

MINUTES

SPECIAL COMMITTEE ON ORGANIZATION OF PUBLIC HEALTH BOARDS

December 14, 2016
Room 112-N—Statehouse

Members Present

Representative Daniel Hawkins, Chairperson
Senator Elaine Bowers, Vice-chairperson
Senator Steve Fitzgerald
Senator David Haley
Senator Michael O'Donnell
Representative John Barker
Representative Gail Finney
Representative Kyle Hoffman
Representative John Whitmer

Staff Present

Iraida Orr, Kansas Legislative Research Department
Whitney Howard, Kansas Legislative Research Department
David Fye, Kansas Legislative Research Department
Steven Wu, Kansas Legislative Research Department
Erica Haas, Kansas Legislative Research Department
Katelin Neikirk, Kansas Legislative Research Department
Mark Dapp, Kansas Legislative Research Department
Scott Abbott, Office of Revisor of Statutes
Norm Furse, Office of Revisor of Statutes
Kyle Hamilton, Office of Revisor of Statutes
Linda Herrick, Committee Assistant

Conferees

Jay Hedrick, Executive Director, Kansas Board of Veterinary Examiners
Larry Ross, Member, Kansas Board of Barbering
Victoria Rajewski, Member, Kansas Board of Barbering
JoAnn Klaassen, President, Board of Nursing
Maryann Alexander, Chief Officer of Nursing Regulation, National Council of State Boards of Nursing
Carol Moore, Chairperson, Legislative Committee for Kansas State Nurses Association
Sky Westerlund, Executive Director, Kansas Chapter, National Association of Social Workers

Terri Roberts, Healthcare Consultant
Susie Ternes, Executive Director, Kansas Speech-Language-Hearing Association
Kevin Ruggle, Audiologist
Kevin Robertson, Executive Director, Kansas Dental Association
Pam Scott, Executive Director, Kansas Funeral Directors Association
Betty Smith-Campbell, Kansas Advanced Practice Nurses Association
Cynthia Jacobson, President of Kansas Council of Practical Nurse Educators, Member of
Kansas Council of Associate Degree Nurse Educators
DeLyna Bohnenblust, Nursing Program Director, Labette Community College (Written Only)
Brad Mason, Chairperson, Mid-America Regional Council Emergency Rescue (Written Only)
Brandon Beck, President, Kansas Emergency Medical Services Association (Written Only)
Bob Williams, Executive Director, Kansas Association of Osteopathic Medicine (Written
Only)
Whitney Damron, on behalf of the Kansas Psychological Association (Written Only)
Ramon Gonzalez, Jr., Representative, 47th District (Written Only)
Ron Hein, Legislative Counsel, Kansas Association of Nurse Anesthetists (Written Only)
Ron Hein, Legislative Counsel, Kansas Association of Chain Drug Stores (Written Only)
Ron Hein, Legislative Counsel, Mental Health Credentialing Coalition (Written Only)
Samuel Bittle, Audiologist (Written Only)
Joseph Hill, Director, Government Relations, American Society of Health-System
Pharmacists (Written Only)
Todd Fleischer, Executive Director, Kansas Optometric Association (Written Only)
Molly Lyon, Audiologist and Speech Language Pathologist (Written Only)

Others Attending

See [Attached List](#).

Morning Session

Welcome

Chairperson Hawkins called the meeting to order at 9:34 a.m. He reminded the Committee the charge of the Committee is to consider combining the Board of Nursing (KSNB) and the State Board of Healing Arts (BHA) under one administrative entity for the purpose of potential reduction of administrative costs and increased efficiency over time. He added, although many stakeholders are providing testimony, the decision this afternoon will reference combining only these two boards.

Statutory Review

Norm Furse, Office of Revisor of Statutes, in response to questions that arose at the December 6, 2016, meeting, shared the history of the services provided and the 10 percent fee fund credit statutes. The public health agencies operate on the fees they receive for licensing. He referred to KSA 2015 Supp. 75-3170a (use and purpose of 10 percent charge to fee agencies; when charge not applicable). The credit applies to a number of statutes listed on the first page of the handout he distributed ([Attachment 1](#)), as well as others not listed on the enumeration, which are not just public health agencies. The statute provides this credit is to reimburse the State General Fund (SGF) for accounting, auditing, budgeting, legal, payroll, personnel, purchasing, and any other government services provided by the State to the fee agencies.

