Approved 2-14-83
Date

MINUTES OF THE HOUSE COMMITTEE ON WAYS AND MEANS.

The meeting was called to order by BILL BUNTEN at
Chairperson

1:30 ~~a~~p.m. on Thursday, February 10, 1983 in room 514-S of the Capitol.

All members were present except:

Committee staff present: Marlin Rein -- Legislative Research
Lyn Entrikin-Goering -- Legislative Research
Bill Gilmore -- Legislative Research
LewJene Schneider -- Administrative Assistant
Jim Wilson -- Office of the Revisor
Charlene Wilson -- Committee Secretary

Conferees appearing before the committee:
Representative Anita Niles of HB2143
Dr. Lois Scibetta, Executive Administrator, State Board of Nursing
Lynelle King, Kansas State Nursing Association
Mr. Clint Willsie, President, Association of Community Mental Health Centers of Kansas
Mr. Paul Klotz, Executive Director, Association of Community Mental Health Centers of Kansas
Harriett Griffith, Mental Helath Association of the State of Kansas
Marion Vernon, Mental Health Association of the State of Kansas
Betty Stowers, Mental Health Association of the State of Kansas
Howard Snyder, Johnson County Families for Mental Health
Ellen Laner, Mental Health Association of Johnson County
Steve Soloman, Wyandotte County Mental Health Association
John Peterson, Kansas Association of Professional Psychologists
Dr. Robert Harder, Secretary, SRS

Others Present: (Attachment I)

The meeting was called to order by Chairman Bunten at 1:35 p.m.

House Concurrent Resolution No. 5015 -- "A Concurrent Resolution concerning community health centers; modifying Kansas administrative regulation 30-5-86 as adopted by the secretary of social and rehabilitation services and filed with the revisor of statutes on December 14, 1982."

Chairman Bunten briefed the committee on the provisions of HCR5015.

Mr. Paul Klotz, Executive Director, Association of Community Mental Health Centers of Kansas, was called upon by the Chairman to appear as a proponent to HCR 5015. Written testimony was distributed to the committee, (AttachmentII

Ms. Marion Vernon was next to speak in favor of HCR 5015. She read from written testimony, (Attachment III).

Ms. Harriett Griffith appeared before the committee in favor of HCR 5015. She read from written testimony, (Attachment IV).

Ms. Betty Stowers was called upon to speak in support of HCR5015. She also read from written testimony, (Attachment V). Following this written testimony she added some personal comments with regard to the fact that at one time she was in need of help for her own mental health. She stated that it is her firm belief that she would not have been able to reach the point of successful recovery had only 1½ hours of treatment per month been available to her. She feels that the chronically mentally ill would be forced back into the hospital environment, and this would be a great cost to them personally, in terms of living. It would also mean a greater cost to the delivery system to care for them.

Mr. Howard Snyder appeared next in support of HCR 5015. He indicated that they work with families of the chronically and acutely mentally ill, usually young people. They have been in operation for about 1 year and they are now taking on a drop-in clinic for family support. He urged the committee to vote in favor of the resolution because the people they deal with are people who are unable to provide services for themselves and unless it is done for them at the mental health centers they will not receive services.

Ms. Ellen Laner was called upon by the chairman to appear before the committee in support of HCR 5015. She offered her support for the bill in concurrence with the previous testimony. She indicated that statistics show that the chronically mentally ill person requires 500 to 600 units of care per month and the reduction to 220 units will nowhere come near the necessary amount of care that is needed, but it is significantly better than the 120 units.

Chairman Bunten asked Mr. Klotz why the mental health centers appear to be reimbursed at a much higher rate than do the psychologists in the private sector. It was suggested by Chairman Bunten if the possibility of settling on a reasonable payment that each of the mental health centers would charge and be consistent with could be considered. Mr. Klotz responded by saying that every mental health center in Kansas grew from small resources to provide for their own communities. Some centers have grown to provide very high levels of treatment and services. This is not to be derogatory to the private practitioner, but they just aren't able to provide, in most cases, outpatient services, whereas the mental health centers provide a full range of services. It also was indicated by Mr. Klotz that they are not able to refuse service to anyone, even if they are unable to pay for services. Therefore, those costs have to be absorbed somewhere to help defray the costs of those who cannot pay. There are many reasons why there is such a variance from center to center on their charges. Mr. Clint Willsie, President of the Association of Mental Health Centers in Kansas added to Mr. Klotz's comments by saying that another factor that enters into this situation existing between private practitioners and mental health centers deals with the services that are nonreimbursable that are averaged into the costs. These arise in the areas of emergency care, and consultation and educational services. When the medicaid rate is determined on the basis of an SRS audit. The centers that are providing more of these special types of services that are nonreimbursable are going to have a higher audited cost than those that are providing services that can be more closely identified with the private practitioner.

Steve Soloman was next to appear before the committee as a proponent to HCR 5015. Refer to Attachment VI with regard to the opinions expressed by Wyandotte County in addressing this issue.

