Approved:	April 1, 2009
	Date

#### MINUTES OF THE SENATE EDUCATION COMMITTEE

The meeting was called to order by Chairman Jean Schodorf at 1:30 p.m. on March 19, 2009, in Room 545-N of the Capitol.

All members were present except:

Senator Tim Owens- absent Senator Chris Steineger- excused Senator John Vratil- absent

### Committee staff present:

Kristen Kellems, Office of the Revisor of Statutes

Theresa Kiernan, Office of the Revisor of Statutes

Matt Sterling, Office of the Revisor of Statutes

Martha Dorsey, Kansas Legislative Research Department

Sharon Wenger, Kansas Legislative Research Department

Dale Dennis, Deputy Commissioner, Kansas Department of Education

Dorothy Gerhardt, Committee Assistant

## Conferees appearing before the Committee:

Rep. Sheryl Spalding

Terry Sader, Ph.D., Chair, The Kansas Coalition for Dyslexia Legislation

Diane Dierstad, Wichita Public Schools (written only)

Angie Schreiber, USD 253, Board President (written only)

Rep. Deena Horst

Dan Morin, Director of Government Affairs, Kansas Medical Society

Robert Vancrum, USD 229, Blue Valley School District

Robert Waller, Executive Director, Kansas Board of Emergency Medical Services

## Others attending:

See attached list.

## **Approval of Minutes**

Senator Teichman moved to approve the minutes of March 11, 2009. The motion was seconded by Senator Umbarger. Motion carried on a voice vote.

# Informational Hearing on <u>HCR 5015 - Dyslexia and other reading problems</u>; the state board of education to take certain actions

Rep. Sheryl Spalding, (<u>Attachment 1</u>) provided a summary of the history of <u>HCR 5015</u> as well as the requirements of <u>HCR 5015</u>. <u>HCR 5015</u> was originally introduced as <u>HB 2199</u> which would have required establishment of an early literacy program for Kansas schools. Under <u>HB 2199</u>, students enrolled in kindergarten through grade two would be screened for reading disorders, including dyslexia, in accordance with a program approved by the State Board of Education. A diagnosis of dyslexia by a child psychologist or a medical doctor would have been required to be accepted by a school district.

The House Committee on Education established a subcommittee to review <u>HB 2199</u> and make recommendation for action. The subcommittee recommended and the Committee agreed to introduce <u>HCR 5015</u>. This would direct the State Board of Education to:

- Provide early screening to identify children with a reading disability, including dyslexia, and allow for reading diagnostics to be used in pre-kindergarten through second grade
- Review the pace and level of instruction to ensure that reading problems, including dyslexia, are identified and analyzed
- Review teacher preparation courses to ensure that scientifically-based reading instructional components are used to instruct children with disabilities, including dyslexia

#### CONTINUATION SHEET

Minutes of the Senate Education Committee at 1:30 p.m. on March 19, 2009, in Room 545-N of the Capitol.

• Ensure that parents have easy access to all information, including appropriate interventions and the appropriate pace of interventions

<u>HCR 5015</u> requires that the State Board of Education submit a report of the activities of the Board in relation to this resolution and the progress made in achieving the endeavors specified in the resolution and shall submit such report to the legislature. Rep. Spalding stated the State Department of Education had begun addressing these concerns through the Multi-Tiered System of Support (MTSS). They had also hired a reading specialist with a background in dyslexia. Currently, 102 schools district and all of the special education co-ops and service centers have at least one person trained in this system.

Terry Sader, Ph.D., Chair, The Kansas Coalition for Dyslexia Legislation, (<u>Attachment 2</u>), provided testimony in support of <u>HCR 5015</u>. His testimony included letters from three concerned parents who continue to struggle with what they consider as inadequate education opportunities for their children with dyslexia.

Diane Djerstad, Wichita Public Schools, (<u>Attachment 3</u>) and Angie Schreiber, USD 253, Board President (<u>Attachment 4</u>) provided written testimony in support of <u>HCR 5015</u>.

The informational hearing on <u>HCR 5015</u> was closed. The chair announced that following receipt of the Resolution from the House, the committee would meet at the rail on Monday, March 23, to consider the Resolution.

Hearing on Sub HB 2008 - Administration of epinephrine in emergencies at schools; epinephrine kits

Theresa Kiernan, Office of the Revisor of Statutes, provided a summary of <u>Sub HB 2008</u>. The original <u>HB 2008</u> was introduced by the Legislative Educational Planning Committee (LEPC) after it learned that the State Board of Nursing (Board) had notified school nurses the Kansas Nurse Practice Act (NPA) does not allow school nurses to identify an anaphylactic reaction in a student who had not been diagnosed with anaphylaxis or to administer epinephrine to treat that student without receiving a physician's order to do so. The NPA authorizes a nurse to make a nursing diagnosis and to execute a medical regimen as prescribed by someone licensed to practice medicine and surgery. Identifying and labeling anaphylaxis requires medical judgment and is a medical diagnosis. Prescribing and administering a prescription drug is the practice of medicine.