Attachment 1 includes pages relating to a number of health-related fee agencies from the *2016-2017 Kansas Legislature Appropriations Report* prepared by the Kansas Legislative Research Department (KLRD). It shows expenditures and full-time equivalent (FTE) positions authorized, whether filled, and indicates no money is paid to the agencies from the SGF.

A limit of \$100,000 per fiscal year was established for the fee-funded agencies ([Attachment 2](#)). Although originally enacted in 1973, the credit was 20 percent and did not have a cap. In 1975, the Legislature created a \$200,000 cap. This was changed to the current law by the 2011 Legislature with a fee credit of 10 percent and a cap of \$100,000.

A number of agencies have transferred \$100,000 per agency to the SGF in FY 2015 and FY 2016: KSBN, BHA, Board of Pharmacy, the Behavioral Sciences Regulatory Board (BSRB), and the Emergency Medical Services Board. The Kansas State Board of Cosmetology (KSBOC) transferred \$100,000 of fee fund revenue to SGF in FY 2016. All boards contribute to the SGF as reimbursement for services received from the State.

KLRD also prepared a listing ([Attachment 3](#)) by health agency that includes the number of FTEs and executives, budget, expenditures, amount paid to SGF per statute, and litigation costs.

Chairperson Hawkins also called attention to a spreadsheet prepared by KLRD ([Attachment 4](#)) providing agency board information, including number of board members, frequency of meetings, facility location, and facility space by square footage.

All of the information in Attachments 3 and 4 was requested by Committee members during the December 6, 2016, meeting.

Public Health Board Presentation

Kansas Board of Veterinary Examiners

Jay Hedrick, Executive Director, Kansas Board of Veterinary Examiners (KBVE) provided testimony ([Attachment 5](#)). Dr. Hedrick discussed the development and mission of the KBVE, the composition of membership and staff, and meetings of the KBVE.

Dr. Hedrick stated the agency recently completed a two-year trial merger with the Kansas Department of Agriculture that had negative outcomes, including non-communication, disruption and downgrade of services, loss of control, overturning of decisions, dilution of authority, undermining of mission, potential legal liabilities, disorganization of meetings, and lack of needed board member orientation and training.

Dr. Hedrick stated the American Association of Veterinary State Boards (Association) surveys veterinary state boards and holds national meetings where information and ideas are exchanged with other states. The Association has not found any benchmark lines indicating the larger merged agencies are any more efficient than the stand-alone agencies.

Dr. Hedrick added the KBVE is very efficient. The annual fee for licensure for veterinarians is \$95; however, the average across the nation is \$140. In theory, he added, there might be some positives for forming a multi-agency group, but the agencies must be like-minded. In consolidating, some services might be viewed as redundant, but should be reviewed

carefully. Dr. Hedrick noted the fee fund balance changed dramatically from the time of the merger with the Kansas Department of Agriculture until July 1, 2016. The KBVE began FY 2017 as a stand-alone regulatory agency.

In response to a question from the Committee, Dr. Hedrick indicated the KBVE would not be asking for an increase in licensing fees. However, the fee for inspecting facilities will increase. He also added he works an average of 16 hours a week, which currently serves the public well, but strategic planning needs to happen going forward that will require more hours.

A Committee member stated he believed the merger between the Kansas Department of Agriculture and the KBVE is not a good example of the potential with mergers.

Kansas Board of Barbering

Larry Ross and Victoria Rajewski, members, Kansas Board of Barbering (KBB), presented testimony ([Attachment 6](#)). Their comments were both for the KBB and for the Kansas Barbers for Legislative Action (KBLA).

Mr. Ross stated he understands there is significant pressure to reduce state spending and lessen the current deficit, but KBLA is opposed to the changes recommended by the Alvarez & Marsal (A&M) Study. He indicated the changes recommended would be of little benefit to Kansas consumers.

Mr. Ross stated agencies are in place to effectively represent their respective licensees in regard to interaction with and protection of the public and the consumer. The KBB consists of five members, four of whom are barbers and one a public member-at-large. Three board members have instructor's licenses to give exams. The KBB is responsible for testing on live models, including the straight edge shave. He said some of this testing is done inside a maximum security facility, and such exams could not be effectively tasked to another entity.

Mr. Ross noted consideration is being given to the KBB administrator being a part-time position, with the office run by one person. Mr. Ross added KBB contributes to the state as a fee-funded agency. He stated barbers are a small group and fear their identity will be lost if merged with the KSBOC. Mr. Ross said a study was conducted of barbers, and about 98 percent do not want to consolidate with the KSBOC. Some respondents said they would drop their licenses if KSBOC and KBB were consolidated.