Dr. Robert Harder was next to appear in favor of HCR5015. He read from written testimony, (Attachment VII).

Mr. John Peterson was the final conferee on KCR 5015. He also appeared in support of HCR5015. An amendment being proposed by this group was handed out to the committee. (Attachment VIII). The amendment rejects an administrative regulation also dealing with reimbursements for psychological services, specifically Administrative Regulation 30-5-104. This concluded the testimony on HCR5015.

House Bill No. 2143 -- "An Act concerning the board of nursing; relating to accrediting nursing programs; amending K.S.A. 74-1106 and K.S.A. 1982 Supp. 65-1118a and 65-1119 and repealing the existing section."

Representative Anita Niles was called upon by Chairman Bunten to review the provisions of HB 2143 for the committee. She also gave some background as to how the bill had come about.

MINUTES OF THE HOUSE COMMITTEE ON WAYS AND MEANS,

room 514-S, Statehouse, at 1:30 ~~a.m.~~/p.m. on Thursday, February 10, 1983.

Dr. Lois Scibetta was called upon by Chairman Bunten to appear as an opponent to HB 2143. She stated that her reasons for being opposed to the bill were financial and procedural. She referred to Attachment IX for the remainder of her testimony.

Lynelle King was the final conferee called upon by the Chairman to speak in opposition to HB2143. Her written testimony is attached. (Attachment X). This concluded testimony on HB 2143.

The Chairman turned to HB2093 and HB2097 for action by the committee.

House Bill No. 2093 -- "An Act relating to the Kansas state library; providing for library services for the blind and other handicapped readers; amending K,S,A, 1982 Supp 75-2534 and 75-2537 and repealing the existing sections; also repealing K.S.A. 76-158d."

Representative Duncan moved that HB2093 be reported favorable for passage. Representative Meacham seconded. The motion carried.

House Bill No. 2097 -- "An Act relating to social and rehabilitation services; funeral and cemetery expense limitations; amending K.S.A. 29-713d and repealing the existing section."

Representative Holderman moved that the bill be reported adversely. Seconded by Representative Meacham. Following committee discussion the motion lost.

Representative Duncan moved that HB 2097 be passed. Seconded by Representative Hoy.

Representative Wisdom made a substitute motion that the $600.00 would be changed not to exceed $700.00 and the $150.00 would be changed not to exceed $250.00. Representative Mainey seconded. Representative Miller commented that if this motion were to be accepted that the figures should be proportionate in terms of percentages. Following committee discussion on the substitute motion the motion lost.

Chairman Bunten referred back to the original motion on HB2097 made by Representative Duncan that the bill be passed. Motion carried.

The meeting was adjourned at 3:30p.m.

The Chairman indicated that the committee would meet again at 5:00 p.m. to consider the subcommittee report on HB2057.

GUESTS

DATE 2-10-83

	NAME	ADDRESS	REPRESENTING
1.	Rosemary Shockley	3524 Twilight	KSNA/Washburn
2.	Betty Flowers	2906 Arrowhead	MHAK
3.	Pat McKinley	1205 Harrison -12	Mental Health Ass'n in KS
4.	Marion [illegible]	3132 West 17th	Mental Health Assn
5.	Ray R. Hale	P.O. Box 2308 Topeka	KHA
6.	Dr Lois R Scheiter	503 Ks Ave	Ks St Bd of Nursing
7.	[illegible]	Budget DNB	
8.	Robert C Harder		SRS
9.	David Wiebe	825 Western-Topeka	Shawnee Comm. Mental Health Center
10.	Steven J. Solomon	36th & Eaton KCK	Wyandot Mental Health Center
11.	Rebecca Kupper	Topeka	Kan. Hosp. Assoc.
12.	Mack Smith	Topeka	KS St Bd of Embalming
13.	JIM SNYDER	TOPEKA	KS Funeral Dir. Assn
14.	DUANE F. JOHNSON	Topeka	KS STATE LIBRARY
15.	[illegible]	Budget Division	
16.	[illegible] Peterson		Ks Assn of Prof Psychologists
17.	Brian Levinson	Lawrence	Leg. intern
18.	Ann Solomon		Intern
19.	Jo Ann Klesath	Topeka	KAPE
20.	Clinton Wallace	Wichita	Assoc. of Ks. Comm. MH Centers
21.	Phyllis Burress	Ottawa	✓ ✓ ✓
22.	R.W. Apple	New York	The Times
23.			
24.			
25.			

Atch. I

Association of Community Mental Health Centers of Kansas

820 Quincy, Suite 416/ Topeka, Kansas 66612/913 234-4773

Paul M. Klotz, Executive Director

REMARKS TO:

HOUSE WAYS AND MEANS COMMITTEE . . . . . .CHAIRMAN, BILL BUNTEN

BY: Paul M. Klotz, Executive Director DATE: February 10, 1983

RE: H.C.R. 5015

This Association is very aware of the state's revenue shortfalls and stands ready to do its fair share to cut back its programs and services to help get the state past this or any other fiscal problem.

