TO:

HOUSE BILL NO. 2448

By Committee on Health and Human Services

[new material is in boldface in larger type; deleted material is in brackets with strike type]

AN ACT concerning the pharmacy act of the state of Kansas; administration of vaccine; amending K.S.A. 2009 Supp. 65-1635a and repealing the existing section.

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

Section 1. K.S.A. 2009 Supp. 65-1635a is hereby amended to read as follows: 65-1635a. (a)

A pharmacist or a pharmacy student or intern who is working under the direct supervision and control of a pharmacist may administer influenza vaccine to a person six years of age or older and may administer vaccine, other than influenza vaccine, to a person ~~†~~ 12 years of age or older pursuant to a vaccination protocol if the pharmacist, pharmacy student or intern has successfully completed a course of study and training, approved by the accreditation council for pharmacy or the board, in vaccination storage, protocols, injection technique, emergency procedures and recordkeeping and has taken a course in cardiopulmonary resuscitation (CPR) and has a current CPR certificate when administering vaccine. A pharmacist or pharmacy student or intern who successfully completes such a course of study and training shall maintain proof of completion and, upon request, provide a copy of such proof to the board.

(b) All vaccinees will be given a written immunization record for their personal files. The administering pharmacist or pharmacist supervising an administering pharmacy student or intern shall promptly report a record of the immunization to the vaccinee's primary-care provider by [~~electronic facsimile or~~] mail, **electronic facsimile, e-mail or other electronic means.** If the vaccinee does not have a primary care provider, then the administering pharmacist or pharmacist supervising an administering pharmacy student or intern

shall promptly report a record of the immunization to the person licensed to practice medicine and surgery by the state board of healing arts who has entered into the vaccination protocol with the pharmacist. The immunization will also be reported to appropriate county or state immunization registries **and to the secretary of health and environment. Reports to the secretary of health and environment shall be made annually on or before January 10 for the proceeding calendar year and shall provide the name of the vaccine given, the age of the person vaccinated and the total number of vaccinations given. The secretary of health and environment on or before January 31 each year shall report the vaccination data received under this subsection to the members of the committee on public health and welfare of the senate and the committee on health and human services of the house of representatives.**

(c) A pharmacist, pharmacy student or intern may not delegate to any person the authority granted under this act to administer a vaccine.

(d) As used in this section, "pharmacist" means a pharmacist as defined in K.S.A. 65-1626, and amendments thereto, who has successfully completed a course of study and training, approved by the accreditation council for pharmacy or the board, in vaccination storage, protocols, injection technique, emergency procedures and record keeping and has taken a course in

cardiopulmonary resuscitation (CPR) and has a current CPR certificate.

~~[(d)]~~ (e) This section shall be a part of and supplemental to the pharmacy act of the state of Kansas.

Sec. 2. K.S.A. 2009 Supp. 65-1635a is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

Attachment 3

Debbie Bartuccio

From: Ronald R.Hein [rhein@heinlaw.com]
Sent: Tuesday, February 16, 2010 8:40 AM
To: Debbie Bartuccio
Cc: Anne Jack; Berend Koops; Brenda Landwehr; Dan Morin; Deb Boss; Doug Smith; Janet Simpson; Jerry Slaughter; Julie J.Hein; Joe Conroy; Nancy Whitson; Norman Furse; Rachel Edgerton; Sharon Niemann
Subject: cc: HB 2619
Attachments: KANA - HB 2619 legislative history remark.pdf; Revisor's proposed amendments to HB 2619 2-12-10.pdf; KANA Ltr of Intent HHHS 2010-02-09.PDF

Debbie,

Attached to this email is a copy of the revisor's proposed amendments to HB 2619, which I assume Norm Furse will bring to the HHHS Committee on Tuesday, February 16. These are the agreed to amendments which have been worked out between Kansas Association of Nurse Anesthetists (KANA), the Kansas Medical Society (KMS), and the Kansas Society of Anesthesiologists (KSA). These amendments need to be adopted to HB 2619 by the committee, and doing so will result in the bill being an "agreed to" bill.

Also attached is the KANA Letter of Intent which Rachel Edgerton has signed, stating the legislative intent of HB 2619. Also attached is the KANA- HB 2619 legislative history remark. That statement of legislative intent is designed to demonstrate that HB 2619, as amended by the Committee as per the Revisor's amendments above, establish sufficient authorization for nurses to follow the orders of CRNAs pursuant to K.S.A. 65-1158 without the need to further amend K.S.A. 65-1113.

