Approved: March 2, 2009

Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:30 p.m. on February 4, 2009, in Room 136-N of the Capitol.

All members were present except: Senator David Wysong - excused

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes Doug Taylor, Office of the Revisor of Statutes Kelly Navinsky-Wenzl, Kansas Legislative Research Department Terri Weber, Kansas Legislative Research Department Jan Lunn, Committee Assistant

Conferees appearing before the committee:

Don Jordan, Secretary, Department of Social and Rehabilitation Services Matt Zenner, Private Citizen Sky Westerlund, National Association of Social Workers Henry L. Johns, Kansas Association of Sleep Professionals William Leeds, DO, Pulmonary and Sleep Associates Cindy Birdsong, Labette Health Sleep Lab Robert Henrickson, Kansas Association of Sleep Professionals Debra Campbell, Private Citizen Gary M. Carder, Pulmonary and Sleep Associates Joe Kroll, Director, Bureau of Child Care and Health Facilities, Kansas Department of Health and Environment Debbie Fox, Kansas Respiratory Care Society Karen Schell,, Newman Regional Health Center, Emporia Randy Chorice, Area Clinical Manager, Mobile Med Care Suzanne Bollig, Private Citizen

Others attending:

See attached list.

Chairman Barnett recognized Nobuko Folmsbee who briefed those attending on: <u>SB 31 - Behavioral</u> sciences; continuing education requirements. This bill amends the continuing education requirements for baccalaureate, master and specialist clinical social workers to include not less than six hours of social worker safety training, including self-protection maneuvers. This requirement becomes effective on and after January 1, 2010, for applicants in the three categories previously stated and for first-time licensure renewal. If the applicant has taken the training as part of a previous licensure renewal, the applicant is not required to complete an additional six hours of safety training.

Terri Weber, legislative research department briefed those attending on: **SB 63 - Polysomnography practice act; duties of the board of healing arts; creation of the polysomnography professional standard council**. This bill creates the polysomnography practice act under the authority of the State Board of Healing Arts and establishes the polysomnography professional standards council. Ms. Weber described the definitions contained in the legislation; the composition of the polysomnography professional standards council, appointments, and terms of appointment; the relationship of the Board of Healing Arts to the professional standards council; licensure standards, licensure fees, and disposition of those fees; and violations of the act may result in a Class B misdemeanor.

Senator Barnett opened the hearing on <u>SB 31 - Behavioral sciences; continuing education requirements</u> by recognizing Matt Zenner. Mr. Zenner testified about his wife, Teri Zenner a social worker in Overland Park, who was murdered by one of her clients in 2004 (<u>Attachment 1</u>). Mr. Zenner indicated it was his belief that had his wife been trained in self defense and/or safety training, her death might have been prevented. He urged the committee members to support <u>SB 31</u>.

Secretary Don Jordan, Kansas Social and Rehabilitation Services, verbalized his strong support of <u>SB 31</u>, explaining the social worker does not work in an office but in clients' homes (<u>Attachment 2</u>). The limited

CONTINUATION SHEET

Minutes of the Senate Public Health And Welfare Committee at 1:30 p.m. on February 4, 2009, in Room 136-N of the Capitol.

safeguards found in the office environment aren't available in consumers' homes. Staff must learn to care for themselves.

Sky Westerlund, Executive Director of the Kansas Chapter, National Association of Social Workers, testified <u>**SB 31**</u> provides for pro-active preparation for safety in the social work practice by equipping the social worker with knowledge and skills to prevent violence, and by knowing what to do to protect oneself should that become necessary (<u>Attachment 3</u>).

Senators inquired who would bear the cost of this safety training. Ms. Westerlund indicated that many employers' furnish continuing education credits at no cost or bear a portion of education costs. However, the social worker is accountable for his/her licensure renewal (which would include CEU costs, if not provided by an employer).

Chairman Barnett closed the hearing on <u>SB 31</u>.

Senator Barnett opened the hearing on <u>SB 63 - Polysomnography practice act; duties of the board of healing arts; creation of the polysomnography professional standard council.</u>

Henry Johns provided a brief history of sleep medicine which began in 1972 and resulted in discovery and documentation of sleep apnea. Since that time, the field has experienced growth resulting in the need for standardized practice parameters and educational standards. He described the specialized training, skills, and responsibilities for a polysomnographic technician (Attachment 4).