In fact, mental health centers have already given up approximately 12 percent of their state general fund dollars to meet the state's fiscal needs. These reductions are as follows:

1) Loss of Project Funding	$ 508,000
2) Loss of 4 Percent of State Aid	226,000
3) Loss as a Result of Freeze on Title XIX (F.Y. 1983)	320,000
TOTAL	$1,054,000

In addition, the Governor has proposed a "no-growth" budget for Fiscal Year 1984 regarding mental health centers. Finally, centers, over the past 8 years, have lost approximately $5 million dollars in federal grants.

Now, the Secretary of SRS has proposed to cut the community based mental health Title XIX program by 60 percent. He proposes to reduce the total number of hours available to a mental health patient from 15 hours (300 units) to 6 hours (120 units) in a 3 month (90 day) period.

The Secretary estimates that he will save a little over $1.2 million by these and other Title XIX cuts to centers. He needs to save a total of $5 million from the total medicaid program of $228 million. He proposes that

Atch. II

mental health centers and private mental health providers should provide over 21 percent of this savings. Yet, these providers represent less than 2 percent of the total Title XIX expenditures. To compound this drastic cut, it comes at a time when SRS is asking mental health centers to help shore-up the state's mental health program. That is, SRS is asking us to provide services to the Intermediate Care Facilities for Mentally Ill (ICF/MIs) that SRS only recently developed to care for the chronically ill. These patients were formally in nursing homes. ICF/MIs are nothing more than converted nursing homes. They will require mental health services in order to function. Without a successful ICF/MI program, this state stands to lose all of its Title XIX Federal participation. Not just mental health center dollars, but all medicaid dollars will be lost.

But, apart from these more global problems; what is the single or immediate problem of a Title XIX mental health cut of such a magnitude as that being proposed by the Secretary?

In human terms, such a cut in the medical program for mental health services could be very damaging for the acute or chronic patient and could be life threatening to a suicidal or highly depressed individual.

In state budgetary terms, mental health centers are seeing over 22,000 medicaid patients, many of whom are in acute or chronic stages of illness. These people are now using the full 15 hours of treatment (300 units per quarter) available to them at an average cost to the medicaid program of $200 per month. Without such steady and consistent treatment, many such patients will transfer themselves or be transferred to state institutions where costs will run a minimum of $3,900 per month.

In closing, the Association of Community Mental Health Centers thought they had reached a compromise agreement with the Secretary (see attached letter) on these Title XIX cuts. However, it now appears that centers have to appeal to the Legislature for redress.

Therefore, centers seek a "floor" of 240 units (12 hours per 90 day

period) for general outpatient care. This still represents a 20 percent reduction in the Title XIX program. A reduction that is more fair and equitable to the people we represent.

Thank you for the opportunity to comment.

ATTACHMENT #1

- TRENDS IN MEDICAID FUNDING -

for

KANSAS MENTAL HEALTH CENTERS

Association of CMHCs of Kansas
February, 1983

Community based mental health services are a relatively new approach to providing care and treatment. Although these community efforts only began in the early 1960s, center patient loads have had a rapid increase. The number of patients has doubled about every eight (8) years. Deinstitutionalization has been and is one of the major reasons for this rapid increase in patient load at the community level. This deinstitutionalization could have meant large reductions in state budgets. From 1970 through 1980, the average resident population of Kansas' four state psychiatric hospitals declined by over forty-one percent (41%). Also, the average length of stay in the hospitals decreased by eighty-three percent (83%). Yet funding for the four state hospitals increased by nearly one-hundred percent (100%) since 1970. The current state general funds going to state hospitals in F.Y. 1983 was $30,272,142. The current state general funds going to mental health centers in F.Y. 1983 was about $6.6 million.

Mental health centers, in F.Y. 1983, were seeing over ninety-six percent (96%) of the public patients with slightly over three percent (3%) of the patients being seen in the state institutions. State funding for CMHCs has increased fairly rapidly since 1974 with the passage of the State Aid Program, more commonly called the "649 program" (the "649" coming from the original Senate Bill number). However, as noted above, the increase in CMHC patient load has also been very rapid plus the quality, intensity and concentration of CMHC services have dramatically increased.