We would ask that both of these intent documents be recognized by the Chairman, and that the minutes reflect the following language:

"The Chairman noted that two documents, attached to these minutes, have been prepared and submitted to this committee for purposes of establishing legislative intent with regards to HB 2619, and this committee finds that the reflection of legislative intent set out in these documents does incorporate the legislative intent of the committee in the adoption and approval of HB 2619." [I have not submitted this language for approval by the Revisor's office, nor anyone else, and I would yield to any preferred expression of such intent if Norm Furse feels that language different from the above should be reflected in the HHHS Committee minutes.]

We would then further ask that the attachments be attached to the official minutes of the meeting.

If there are any corrections or changes from the parties cc'ed, please let me know ASAP.

Thanks, Ron Hein

HEALTH AND HUMAN SERVICES
DATE: 2-16-10
ATTACHMENT: 3-1

Ronald R. Hein
Hein Law Firm, Chartered
5845 SW 29th Street
Topeka, KS 66614-2462
Phone (785) 273-1441
Fax (785) 273-9243
rhein@heinlaw.com

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Attachment

PROPOSED AMENDMENTS

[new material is shown in bold face and deleted material in brackets and strike type]

HOUSE BILL NO. 2619

By Committee on Health and Human Services

AN ACT concerning registered nurse anesthetists; duties; amending K.S.A. 65-1158 and repealing the existing section.

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

Section 1. K.S.A. 65-1158 is hereby amended to read as follows: 65-1158. (a) Upon the order of a physician or dentist requesting anesthesia or analgesia care, each registered nurse anesthetist shall be authorized to:

(1) Conduct a pre- and post-anesthesia **and pre- and post-analgesia** visit and assessment with appropriate documentation;

(2) develop a general plan of anesthesia care with the physician or dentist;

(3) ~~be authorized to~~ select the method for administration of anesthesia or analgesia;

(4) ~~be authorized to~~ select [, order] or administer appropriate medications [, tests] and anesthetic agents [necessary for the anesthesia plan of care] **during the peri-anesthetic or peri-analgesic period;**

(5) order necessary medications and tests in the peri-anesthetic or peri-analgesic period;

~~[(5)]~~ (6) induce and maintain anesthesia or analgesia at the required levels;

~~[(6)]~~ (7) support life functions during the [peri-operative] **peri-anesthetic or**

peri-analgesic period;

[(7)] (8) recognize and take appropriate action with respect to patient responses during the [anesthesia or analgesia peri-operative] peri-anesthetic or peri-analgesia period ;

[(8)] (9) ~~provide professional observation and management of~~ manage the patient's emergence from anesthesia **or analgesia**; and

[(9)] (10) participate in the life support of the patient.

(b) Each registered nurse anesthetist may participate in periodic and joint evaluation of services rendered, including, but not limited to, chart reviews, case reviews, patient evaluation and outcome of case statistics.

(c) A registered nurse anesthetist shall perform duties and functions in an interdependent role as a member of a physician or dentist directed health care team.

Sec. 2. K.S.A. 65-1158 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

Attachment

KANSAS ASSOCIATION OF NURSE ANESTHETISTS



February 9, 2010

House Health & Human Services Committee
Room 784, Docking State Office Building
Topeka, Kansas 66612

Dear Members:

This letter states the official position of the Kansas Association of Nurse Anesthetists (KANA). It has been approved by all current members of the KANA Board of Directors and Officers. This letter is intended to define the goals of KANA in sponsoring amendments to K.S.A. 65-1158. In all respects the amendments invoke patient contacts that are a part of the registered nurse anesthetist's (RNA) training, education and skill set. The purpose of the proposed amendments can generally be stated to:

- Protect the safety of patients undergoing any form of an anesthetic in Kansas;
- Ensure that RNAs practice within a statutorily defined scope of practice;
- Ensure that RNAs work in cooperation with physicians, dentists, and other licensed healthcare providers who also participate in the care of our patients; and
- Address concerns raised by Attorney General Opinion No. 2009-4 issued on January 26, 2009.

The purpose of the proposed amendments to K.S.A. 65-1158 is specifically not intended to:

- Open a door for RNAs to independently establish and operate chronic pain management clinics; or
- Expand the practice of RNAs beyond what is necessary to safely care for a patient who is to undergo any chosen form of an anesthetic.