Dr. William Leeds, DO, practicing in the field of sleep medicine for 25 years spoke about the need for accurate data to assist in sleep diagnostics and therapeutic intervention. He indicated the bill would ensure a level of technician competency while increasing patient safety (<u>Attachment 5</u>). He urged passage of <u>SB 63</u>.

Cindy Birdsong testified that passage of this legislation will ensure that the level of care is maintained at its highest to ensure not only patient safety but positive outcomes for patients being treated in the field of sleep medicine. (Attachment 6)

Robert Hendrickson indicated that <u>SB_63</u> recognizes the scope of polysomnography practice in the management of a broad spectrum of complex and multi-system sleep disorders. He briefly commented on the future of sleep medicine integrating into occupational and industrial medicine. He encouraged passage of this legislation (Attachment 7).

Debra Campbell testified that by implementing the licensure/educational requirements contained in <u>SB 63</u>, quality of care and patient safety are enhanced while ensuring standards expected by Kansas consumers are met. (<u>Attachment 8</u>)

Gary Carder encouraged passage of <u>SB 63</u> to ensure that all persons performing polysomnography have a minimum level of education (<u>Attachment 8</u>).

Chairman Barnett recognized Joseph Kroll, Director of the Bureau of Child Care and Health Facilities, Kansas Department of Health and Environment. Mr. Kroll testified that the Health Occupation Credentialing Act, KSA 65-5001, establishes a process to determine if the public good is served by credentialing a health occupation. The process identifies criteria to evaluate the impact of an unregulated practice, impact on taxpayers, public benefit, etc. Mr. Kroll indicated that representatives from the Kansas Association of Sleep Professionals met with KDHE staff in December 2008, however, to date there has been no further contact, and therefore, the proposed legislation bypasses the Kansas Act. He requested that the bill not be favorably considered. (Attachment 9)

Debbie Fox spoke on behalf of the Kansas Respiratory Care Society. She indicated that while credentialing is supported, she spoke in opposition to <u>SB 63</u> as it is currently worded. Sleep testing is included in the respiratory therapists scope of practice, and this particular legislation requires a separate license for the practice of polysomnography (Attachment 10). Ms. Fox described the educational curriculum for respiratory therapy and compared that to the proposals included in the legislation

CONTINUATION SHEET

Minutes of the Senate Public Health And Welfare Committee at 1:30 p.m. on February 4, 2009, in Room 136-N of the Capitol.

Karen Schell from Newman Regional Health, opposed the legislation. She indicated it would significantly hinder flexibility of cross staffing personnel in the sleep lab and in the respiratory therapy area. She indicated these areas overlap (which is necessary for optimal patient safety). She indicated a strong bill could be crafted with collaboration, but in its current form, <u>SB 63</u> is not in the best interest of Kansas patients (<u>Attachment 11</u>).

Randy Chorice testified that without the exemption of respiratory care practitioners in <u>SB 63</u> (along with dentists and registered nurses), he could not support this legislation (<u>Attachment 12</u>).

Suzanne Bollig from Hays, Kansas, articulated that while she supports professional standards and regulatory oversight of healthcare professionals, <u>SB 63</u> in its current form, does not address educational requirements. She reviewed five specific recommendations that would strengthen this legislation. (<u>Attachment 13</u>)

Chairman Barnett pointed out written testimony was attached from the following individuals: Bill Rhea (<u>Attachment 14</u>) Arlene Garcia (<u>Attachment 15</u>) A. Andrew Barron, (<u>Attachment 16</u>) Chad Sanner, (<u>Attachment 17</u>) Mary Susan Esther, (<u>Attachment 18</u>) Hugh Ekengren, (<u>Attachment 19</u>) Julie Vines, (<u>Attachment 20</u>) Joe Atkinson, (<u>Attachment 21</u>) James T. Mitchum, (Attachment 22)

Chairman Barnett closed the hearing on <u>SB 63</u>.

The next meeting is scheduled for February 5, 2009.

The meeting was adjourned at 2:34pm