TOTAL CLIENTS SERVED ANNUALLY*

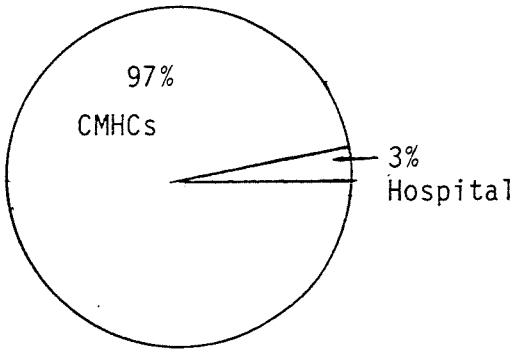
Kansas Mental Health Centers

Fiscal Year 1972 - Fiscal Year 1980

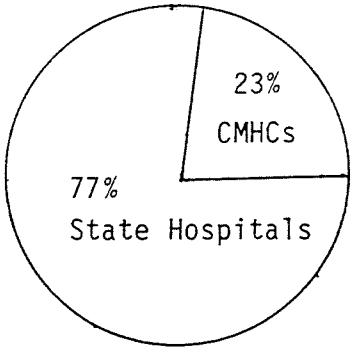
Year	No. Cients	% Increase
1972	31,203	Base Line
1973	38,642	23.84%
1974	43,720	13.14%
1975	52,837	20.85%
1976	55,082	4.25%
1977	56,672	2.89%
1978	61,538	8.59%
1979	62,631	1.78%
1980	64,160	2.44%
Total Percent Change From 1972 through 1980		105.62%

*Does not include C & E clients, emergency contacts, or individual members in family therapy.

-PERCENT OF CLIENTS-
Seen In
CMHCs vs. Hospitals



-STATE GENERAL FUNDS-
Spent On
CMHCs vs. Hospitals - F.Y. 1983



TITLE XIX

- o CMHCs are currently seeing over 22,000 Medicaid patients per year.
- o Mental health centers have always been on a prospective rate basis. Only recently have other providers begun to use this cost saving method of setting rates.
- o Since December, 1980, CMHCs have had their Title XIX rates frozen. By our estimate, this means that over $1 million (nearly $500,000,00 in state dollars) in cost will be absorbed by CMHCs by July 1, 1983. CMHCs must serve all patients regardless of ability to pay. This is not true of most other Title XIX providers.
- o The Secretary has proposed to cut CMHC Title XIX units of services from 300 units to 120 units for general outpatient services in a given quarter. This constitutes a 60 percent reduction. The center's Association has countered with a Joint Committee on Rules and Regulations Resolution to place a floor of 240 units. 240 units would allow a medicaid patient, at least once a week therapy for a given quarter. A cut of 60 units, plus a cut in our psych testing and evaluation program would constitute a twenty percent (20%) reduction in our Title XIX program which would be more in keeping with what other providers are being asked in the way of cutbacks. The Secretary is also proposing to cut our partial hospital program by forty-eight percent (48%) next fiscal year.
- o Mental health centers currently provide all types of service to clients at a rate roughly half that of state and general hospitals; this includes 24 hour/residential services.
- o Increasingly, centers in Kansas are expanding and improving the number and type of services offered to Medicaid and all categories of clients. Centers collectively have over 250 residential beds available to the mentally ill. In addition, 14 CMHCs have fully operating inpatient units. These inpatient units provided over 58,000 days of service last year.

ATTACHMENT #2

Association of Community Mental Health Centers of Kansas

820 Quincy, Suite 416 Topeka, Kansas 66612 913 234-4773

Paul M. Klotz, Executive Director

February 3, 1983

Dr. Robert C. Harder
Secretary
Department of Social and
Rehabilitation Services
State Office Building/6th Floor
Topeka, Kansas 66612

Dear Bob:

Clint Willsie asked that I write you concerning our continuing discussion on your need to reduce medical program expenditures.

We are pleased to note, through Ms. Kathryn Klassen of your staff, that you have agreed not to drop below the 240 unit level in the general CMHC outpatient program. Of course, we are concerned about the corresponding reduction in the partial hospitalization program (from a 12 hour/day - 7 days to an 8 hour/day - 5 days). However, by sitting down together, we should be able to develop a plan whereby patients and/or centers will not be inordinately injured by this reduction in service.

As we have stated many times, Mental Health Centers stand ready to do their fair share in assisting you in making the necessary budgetary cuts to meet present levels of State income.

You are aware that our Association sought and received a Resolution (H.C.R. 5015) from the Joint Committee on Rules and Regulations to set a "floor" of 240 units for general outpatient services. This Resolution will be heard before the House Ways & Means Committee on Thursday, February 10. However, since you have concurred on the 240 unit issue, it might be possible for us to appear jointly and state that we have reached an agreement on this issue. If so, we should inform the Chairman of Ways and Means, Bill Bunten, of our agreement so that he and his committee can pursue other pressing issues.

Since time is of the essence, I or Clint would appreciate an early response, by telephone, on this matter. In any case, Clint or I will call you late tomorrow or early Monday to get your thinking.

Bob, thank you for working with us on this issue which is so important to

those seeking mental health treatment.

Sincerely,

Paul M. Klotz
Executive Director

PMK:bjp
cc: Executive Committee
Dr. Gerald T. Hannah
Honorable Santford Duncan
Kathryn Klassen
Eunice Ruttinger

ATTACHMENT #3

INFORMATION SHEET
COMMUNITY BASED MENTAL HEALTH SERVICES

Association of Community Mental Health Centers of Kansas, Inc.
820 Quincy / Suite 416
Topeka, Kansas 66612
(913) 234-4773

WHAT IS COMMUNITY MENTAL HEALTH?