Prior to the issuance of the letter by the Board, it was not unusual for a school nurse to have on hand a number of EpiPens which had not been prescribed for a particular patient, but had been prescribed for use in the treatment of anaphylaxis. School nurses could continue to administer epinephrine prescribed for a student who had previously been diagnosed with anaphylaxis, but for an undiagnosed student, the nurse either would have to obtain authority from a physician to administer epinephrine or wait until a person who is authorized to administer medication arrives at the school.

The original <u>HB 2008</u> established the school medication aide act which authorized school nurses and persons who were certified by the Board to administer epinephrine. The subcommittee of the House Education Committee recommended the introduction of a substitute bill which would allow the administration of epinephrine to an undiagnosed student or school staff member by a professional nurse, protect the nurse from the unlawful practice of the healing arts and allow schools to maintain an epinephrine kit.

Substitute for <u>HB 2008</u> was introduced to implement the recommendations of the subcommittee. The bill would provide that the practice of healing arts does not include the administration of epinephrine by a professional nurse to a student or school staff member without a prior diagnosis or specific order if the nurse reasonably believes that the signs and symptoms of an anaphylactic reaction are occurring. The bill would require a physician to provide written authorization allowing a professional nurse to use and maintain a stock supply of epinephrine. The bill would allow any accredited school to maintain an epinephrine kit containing one or more doses of epinephrine to be used only in emergency cases by a professional nurse or under the supervision and direction of a professional nurse at school, on school property or at a school-sponsored event. In addition, the bill would require a school district to consult with a licensed pharmacist, who would supervise the maintenance and use of the emergency epinephrine kit.

#### CONTINUATION SHEET

Minutes of the Senate Education Committee at 1:30 p.m. on March 19, 2009, in Room 545-N of the Capitol.

Rep. Deena Horst, (<u>Attachment 5</u>), provided testimony in support of <u>Sub HB 2008</u>. Discussion included the question of who would pay for a kit that had been provided by the school. Dale Dennis, Deputy Commissioner, Kansas Department of Education, stated the school would pay for the kit and then attempt to recover the costs from the insurance company. Other discussion included the question of where in the bill someone under the supervision of the professional nurse would be allowed to administer the epinephrine. This was clarified by the Assistant Revisor as well as Diane Glynn with the Board of Nursing. Each stated the professional nurse was allowed to delegate the administration of the epinephrine.

Dan Morin, Director of Government Affairs, Kansas Medical Society (<u>Attachment 6</u>) and Robert Vancrum, USD 229, Blue Valley School District, also provided testimony in support of **Sub HB 2008**.

Robert Waller, Executive Director, Kansas Board of Emergency Medical Services, (<u>Attachment 7</u>), provided testimony in support of <u>Sub HB 2008</u> and requested that <u>SB 262</u> be put into <u>Sub HB 2008</u>. He pointed out <u>SB 262</u> had been passed in the Senate by a vote of 40-0. The provisions of <u>SB 262</u> included:

- Changing the name of the three attendant levels
- Mandating attendants must practice under medical protocols
- Sets a Scope of Practice "ceiling" for the levels of EMR, EMT, and AEMT
- Sets the actual Scope of Practice in Rules and Regulations

A brief discussion was held regarding the location of the bill in the House. Senator Wagle stated she felt action regarding <u>SB 262</u> should be discussed first with the chair of the House Health and Human Services, Representative Brenda Landwehr.

The Hearing on **Sub HB 2008** was closed.

Senator Umbarger moved the committee amend SB 262 into Sub HB 2008 and recommend it as amended favorable for passage. The motion was seconded by Senator Teichman. No action was taken on the motion.

Senator Huelskamp stated he felt the committee should have two separate motions and that he agreed with Senator Wagle in regard to discussing the bill with Representative Landwehr before moving <u>SB 262</u> into <u>Sub HB 2008</u>. Senator Wagle agreed to discuss <u>SB 262</u> with Representative Landwehr.

Senator Huelskamp moved the committee recommend **Sub HB 2008** favorable for passage. The motion was seconded by Senator Wagle. The motion carried on a voice vote.

There are no further meetings scheduled.

The meeting was adjourned at 2:30 p.m.