Mr. Ross added the straight edge shave is becoming popular again, and he wondered if an individual would want to have someone shave with a straight edge who had not been examined and instructed. Ms. Rajewski added there is also the aspect of public health, and fairly significant diseases can spread in the practice of barbering.

In response to a question, Mr. Ross indicated there are about 1,600 licensed barbers. When asked whether barbers would lose autonomy and the art of barbering if placed under a bigger agency that handles barbers, cosmetologists, body art licensees, and others, Mr. Ross noted so many different professions would be handled under one agency. Ms. Rajewski added it is believed the KSBOC is assembled differently than the KBB, and its administrator is appointed by the Governor. The KBB administrator is hired by the KBB.

Ms. Rajewski stated the A&M Study includes only two pages on boards and commissions, less than 1 percent of the entire A&M Study. She added Missouri has combined

boards and the response time and expertise is reduced by the watering down of process resulting from any sort of merger. She stated when she calls the KBB, the staff is attuned to her questions and the applicable statutes. The staff is more efficient and effective, and nobody on the board or in its agency is overpaid.

Ms. Rajewski noted, under consolidation, committees would be task forces. No task is undone by the agency or it would not be in existence. She said having six new committee heads is not an efficient way to govern or to save money. She said the upper level staff would not operate at the current cost level. Ms. Rajewski continued, noting the barbers are content to pay the cost of its board, as are other professions. If that was not the case, the stakeholders in the various professions would rebel against their own boards.

A Committee member asked about the close office locations in Topeka and similar board size, and wondered why these boards could not easily be consolidated. Ms. Rajewski noted barbering is a fee-funded agency. She said there is no redundancy because the professions are different. Additionally, if licensees are willing to pay to fund their own separate licensing agency, they should have that option.

Stakeholders' Presentations

Nursing Professions

JoAnn Klaassen, President of the KSBN, gave a presentation ([Attachment 7](#)) on behalf of the KSBN in opposition to the proposal to combine the KSBN and the BHA or any other board. She cited several reasons for opposing consolidation. Nursing is a stand-alone profession, with its own legal standing, own body of knowledge, own professional standards, and own areas of specialization. There are times when nurses work synchronously with other health professionals to provide health care to patients, and there are times nursing profession priorities may be in conflict with those of other health care professionals. She said there was no mention at the December 6, 2016, meeting that 72,205 nurses in Kansas are the only health care professionals who provide sustained continual contact and care to patients. Nurses are the coordinators and managers of direct care. She said because nursing is so pervasive and provides such critical care to citizens of Kansas, safety is paramount.

Ms. Klaassen stated, by combining the boards, nursing potentially could become subservient to other boards. She noted medicine has tremendous financial and lobbying resources that nursing does not have. She said it is imperative the KSBN continue to be autonomous and oversee the nurses in Kansas to keep the public safe and, to date, KSBN has done that very effectively.

Ms. Klaassen stated two factors enable KSBN to deliver services the way it does: a detailed strategic plan and being able to leverage its expertise and experience within the profession to drive its decision-making.

With regard to the strategic plan, Ms. Klaassen stated, unlike the other boards in Kansas, KSBN has had a detailed strategic plan for 15 years. It prioritizes KSBN's initiatives and allows for the direction of personnel, board members, and resources to achieve these initiatives. If KSBN were combined with other boards, including BHA, KSBN's ability to strategically plan would be substantially impaired. She asked who would establish priorities among several boards and how resources and personnel would be given to carry out KSBN's initiatives when other boards would have priority.

With regard to the other factor involving the ability to be able to leverage KSBN's expertise and experience within the profession to drive its decision-making, Ms. Klaassen noted, unlike many other boards, the KSBN requires its executive administrator to have both nursing and administrative experience, and that is reflected in how the board is managed and is run.

As an example, Ms. Klaassen noted, at the December 6, 2016, meeting, the BHA said they considered themselves to be a mini-umbrella board. The BHA has a number of health care professions under its umbrella. If BHA plans to conduct an investigation, it requires multiple committees, levels of committees, and hiring an expert. The process is long and costly. The BHA processes 700 cases a year. By contrast, KSBN has expert nurse investigators and expert nurses sitting on one committee. It is a one-step process. KSBN investigators bring data and the committee makes disciplinary decisions because it has expertise in its profession to do so. Ms. Klaassen said KSBN opens and processes around 2,000 cases a year and does so very cost effectively. By placing KSBN under an umbrella where there are multiple ongoing processes, KSBN's ability to be efficient and effective could be significantly impaired and cost more. In addition, by slowing down those processes, the public is not kept safe, because inferior or unfit nurses would be working for months longer than under the KSBN process.