HEALTH AND HUMAN SERVICES
DATE: 2-16-10
ATTACHMENT: 5-1

KANSAS ASSOCIATION OF NURSE ANESTHETISTS



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February 9, 2010
Page Two

K.S.A. 65-1158 requires revision to properly reflect current practice settings. In the current practice setting physicians or dentists always initiate the anesthetic process, regardless of the method of administration selected. This will not change with the proposed amendments. RNAs evaluate the patient, identify necessary tests, medications, etc. that are indicated before the anesthetic is undertaken. In most circumstances it falls to others to implement the pre-anesthetic tests, medications, etc. As a specific example, if an EKG is indicated before an anesthetic is provided, EKG technicians would ultimately perform the test. The statutory amendments endorsed by KANA are intended to allow the smooth movement of the patient through the practice setting. They would allow the RNAs to order the necessary tests, medications, etc. in preparation for the chosen form of anesthetic.

During the anesthetic the RNA is present and personally delivers the anesthetic. But the patient's condition may require additional testing or the RNA may require assistance from others attending the patient. As an example, an intraoperative blood test may be necessary which would require an operating room nurse to transmit a blood sample to a laboratory technician. The statutory amendments are intended to facilitate this type of care for the patient.

After the anesthetic the patient is often under the direct supervision of a nurse and the RNA moves on to other duties. Frequently the RNA moves immediately to undertake the anesthetic of another patient. Should the need arise in the first patient for additional tests, medication, etc., the required response should be immediate. The statutory revisions would allow RNAs to issue orders for other nursing and allied personnel to implement in such a circumstance.

These are broad generalized examples of patient needs within an operating room setting and how the RNA frequently needs the assistance of other licensed healthcare providers when the RNA is about to provide an anesthetic, is in the process of providing some form of anesthetic, or has recently completed an anesthetic. Strict interpretation of the current statute, K.S.A. 65-1158, either prohibits or significantly and unacceptably delays the services from being provided to a patient. This is not to suggest that a RNA's practice is limited to an operating room setting or to a specific type of anesthetic method. The example used herein is simply a most common setting example. RNAs frequently practice in the labor and delivery area of a hospital, in a procedure room which is not strictly an operating theater, in the emergency department, in free standing specialty facilities such as where eye surgery is carried out, etc. RNAs assist physicians and dentists with patient care by providing a safe chosen form of anesthesia in many different patient care areas. Amendments to this statute are not intended to change the general practice that currently exists today. Instead, the proposed amendments to K.S.A. 65-1158 are intended to facilitate safe management of the anesthetic before it is undertaken, while it is in progress, and as the patient recovers.

KANSAS ASSOCIATION OF NURSE ANESTHETISTS



House Health & Human Services Committee
February 9, 2010
Page Three

As noted at the beginning of K.S.A. 65-1158, the anesthetic process begins upon order of a physician or dentist. RNAs are not seeking to diagnose a medical condition or to independently or unilaterally select specific treatments for the condition. Indeed, K.S.A. 65-1158(c) states that "[a] registered nurse anesthetist shall perform duties and functions in an interdependent role as a member of a physician or dentist directed health care team." Hence RNAs are not seeking the authority to independently establish and operate chronic pain management clinics. If a physician or dentist orders a RNA to administer a medication for a patient with chronic pain, the RNA may fulfill the order, but the RNA is not seeking to independently diagnose the medical condition and independently select the appropriate treatment in this setting. As used in this letter, the term anesthetic is intended to include all manners of rendering a patient insensitive to painful stimuli. Your consideration is most appreciated.

Sincerely,

A handwritten signature in black ink that reads "Rachel Edgerton CRNA". The signature is written in a cursive style.

BY: Rachel Edgerton, CRNA
President
Kansas Association of Nurse Anesthetists

Agreement has been reached among legislators, Kansas Board of Nursing, Kansas Association of Nurse Anesthetists, and Kansas Medical Society regarding the effects of HB 2619 on other licensed nurses in Kansas. Because K.S.A. 65-1158 as amended by HB 2619 begins with a physician or dentist's order, it is agreed that other licensed nurses are acting within their scope of practice in following orders issued by registered nurse anesthetists (RNAs). Initiation of the anesthetic process by a physician or dentist's order is sufficient direction pursuant to K.S.A. 65-1113 to allow licensed nurses to follow the orders of RNAs. In so doing all listed professionals are acting within their role as members of the physician or dentist directed healthcare team.

