

effective means. Registered nurses in CDD's and in special ed settings would provide that direction versus physicians. Now, this individual, special care provider could provide routine health care maintenance procedures for individuals. If they were developmentally disabled, they could do this procedure himself or herself. So, because of their disability they are unable to do for themselves what they would normally be able to do. And so this special care provider then is needed to perform that service. In essence, we're trying to provide a way to provide some protections for the public, while not overly restricting and regulating this area. I believe that the compromise we've reached is a reasonable one. I've tried to explain it as best I could. It is a fairly simple concept, actually, but it's a very complex problem, and that's the reason that we're only putting in a one year provision in this amendment. But we do think, as time goes on, that we've headed in the right direction with this language, and we definitely would like to ask for your support for this amendment to the committee amendment.

SPEAKER BARRETT: Thank you. Discussion on the amendment to the amendment? Senator Byars, followed by Senator Hartnett.

SENATOR BYARS: Mr. Speaker, members of the body, I rise to support the Wesely amendment. I have worked very closely with this issue since it was brought before the Health and Human Services Committee last year. And I attended the 407 hearing before the technical committee and felt so strongly about the bill that I testified in favor of the original proposal at that time. And I can certainly assure you that all of the interested parties that have been involved in this bill and drafting the amendments, the compromise amendments as it were, are looking very carefully to see what happens to this bill. I think that the original 407 application, as it was submitted by the Association for Retarded Citizens, contained a fairly strict standard that would be applied in virtually every individual circumstance, and the standard was, as Senator Wesely had mentioned, that if the procedure is one that the individual could have performed for him or herself, if it were not for their disability, and if the attending physician believed that it could be performed safely by a person who had been specifically trained for this particular purpose, then the procedure should be allowed. And it would have left the decision up to the physician as to when special care need procedures should be allowed by unlicensed but trained