Ms. Klaassen noted, at the December 6, 2016, meeting, the Committee heard from many other boards on how they are working independently to streamline processes, handle matters efficiently, and cut costs. Many of the boards collaborate to share innovations and systems or operational perspectives. One example is the KSBN working in collaboration with the Board of Pharmacy and the BHA to develop policy for chronic pain management. These boards work more efficiently and cost-effectively together. She said the point is the boards made the decision about priority collaborations, unlike an umbrella board that pits boards against each other in competition for resources, personnel, and priorities. When expert boards driven internally collaborate, they do so repeatedly in a way that makes sense. She stated the boards show they collaborate and are committed to continuing to do so.

Ms. Klaassen concluded by saying because the KSBN has demonstrated its critical need for oversight, has demonstrated it has done its job very well, and has shown it collaborates with other major boards, she respectfully requested the Committee reject the proposal to combine the KSBN with the BHA or any other board.

Maryann Alexander, National Council of State Boards of Nursing (NCSBN) provided testimony ([Attachment 8](#)). She noted the national organization provides data, service, and resources to state boards of nursing to assist in their functions and to help in their role of public protection. A great deal of research is conducted through Project CORE (Commitment to Ongoing Regulatory Excellence), which gathers data every other year from the boards of nursing to help establish their performance measurement. The boards can see from the data how they are doing in relation to other boards, especially in regard to efficiency. Ms. Alexander added she would show not only that KSBN is efficient in Kansas, but it is one of the most efficient boards in the country. Data compared KSBN with umbrella boards, independent boards, and three boards with the same number of nurses as Kansas.

Ms. Alexander stated KSBN processes licenses in 1.5 days, which is almost unheard of across the country. She said this is important because it places nurses into the workforce quickly. This compares to 6.2 days for independent boards, 9.1 days for umbrella boards, and 3.0 days for similar size boards.

Concerning the average number of days to process applications for nurse licensure by endorsement (nurses already licensed in another state and coming to Kansas for employment), KSBN performance is 1.2 days. In comparison, independent boards are 12.7 days, umbrella boards are 11.7 days, and similar size boards are 3.5 days.

Ms. Alexander noted the measure that is important to the public is the average number of calendar months from receipt of complaints to resolution of cases. This protects the public by acting upon a complaint and addressing it quickly, taking bad actors out of practice, and seeing situations get resolved. The resolution rate of complaints in Kansas is 2.7 months compared to 4.2 months for independent boards, 31.5 for umbrella boards, and 5.5 months for similar size boards. The time begins when the complaint is received until it is closed. Ms. Alexander stated data for Kansas into 2016 indicates KSBN is the only state board that has reduced its time to settle formal hearing cases, while other state boards doubled or more than doubled the time for resolution of cases.

Additionally, Ms. Alexander said KSBN has the lowest licensure fee per year. It is \$37 compared to \$58 for independent boards, \$61 for umbrella boards, and \$70 for similar size boards. KSBN was also able to decrease its license fee.

There is a complexity to nursing, and Ms. Alexander addressed why the executive director and staff of KSBN need to be nurses. It is because of the amount of details that are really different from every other profession. There are six different nursing roles the executive director and staff need to know intimately. Each role has a distinct practice, education requirements, certifications, and standards of practice.

Ms. Alexander stated advanced practice registered nurses (APRNs) have 4 distinct roles and 32 certification exams, but staff needs to know the other exams that exist to ensure they are not approving an exam that does not meet Kansas standards. Not only does staff need to know Kansas' licensure requirements, but also those across the nation. This does not include the work dealing with licensed mental health technicians that the KSBN also oversees.

In conclusion, Ms. Alexander said Kansas needs to be commended for the outstanding work of the KSBN, which provides high quality services at a low cost. She said it was not mentioned that, in the survey distributed to the deans and directors of education programs, 100 percent rated the KSBN as being good or excellent in the services it provides to the state. Ms. Alexander said, from a national perspective, the KSBN is an exemplary board and has the respect of other state boards because of its quality and its dedication to public protection.