HEALTH AND HUMAN SERVICES
DATE: 2-16-10
ATTACHMENT:

6-1

Attachment

Debbie Bartuccio

From: Norman Furse
Sent: Tuesday, February 16, 2010 9:20 AM
To: Debbie Bartuccio
Subject: HB 2619 and HB 2448
Attachments: HB 2448 Pharmacists Vaccines.wpd; HB 2619 Nurse Anesthetists.wpd

Debbie, Attached is what I have by way of amendments to these two bills. HB 2619 is the agreed to version of the registered nurse anesthetist bill. I set up HB 2448 (pharmacists administering vaccines) to reflect the amendments mentioned that I know of: Add e-mail or other electronic means to the reporting mechanism of the bill; additionally send the reports to the secretary of health and environment and then have the secretary report the vaccination data to the health committees of the House and Senate; and clarify for this section that the pharmacist supervising the vaccinations has the same training as is required of persons giving the vaccinations under the section – new sub (d) does this by defining “pharmacist” for purposes of the section to mean a pharmacist who has received this training. In addition the proposed age change in the bill from 18 to 12 years of age was mentioned, but no specific suggestion was made for an amendment.

Norm

HEALTH AND HUMAN SERVICES
DATE: 2-16-10
ATTACHMENT: 7-1

PROPOSED AMENDMENTS

[new material is shown in bold face and deleted material in brackets and strike type]

HOUSE BILL NO. 2619

By Committee on Health and Human Services

AN ACT concerning registered nurse anesthetists; duties; amending K.S.A. 65-1158 and repealing the existing section.

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

Section 1. K.S.A. 65-1158 is hereby amended to read as follows: 65-1158. (a) Upon the order of a physician or dentist requesting anesthesia or analgesia care, each registered nurse anesthetist shall be authorized to:

(1) Conduct a pre- and post-anesthesia **and pre- and post-analgesia** visit and assessment with appropriate documentation;

(2) develop a general plan of anesthesia care with the physician or dentist;

(3) ~~be authorized to~~ select the method for administration of anesthesia or analgesia;

(4) ~~be authorized to~~ select~~[, order]~~ or administer appropriate medications~~[, tests]~~ and anesthetic agents [necessary for the anesthesia plan of care] during the peri-anesthetic or

peri-analgesic period;

(5) **order necessary medications and tests in the peri-anesthetic or peri-analgesic period;**

~~[(5)]~~ (6) induce and maintain anesthesia or analgesia at the required levels;

~~[(6)]~~ (7) support life functions during the ~~[peri-operative]~~ **peri-anesthetic or**

peri-analgesic period;

[(7)] (8) recognize and take appropriate action with respect to patient responses during the [anesthesia or analgesia peri-operative] peri-anesthetic or peri-analgesia period ;

[(8)] (9) ~~provide professional observation and management of~~ manage the patient's emergence from anesthesia **or analgesia**; and

[(9)] (10) participate in the life support of the patient.

(b) Each registered nurse anesthetist may participate in periodic and joint evaluation of services rendered, including, but not limited to, chart reviews, case reviews, patient evaluation and outcome of case statistics.

(c) A registered nurse anesthetist shall perform duties and functions in an interdependent role as a member of a physician or dentist directed health care team.

Sec. 2. K.S.A. 65-1158 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after its publication in the statute book.

MEMORANDUM OF UNDERSTANDING

The KNPA and the KMS have agreed to the following, as it relates to HB2575:

1. The KMS will accept the language in HB2575 as it pertains to the licensure of qualified doctors of naturopathy.
2. The KNPA has agreed to delete all references in HB2575 related to any expansion in their scope of practice. (see balloon amendment)
3. The KMS and the KNPA have agreed to meet over the summer and fall of 2010 to engage in meaningful discussions about an expanded scope of practice for naturopathic doctors.
4. The KNPA has agreed to address KMS' concerns related to their desire to limit use of the term/label "physician" and "doctor." (see balloon amendment)
5. The KNPA agrees to remove from HB2575, and language that allows for naturopathic doctors to do child health assessments for schools. (see balloon amendment)
5. Both parties have agreed to make no efforts to further amend the bill if it remains in its agreed-upon form/language.

NOTE: In a negotiated agreement, unrelated to the KMS, the KNPA has agreed to add language to HB2575 if deemed necessary that that would create an exception to any pertinent statutes that would mandate insurance coverage for the treatment by a licensed naturopathic doctor. (see Furse amendment)

By Agreement:

February 16, 2010

Jerry Slaughter: KMS

Peter Kimball: KNPA

HEALTH AND HUMAN SERVICES
DATE: 2-16-10
ATTACHMENT:

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