- Under K.S.A. 19-4001 et. seq., 32 licensed community mental health centers (CMHCs) are currently operational in the state. These centers have a combined staff of over 1,300 providing mental health services in every county of the state and are an integral part of the total mental health system of Kansas. Nine of the Kansas centers are comprehensive agencies. Comprehensive centers currently provide the full range of mental health care services. Federal support has been drastically reduced or eliminated, thus posing a very real threat to the continued delivery of some of the services provided by these centers. Medicaid funding for mental health care has been frozen over the past two years.

- The primary goal of CMHCs is to provide quality care, treatment and rehabilitation to the mentally disabled in the least restrictive environment. Many arguments can be advanced for treatment at the community level, chief of which is to keep individuals functioning in their own homes and communities, and at a considerable reduced cost to them and the taxpayer.

WHO NEEDS IT?

- Between 350,000 (15%) to 468,000 (20%) of the Kansas population are suffering from varying degrees of mental disabilities that require treatment.

- Demand for community based mental health care has been growing at an average rate of approximately 12% per year. During times of economic distress, the need for mental health services typically rise dramatically.

- A large number of the CMHC clientele are chronic patients who require ongoing care and treatment.

WHO USES IT?

- In 1982, Kansas CMHCs provided care to approximately 81,000 Kansas citizens. The number of patients has doubled over the past eight to ten years largely as a result of deinstitutionalization. During the period of 1969-1979, the state hospital average daily census declined by more than half. Many of these former hospital patients now rely on CMHCs for mental health services.

- If present trends continue, by 1985, CMHCs will be providing care for over 90,000 Kansas citizens.

- Of the total patients in the public sector having diagnoses of psychotic conditions (severely disabled), over 57% are being served by CMHCs. Ninety percent of the chronically mentally ill seeking public treatment are being served by CMHCs.

- In Kansas, 96.4% of all citizens seeking public mental health care are seen at community mental health centers.

- The major national and state change in mental health care over the last 15 to 20 years has been the shift from state institutional care to community based care.

WHO PAYS FOR IT?

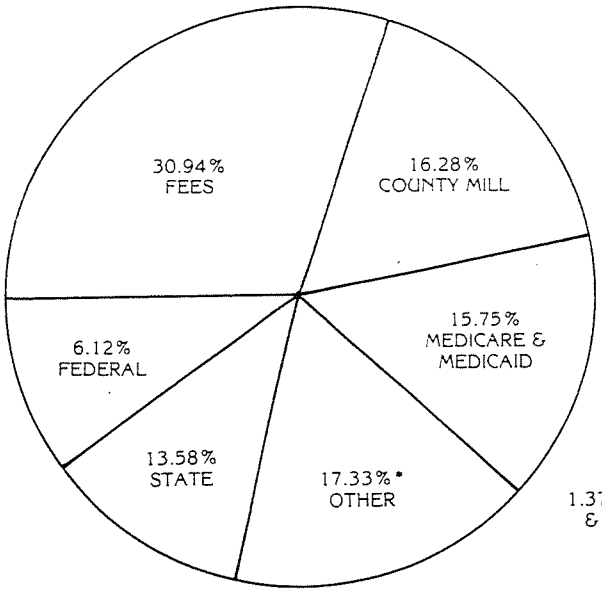
- No person, by law, can be denied community mental health care because of the inability to pay; consequently, public support is required.

- In 1981, county mill levies provided CMHCs with approximately $6 million. County funding is the single largest direct source of public support. Counties currently provide well over $6 million in support to centers. This works out to over $2.58 per capita on a statewide basis.

- In FY 1983, direct state support for CMHCs is $5.6 million. Nationwide, the average state contribution to CMHCs as a percentage of total budget is over 30%. In Kansas, about 14¢ of every CMHC dollar is provided by the state.

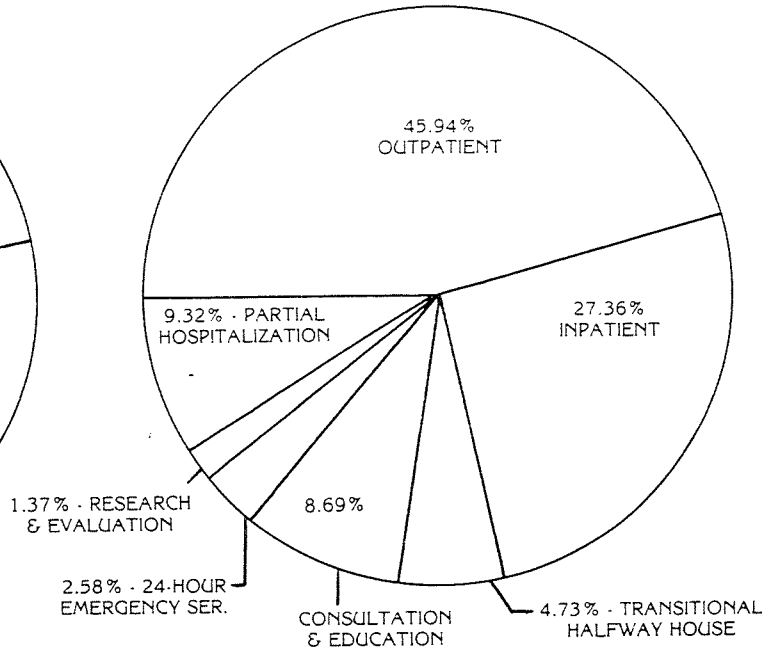
The majority of CMHC costs were paid from community sources. with the largest share coming from the patient or his/. surance provider.