Carol Moore, Chairperson of the Legislative Committee, Kansas State Nurses Association (KSNA), provided testimony ([Attachment 9](#)). She stated KSNA members object to the consolidation of boards because the responsiveness of the KSBN is valued in order to facilitate changes that enhance the ability to be current in practice and education.

Ms. Moore said the KSNA Legislative Committee members telephoned states where the board of nursing was in an umbrella structure. KSNA members were unable to speak to someone who could answer questions, and were often transferred numerous times to voice mail. Rarely did they receive a return call to the voice message. Several times they were on hold for 15 minutes or no one answered the telephone.

In summary, Ms. Moore said Kansas nurses appreciate the respect, consideration, and efficiencies received from the KSBN and the responsiveness to questions and concerns. Ms. Moore added KSNA is unable to identify any advantages of placing KSBN in a potentially

competitive relationship with another agency or having an executive director in a position of possible biases and conflicts of interest. There is concern such an umbrella arrangement would undermine the efficiencies KSBN has established. Additionally, she noted every health board should be concerned that no fiscal analysis supporting an umbrella structure in Kansas has been provided.

Social Work Profession

Sky Westerlund, Kansas Chapter National Association of Social Workers (KNASW), presented testimony ([Attachment 10](#)). More than 7,000 social workers are licensed and regulated in Kansas by the BSRB. She stated the BSRB is a consolidated agency and a consolidated regulatory board because it regulates seven different professions.

Ms. Westerlund said KNASW does not believe a consolidated board is efficient for public protection and would promote an independent board for social work if such would be considered in the state. She stated the BSRB, by licensing many different professions, loses the identity of the profession, and professions are not treated the same because they are governed by separate statutes. She also noted social work is grossly under-represented on the BSRB. Currently, 2 social workers represent 7,400 licensed social workers but 2 psychologists represent 900 psychologists.

Ms. Westerlund said 38 other states have independent boards for social work. The three states mentioned in the A&M Study have independent licensing and regulatory boards for social work, even though they are in an umbrella administrative agency. She provided an example of an individual with felony convictions who sought and received licensure for Master Level social work through the BSRB; it was at this point some social workers believed the integrity of social work was lost to other professions. Ms. Westerlund noted, if there is an opportunity to make some change, KNASW would strongly advocate for an independent regulatory board for social work.

Health Care Professions

Terri Roberts, healthcare consultant, presented testimony ([Attachment 11](#)). She noted, in listening to the December 6, 2016, testimony, there was a loud and clear message there is no real support for consolidation of regulatory boards under an umbrella board, but state agencies would be willing to cooperate if that was the action taken by the Legislature. The common theme was to protect the public. She noted the testimony also identified complexity and autonomy in doing this work all funded by fees from those they license. No SGF moneys are being expended, unless a task related to their regulatory role has been added to agency's work, such as tracking prescription orders for scheduled drugs assigned to the State Board of Pharmacy.

Ms. Roberts questioned, from an economies of scale perspective, why the consideration of consolidation would start with the two largest public health agencies. Considering small agencies with few FTEs, and considering office space and office equipment, it would seem logical that combining smaller agencies first as a pilot would be the direction to go. However, even smaller agencies objected, saying they would lose autonomy and expertise in their regulatory role and customer service.

Ms. Roberts stated, if consolidation is about generating additional revenue for the state, the statutory limit could return to \$200,000, which would generate \$2.5 million, as suggested by the Executive Director of the Kansas Dental Board. It was recommended agencies meet together to identify areas where additional sharing of services or other economic savings could be explored, and these be reported to the Legislature annually at the same time budgets are discussed. In summary, Ms. Roberts added she does not support an umbrella board for public health fee-funded agencies in Kansas.

Speech Language Pathology and Audiology Professions

Susie Ternes, Executive Director, Kansas Speech-Language-Hearing Association (KSHA) gave a presentation ([Attachment 12](#)). The KSHA has 1,000 members in the state representing speech language pathologists and audiologists. An audiologist is a medical professional who diagnoses and treats hearing disorders and balance disorders and fits hearing aids. An audiologist is required to hold a state license through the Kansas Department for Aging and Disability Services (KDADS) to practice in the state. Audiologists who also wish to sell hearing aids must have another state license through the Kansas Board of Examiners in Fitting and Dispensing of Hearing Instruments (KBHAE).

