Approved:	February 26, 2004
	Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:30 p.m. on February 24, 2004, in Room 526-S of the Capitol.

All members were present except:

Representative Frank Miller- excused Representative Tom Holland- excused Representative Joe McLeland - excused

Committee staff present:

Dr. William Wolff, Legislative Research Department Renae Jefferies, Office of Revisor of Statutes Gary Deeter, Secretary

Conferees appearing before the committee:

Richard Morrissey, Interim Director, Division of Health, Kansas Department of Health and Environment

John Peterson, Governmental Affairs Consultant, Kansas Hospital Association

Others attending:

See Attached List.

The minutes were approved for February 18, February 19, February 20, and February 23.

Staff Bill Wolff commented on <u>HB 2735</u>. He said last year a law was passed requiring pharmacy technicians to be registered, stating that the present bill expands the disciplinary authority of the Kansas Pharmacy Board to allow to them to deny, revoke, or suspend the registration of a pharmacy technician.

Representative Storm as Chair opened the hearing on **HB 2735**.

Representative Don Hill briefly reviewed the pharmacy technician bill passed the previous year, noting that this bill expands the oversight the Board may exercise over pharmacy technicians.

Debra Billingsley, Executive Director for the Board, said last year's law is in the process of developing rules and regulations and that this bill clarifies the responsibility of the Board.

The Chair closed the hearing on <u>HB 2735</u> after noting that there was no fiscal impact on the state. (<u>Attachment 1</u>)

A motion was made and seconded to pass favorably HB 2735. The motion passed.

Staff Bill Wolff commented that <u>HB 2760</u> brings critical care hospitals into conformity with new federal regulations, raising the number of beds from 15 to 25 and providing 10 psychiatric and 10 rehabilitation

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beds.

Representative Hill as Chair, after opening the hearing on <u>HB 2760</u>, welcomed Richard Morrissey, Interim Director, Division of Health, Kansas Department of Health and Environment (KDHE). (<u>Attachment 2</u>) He said the bill takes advantage of federal regulations promulgated by Medicare reform in two areas: first, that the 25 beds can be used for long-term care or acute care, opening up more services to constituents; and, second, that a hospital may have two distinct units (psychiatric and rehabilitative), expanding the range of services. He said that presently Kansas has 71 critical-care hospitals in 18 rural health networks; however, a change in the law that gives a window of opportunity for other hospitals to become critical-access facilities may prompt some of the 93 rural hospitals to meet the critical-access qualifications. Mr. Morrissey requested two technical amendments, one changing the 15 to 25 on the first page, and the other that the enacting clause become publication in the Kansas *Register*.

John Peterson, Governmental Affairs Consultant, Kansas Hospital Association, spoke in favor of the bill. (<u>Attachment 3</u>) He said it updates current law to be consistent with the Medicare Modernizations Act of 2003, stating that it is essential for Kansas law to match federal law to maximize service to communities and continue to provide effective services.

A fiscal note stated that the bill would have no monetary impact on the state. (Attachment 4)

The Chair closed the hearing on **HB 2760**.

A motion was made to amend **HB 2760** as suggested by the conferee. The motion passed.

By proper motion and second, the Committee voted to recommend that **HB 2760** be considered favorable for passage as amended. The motion passed.

Chairman Morrison opened Committee discussion on bills previously heard.

Representative Bethell stated that he had talked with nursing home professionals regarding <u>HB 2867</u>, noting that their consensus was to submit the issue to an interim study. <u>A motion was made and seconded to recommend the issues expressed in HB 2867 for an interim study.</u>

During discussion, members agreed that the issue has complex ramifications and needs more scrutiny.

The motion passed.

The Committee began discussion on <u>HB 2634</u>, which requires KDHE to test for West Nile virus if it receives a request for such a test, noting that the author of the bill had submitted an amendment requiring KHDE to provide a requesting laboratory with the test kit for West Nile virus. (<u>Attachment 5</u>) A member suggested letting KDHE continue to develop protocols for handling this new virus threat before taking action on the requirements of the bill. Richard Morrissey, responding to a member's comment, said that many private laboratories are not qualified to test for West Nile and have not received the

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specialized training from the Centers for Disease Control. A member noted that knowing the results of the test would not affect a clinician's ability to treat a patient. Mr. Morrissey stated that KDHE may not have a legal right to release a test kit to a private lab and most labs, even hospital labs, consider it too expensive to train staff for such specialized tasks. A member commented that her county medical society opposed the bill, since it restricted KDHE's flexibility.

A motion was made and seconded to accept the proposed amendment. The motion passed with two dissenting votes.

After further discussion, the question was called.

The motion to pass HB 2634 failed.

The meeting was adjourned at 2:12 p.m. No further meeting was scheduled.