CMHC REVENUE



1982 BUDGET ESTIMATE

CMHC EXPENDITURES



1982 BUDGET ESTIMATE

National Mental Health Association

1800 North Kent Street • Arlington, Virginia 22209 • (703) 528-6405

TO: Members, House Ways & Means Committee

FROM: Marion Vernon, Mental Health Association Volunteer

RE: HCR 5015

By way of introduction, I am Marion Vernon, a local Mental Health Association volunteer currently serving as president of our national organization. I am here to speak in support of HCR 5015.

Our members are deeply concerned, as you are, about the whole constituency of Kansas. We are certainly aware of the fiscal problems the state is having, and we realize some cuts have to be made. We applaud the astuteness of the Joint Committee on Administrative Rules and Regulations in specifying a minimum number of units of psychotherapy for outpatients in mental health treatment. I'm sure you too realize that adequate outpatient treatment, when it is available in the community, forestalls hospitalization, which is more costly.

We know that persons in need of help, who can be treated on an outpatient basis, are more responsive - if the treatment is equal to their need - when they can remain in their communities and have the support and nurturing of their families and friends. If adequate care is not available they have no recourse but to seek admission to inpatient status at a hospital.

I strongly urge your passage of HCR 5015.

Thank you.

MV:km
February 10, 1983

Atch. III

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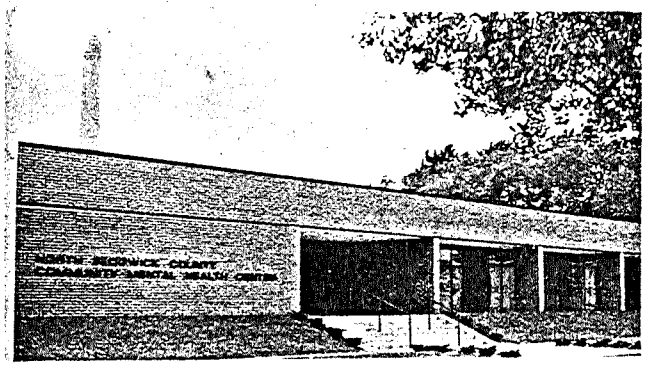

Sedgwick County Department of Mental Health

Clinton D. Willsie, ACSW, Director

1801 E. 10th, Wichita, Kansas 67214-3197
(316) 268-8251

North Comprehensive Community Mental Health Center
1801 E. 10th
268-8251 (67214-3197)

Inpatient:
Wesley Medical Center
550 N. Hillside
688-2468 (67214)

South Comprehensive Community Mental Health Center
3620 E. Sunnybrook
685-0201 (67210-1464)

Inpatient:
St. Joseph Medical Center
3600 E. Harry
685-1111 (67218)

Derby Center
431 S. Woodlawn
Derby, KS 67037
788-2848

Stanley Center
1749 S. Martinson
267-2071 (67213)

Alcohol Treatment Center
1234 N. Topeka
264-4311 (67214)

Drug Treatment Center
635 N. Main
268-8025 (67203)

Evaluation and Treatment Center
635 N. Main
268-8036 (67203)

Juvenile Court Clinic
1015 S. Minnesota
268-7655 (67211)

Special Services
635 N. Main
268-8025 (67203)

Transitional Living Center "The White House"
1120-24 N. Hydraulic
268-8251 (67214)

Youth Project "SCYP"
1914 E. 10th
268-8251 (67214)

24-Hour Emergency
(316) 686-7465

AFFILIATES:

Family Consultation Service
560 N. Exposition
264-8317 (67203)

Wichita Guidance Center
415 N. Poplar
686-6671 (67214)

Holy Family Center
619 S. Maize Rd.
722-5381 (67209)

HCR 5015

House Ways and Means Committee
February 10, 1983

I am Harriet Griffith, Chairman of the Governing Board of the Sedgwick County Department of Mental Health in Wichita. I also serve on the Executive Committee of the Association of Community Mental Health Centers of Kansas, and am Chairman of the Legislative Action Committee of the Mental Health Association in Kansas.

I am speaking in favor of House Concurrent Resolution 5015.

I will not repeat the material that has been or will be presented by other proponents of this measure, but as a Governing Board Chairman, whose Center recently experienced the cessation of federal funding, I wish to underscore that any additional cuts would be extremely detrimental to the mental health of those residents in the catchment area our Department serves, as well as statewide.