Ms. Ternes stated KSHA proposes to consolidate the KBHAE with KDADS. The reasons for the proposal include that KDADS is an existing board that already regulates most of the speech and hearing professionals in the state. This would eliminate unnecessary duplication and redundancy. The second reason for this consolidation is consumer protection. At this time, it is very difficult to determine who to file a complaint with if a consumer is dissatisfied with the fit of hearing aids—KDADS, the audiologist that fit the consumer, or the KBHAE. Two boards are receiving the same complaint from the same people and acting in different ways. Depending on who the complaint goes to, the disciplinary action may be different. A search for how to file a complaint against a hearing aid dispenser in Kansas directs you to KDADS or to the KBHAE, the latter of which does not have a website. As the Executive Director of KSHA, Ms. Ternes said she gets calls from the public asking how to file a complaint against a hearing aid dispenser.

Ms. Ternes stated, by moving the KBHAE under KDADS, it would be much easier for the Kansas consumer to determine where the complaints should be filed. She noted KDADS is fully staffed with full-time employees, so complaints will be handled efficiently and promptly.

The third reason cited by Ms. Ternes to advocate for the consolidation of KBHAE with KDADS is professional access. She said she hears from KSHA members that they are unable to get the information they need from the KBHAE or have a difficult time contacting KBHAE. She also received calls from numerous outside agencies wanting to hire a hearing aid professional who ask her for license verification because the outside agencies cannot find KBHAE. She indicated KDADS already has an online license verification tool, and there is no reason to build another website.

In summary, Ms. Ternes stated KSHA supports the idea of streamlining, consolidating, and simplifying the licensing process, and placing that under one agency, preferably KDADS because KDADS already licenses audiologists.

Kevin Ruggle, audiologist, gave a presentation ([Attachment 13](#)). Dr. Ruggle has practiced audiology since 1991 and has held a license to dispense hearing aids since that time. In 1993, audiology became a licensed profession in Kansas, and he has also held that license since 1993 with KDADS.

Dr. Ruggle stated KDADS is a logical agency to regulate hearing aid dispensing because it has licensed audiologists since 2012, and about half of the licensees under the KBHAE are already licensed under KDADS. Consolidation would allow for the efficient licensing of hearing aid specialists in the state and also provide state oversight over KBHAE by being located in Topeka. He noted KDADS can offer services now provided by the KBHAE and do so at a lower cost. KDADS also has a website consumers and professionals can access. The KBHAE does not have a website to assist a consumer with an issue relating to hearing aids or dispensing in Kansas. Dr. Ruggle also stated KDADS is cost-efficient. The cost of a license for an audiologist is \$135 every two years. The KBHAE charges \$100 per year, and has proposed a 25 percent increase in fees beginning in 2017. Dr. Ruggle asked the Committee to act to move KBHAE to KDADS.

Dental Profession

Kevin Robertson, Kansas Dental Association (KDA), presented testimony ([Attachment 14](#)), noting Kansas dentists have a very good relationship with the Kansas Dental Board (KDB). He stated the KDA and KDB work together on peer review and the well-being program. The peer review program takes complaints that might be filed with the KDB; these are lesser complaints that do not rise to provider negligence. KDA works as a screening agency in some cases to look at the type of complaint. A complaint of negligence would go to the KDB. Peer review goes to the KDA. KDA helps resolve issues of patient dissatisfaction through mediation and, if it comes to an appeal process, a committee will review it.

Mr. Robertson stated, with regard to the well-being program for dentists who have substance abuse problems or mental or physical illnesses that might be problematic to the care they are providing patients, the KDA works with the dentists until they can safely continue providing care to patients. If that cannot happen or the dentist is non-compliant, the dentist may lose his or her license. Mr. Robertson said KDA believes the KDB is very efficient.

Mr. Robertson stated, because of economies of scale, the KDA understands why the A&M Study suggested placing public health boards under one umbrella agency. However, there is a point where efficiencies actually decrease. Mr. Robertson stated perhaps consolidating smaller boards would make more sense as the Committee moves forward.

Funeral Services Profession

Pam Scott, Kansas Funeral Directors Association (KFDA), provided testimony ([Attachment 15](#)). The KFDA represents approximately 300 funeral homes across Kansas. Ms. Scott said KFDA is opposed to placing the Kansas State Board of Mortuary Arts (SBMA) under an umbrella agency. KFDA is supportive of finding efficiencies within SBMA and, in doing so, keeping licensing fees paid by members in check. She noted the SBMA is extremely streamlined and makes a conscious effort to work with the minimal amount of funding necessary to run operations since it is a fee-funded agency. If more efficiencies are found, there is no fiscal impact to the state, and it affects only licensees. She stated funeral service is a very specialized field and somewhat different from other health-related professions that could be placed in an umbrella agency. She noted it is important to KFDA members that the staff of the agency have funeral service experience, while the staff of an umbrella agency would likely lack expertise in the area of funeral service, which KFDA believes the member licensees and the public deserve.

Ms. Scott noted when contacting other states' super agencies, there is frustration that answers to questions cannot be received because the staff does not have the same level of expertise. Calls are transferred many times, and no one has an answer. In Kansas, a person can always reach someone with expertise, and that holds true for the public and licensees. She said speaking with someone with expertise is even more important to the consumer who may have suffered the loss of a loved one.

In conclusion, Ms. Scott said the current method of regulation is working extremely well. A structural change in the regulatory system of fee-funded agencies will likely lower the level of service and regulation provided for the benefit of the public and to licensees.

Advanced Practice Registered Nursing Profession

Betty Smith-Campbell, Kansas Advanced Practice Nurses Association (KAPNA), gave testimony ([Attachment 16](#)). In Kansas, there are almost 5,000 APRNs, certified nurse midwives, clinical nurse specialists, and nurse practitioners.

Ms. Smith-Campbell stated KAPNA believes the idea to merge public health boards, particularly the KSBN and the BHA, is a proposal to solve a problem that does not exist. The KSBN and the BHA both operate efficiently. No data or report finds such a change to be more efficient. No fiscal note is attached to this proposal and making a change of this magnitude would be costly. She stated there is uncertainty as to how this proposal would be more efficient. She asked whether there would be sub-boards or another layer of board governance to add to the bureaucracy of decision-making and just the opposite of streamlining, which is the overarching goal or rationale to combine the boards.

Ms. Smith-Campbell added each board has existed for decades, and there have been no significant complaints from the public or from health professionals that current operations need to be changed. She said the KSBN and BHA both operate on the fees generated from licensing professions in the state, and both operate within their own budgets and are financially responsible to maintain those budgets. She added the KSBN has demonstrated efficiency of operations and processes handling 72,000 licensees. Kansas staff have been responsive to questions and concerns. It has also implemented technology for streamlining processes.

Ms. Smith-Campbell stated the KAPNA believes KSBN has sufficiently demonstrated the value of its work and the efficiency of its staff, and firmly believes governance of nursing belongs with nursing. She stated professional fees already support the SGF with 10 percent collected fees transferred to the SGF and wondered whether nursing fees are to be used to support the general budget. She stated the KAPN does not support the consolidation proposal.

Practical Nurse Educators

Cynthia Jacobson, President, Kansas Council of Practical Nurse Educators (KCPNE), gave testimony ([Attachment 17](#)). Ms. Jacobson is also a member of the Kansas Council of Associate Degree Nurse Educators (KCADNE) and represented both KCPNE and KCADNE regarding the consolidation of health boards under one umbrella board. These organizations are concerned that consolidation would diminish access and quality of services. Peer review of nurses brings understanding and professional rigor to the process of licensure and regulation. She stated consolidation of boards would dilute this unique professional entity that today produces consistency and quality.

Ms. Jacobson added KCPNE and KCADNE acknowledge the effort to promote cost savings and efficiency to the State; however, including KSBN in this consolidation could result in loss of proficiency, creating more expense, and increasing risk of public safety. She stated some boards might benefit from the process, but consolidation would not be an advantage to the KSBN. Each profession in health care has its own set of requirements for licensure based on the professional service they are educated to provide. Those under the BHA diagnose and prescribe care, while nurses deliver care. Consolidation would bring a loss of true peer review to all disciplines involved.

Committee Questions of Conferees

A question and answer session followed. Ms. Klaassen answered questions about licensure of several nursing professions. She responded that certified nurse practitioners are registered through the KSBN. There has been legislation to allow them to practice independently and to be jointly overseen by the BHA and the KSBN.

Ms. Klaassen stated APRNs are under the jurisdiction of the KSBN. Physician assistants are under the BHA because they are under direct physician oversight. She added APRNs are important to rural areas and operate by protocol in collaboration with the physician, but they are not required to have direct oversight or to follow particular protocols. The KSBN supports APRNs to practice in the full scope of their practice, which may vary depending on their location and specialty. Ms. Klaassen added health care is a rapidly changing profession and boundaries of professions are changing at a number of levels.