Counties are being asked more and more to assume the expense of treating those mentally ill in communities,

Atch. IV

who formerly have been treated in state institutions. I am aware that there is a need to reduce expenditures at the state level, due to the fiscal crisis. I can support the stand of the Association of Community Mental Health Centers in Kansas in their willingness to work out what we thought had been an acceptable compromise with SRS. This was to reduce our units from 300 to 240, which would allow us to continue seeing our patients on almost a weekly basis. However, the reduction to 120 units, as proposed by the Secretary of SRS, would prohibit even seeing them on a bi-monthly basis, and does not lend itself to the level of psychiatric treatment required by this patient population.

Above all, the community setting is the most humane approach to treating the mentally ill, as well as being the most cost effective.

mental health association in kansas

1205 harrison • topeka, kansas • 66612
913/357-5119 800/432-2422

Affiliate of the National Mental Health Association

DATE: February 10, 1983
TO: Members, House Ways & Means Committee
FROM: Betty Stowers, Volunteer, Mental Health Association
RE: HCR 5015

First, I should like to express my appreciation for the opportunity to appear before you today. I am a member of the Mental Health Association in Kansas and, as a volunteer, serve as chair of the Public Relations Committee.

I am very much aware of the difficult choices which you must make in your efforts to provide a good comprehensive mental health delivery system that is, at the same time, cost effective. The Mental Health Association in Kansas has long served as advocates for those mentally ill Kansans who are least able to speak in their own behalf. It is with this intent that we support the adoption of H.C.R. 5015.

I ask your indulgence to permit me to make some personal remarks. I am not a mental health professional, but I have learned much about mental illness. I would not be a Kansan today were it not for the fact that at one time in my life I required treatment for mental illness. Fortunately, I was able to come here to take advantage of the excellent facilities of The Menninger Foundation. Following a period of hospitalization, I became an outpatient, found an apartment and a job, and continued in psychotherapy. For some months I went for an hour twice weekly, later reduced to one hour a week. By the time I concluded treatment, I had made a decision to make Topeka my home.

It is my firm belief that I probably would not have been able to successfully terminate this difficult period of my life had only 1½ hours of treatment a month been available to me. In all likelihood, I would have required further hospitalization. I tell you this only

Atch. V

because I know from experience how very much a recovering patient needs the support and benefit of psychotherapy as he or she attempts to return to society and a productive life. Without the floor of 240 units a quarter -- as proposed in this resolution -- I fear many, especially the chronically mentally ill, will be forced back into a hospital environment. This will be at great cost to themselves in terms of living, and also a greater cost to the delivery system to care for them.

These are factors which I ask you to consider as you come to your decision re H.C.R. 5015.

Thank you very much.

BMS:cr

mental health association in wyandotte county

736 Shawnee Avenue
Kansas City, Kansas 66105
913/342-3597

February 8, 1983

Representative Bill Bunten
Chairman, House Ways and Means Committee

Dear Representative Bunten and Committee Members,

The Mental Health Association in Wyandotte County, as a citizen-volunteer organization, supports the passage of HCR 5015.

Secretary Harder's recommendation of a 60% cut in Title XIX funds for psychological services, if enacted, would be unfair, cruel, and financially unsound. HCR 5015 represents a reasonable compromise.

Certainly mental health services must share in the necessary cost-cutting. Secretary Harder's recommendation represents an attempt to reach 24% of SRS's savings goal with cuts in services which make up only 2% of SRS costs. It would result in abruptly denying cost-effective services to chronically mentally ill persons, with consequent deterioration in the mental and physical health of those persons. The cost of treatment in a Community Mental Health Center compares with the cost of hospitalization at roughly $250 per month versus $3,900 per month. The prospect of hospitalizing those patients who will relapse as a result of being denied treatment makes the alternative to HCR 5015 financially unsound.

HCR 5015 will set a floor of 240 units of service during a 90 day period, representing roughly one hour of service per week. HCR 5015 represents a 20% cut in the current level of authorized service. This seems more than adequate.

We urge your support of HCR 5015.

Sincerely,

SRS STATEMENT REGARDING HCR 5015

Over the last several years, SRS has been able to maintain a fairly comprehensive medical assistance program because of the cooperative efforts of the medical providers. We have limited medical assistance budget increases by instituting restrictive reimbursement formulas, by proposing rule and regulation changes and by asking providers to absorb cuts.

In FY-1981, SRS purchased over 308,000 patient days at a cost of $59.5 million. With the cooperation of the Kansas Hospital Association, we are projecting to purchase only 255,000 days in the current fiscal year. Our goal for next year is 240,000 days. If there had not been a reduction in days, even though the limit on days may be viewed as a revenue loss to hospitals, we would require an additional appropriation of approximately $14 million per fiscal year for inpatient hospital services.