Ms. Klaassen, in response to another question, noted there was a recent attempt to change the scope of practice for APRNs. The KSBN did not support the change because it believes Kansas does not want unrestricted practice for APRNs at this time; however, KSBN did not comment on the bill.

Ms. Ternes was asked why the KBHAE exists now. She stated the KBHAE licenses two professions, audiologists who sell hearing aids and hearing instrument specialists. The latter requires a high school diploma or GED and must be at least 21 years of age. KBHAE also administers a written and practical exam for those selling hearing aids and continuing education to maintain those licenses, which is 10 hours annually. Audiologists do not have to take the test by virtue of their doctoral degree and training programs and are licensed through their medical profession by KDADS.

Chairperson Hawkins added it was interesting the APRN question was prevalent during this discussion. He indicated it will no doubt continue in future legislative sessions and, although the KSBN has never weighed in, at some point the Legislature will want its comment.

Written-only testimony was submitted by:

- DeLyna Bohnenblust, Nursing Program Director, Labette Community College ([Attachment 18](#));
- Brad Mason, Chairperson, Mid-America Regional Council Emergency Rescue ([Attachment 19](#)); |

- Brandon Beck, President, Kansas Emergency Medical Services Association ([Attachment 20](#)); |
- Bob Williams, Executive Director, Kansas Association of Osteopathic Medicine ([Attachment 21](#)); |
- Whitney Damron, on behalf of the Kansas Psychological Association ([Attachment 22](#)); |
- Ramon Gonzalez, Jr., Representative, 47th District ([Attachment 23](#)); |
- Ron Hein Legislative Counsel, Kansas Association of Nurse Anesthetists ([Attachment 24](#)); |
- Ron Hein, Legislative Counsel, Kansas Association of Chain Drug Stores ([Attachment 25](#)); |
- Ron Hein, Legislative Counsel, Mental Health Credentialing Coalition ([Attachment 26](#)); |
- Samuel Bittel, audiologist ([Attachment 27](#)); |
- Joseph Hill, Director, Government Relations, American Society of Health-System Pharmacists ([Attachment 28](#)); |
- Todd Fleischer, Executive Director, Kansas Optometric Association ([Attachment 29](#)); and |
- Molly Lyon, Audiologist and Speech Language Pathologist ([Attachment 30](#)). |

The meeting was recessed at 11:45 a.m.

Afternoon Session

The meeting reconvened at 1:30 p.m.

Committee Deliberation and Recommendations

Chairperson Hawkins noted there had been 1.5 days of testimony and thanked everyone for their time and testimony. He stated hearing from the stakeholders was important, and the testimony was compelling. He noted there were common themes: people certainly like their boards, as is evidenced by the testimony; and all of the different stakeholders and people regulated by those boards think they are the best. He added, when there is a fee-funded board, it is difficult to look at combining boards because those being regulated are the ones paying the bills; it is difficult to suggest changes when everyone is happy with the situation.

Chairperson Hawkins added it would not be easy to combine all of the boards, and during testimony, it was asked why start consolidation with the BHA and the KSBN. The consideration of consolidating those two boards was not political, but rather because they shared the same computer system. He noted when there are thoughts about combining, it is preferred those to be combined are as similar as possible, so that was the reason to start with these two boards. The Chairperson noted a couple of other boards also shared the same computer system.

The Chairperson stated the A&M Study indicated other states have combined boards; the Committee studied it and heard the testimony. He added there were times the thought was to scrap the idea, but the Committee heard from the various public health boards, and he asked the Committee if there is a recommendation.

Representative Hoffman moved, seconded by Senator Bowers, that the BHA and KSBN not be consolidated at this time. The motion passed.

Chairperson Hawkins continued noting there have been a few considerations during the testimony and discussion that parties believe the Legislature needs to review.

Chairperson Hawkins moved, seconded by Representative Hoffman, that the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare review and consider combining the Board of Examiners in the Fitting and Dispensing of Hearing Instruments with KDADS, so there are not two licensing agencies for audiologists. The motion passed.

Chairperson Hawkins asked if there were any other recommendations to come before the Committee. There were none.

Adjourn

The meeting adjourned at 1:40 p.m.

Prepared by Linda Herrick
Edited by Iraida Orr and Whitney Howard

Approved by the Committee on:

March 3, 2017
(Date)