The majority of physician procedures have been frozen at the 50th percentile of 1976 Medicare charges. On an annual basis this frozen reimbursement level means approximately $5 million in lost revenue to the physicians.

For the nursing home services we instituted a restrictive prospective reimbursement plan. During the same period we have focused on decreasing utilization by stressing the homemaker/chore service program, pre-screening, alternate services, and home and community based services. These efforts have paid off. When we began the current fiscal year we had $94.5 million budgeted for the nursing home services, it now appears that the actual expenditures for the year will be approximately $84 million. Even with this dramatic decrease in funding we have kept the lines of communication open with the nursing home industry. On several key issues, we have reached compromises which were agreed to by both parties.

In the instance of community mental health center services, which is an optional service under federal guidelines, the progression of spending has been as follows: FY-1980 $2.4 million, FY-1981 $3.0 million, FY-1982 $3.2 million, expected in FY-1983 is $4.0 million. We are asking that community mental health centers hold their expenditures in FY-1984 to $3.5 million.

If the department is expected to stay within fixed dollar appropriations, then we need the flexibility to make changes to fit within budgetary constraints.

Our first proposal was to limit chronic care therapy to 180 units (1 hr individual therapy = 20 units, 1 hr. group therapy = 4 units) and acute care therapy for individuals to 120 units in 90 days. After protests from the mental health centers, we changed the language to "units as determined by the Secretary". This language would make it possible for SRS to work with the centers on a variety of options and come up with a sound plan of covered services for the most needy clients within the expected appropriation.

It is interesting to note that in YTD, FY-1983 compared to YTD, FY-1982, SRS has spent 18.2% more money but the recipient increase has been only 5.6%.

The committee might be interested in noting mental health coverage in surrounding states. (See attachment A.)

Atch. VII

In closing, the judgment on the number of mental health units of therapy to be purchased is not related to quality of services being offered nor services most needed. We are trying to arrive at the best fit within budgeted figures.

In FY-1982, the welfare agency of SRS spent $211.4 million in General Revenue Funds in funding its programs. Depending on the amount of the supplemental, between $14 million to $17 million; we will have spent either $233.5 million or $236.5 million in general fund during the current fiscal year. We are budgeted $220.3 million for FY-1984, $13 million to $16 million less in general fund dollars than this year, even with the projected increases in caseload.

Even to make that fit I have been before this committee talking about and defending a 1/3 cut in the GA caseload and further restrictions in medical assistance for the GA client.

I cannot in good conscious ask for further reductions in basic medical services for the aged and disabled or General Assistance, nor seek any reduction in ADC grants which are averaging $106.00 per month per person or approximately $320 per average ADC family unit.

I hope you will understand my point of view.

Office of the Secretary
February 10, 1983

M E M O R A N D U M

FROM: Diane Hill DH

DATE: December 23, 1982

TO: Robert C Harder
William E Richards
L Kathryn Klassen

SUBJECT: Kansas CMHC Services as Compared to States of Iowa, Missouri, Nebraska, and Oklahoma

The states of Missouri and Oklahoma do not cover CMHC services in their Title XIX programs, and therefore will not be compared to Kansas services.

1 Services in ICF

Kansas — Covered for individual therapy, group therapy, admission evaluation, psychological evaluation and medication review. Services must be directed toward goal of preparing inappropriately placed persons for community placement. Individual and group therapy and admission evaluation may be performed by reimbursable center staff (a psychiatrist, Ph D psychologist, Masters level psychologist, social worker, or psychiatric nurse).

Iowa — Covered for individual and group therapy if provided by a psychiatrist.

Nebraska — No coverage

2 Services in ICF/MI

Kansas — Covered for individual therapy, group therapy, admission evaluation, psychological testing, case conference and medication review. Services must be provided by appropriate reimbursable center staff as defined in number 1.

Iowa — No coverage

Nebraska — No coverage

3 Out-Patient Individual, Group and Family Therapy

Kansas — Covered up to a maximum of 300 units per calendar quarter. Individual and family therapy equals 20 units per hour and group therapy equals 4 units per hour. Services can be rendered by any reimbursable center staff as defined in number 1.

Iowa — Covered for individual and group therapy. No limitations on units/hours. No coverage for family therapy.

Nebraska — Covered for individual, group, and family therapy. $500.00 per calendar year maximum per recipient. Further services require prior authorization.

4 Psychological Testing

Kansas — Covered for 6 hours per calendar year at individual therapy rate which varies from center to center.

Iowa — Covered with no limitation on hours at $40.00 per hour.

Nebraska — Covered if documented medically necessary for evaluation and continued treatment. Maximum rate per battery is $60.20.

5 Admission Evaluation

Kansas — Covered for 5 hours per calendar year at individual hourly therapy rate by any reimbursable center staff as defined in number 1. Does not include psychological testing.

Iowa — No coverage

Nebraska — Covered. Must be performed by psychiatrist at $42.00 per evaluation or a Ph D psychologist at $35.00 per evaluation.

6 In-Patient Hospital Services

Kansas — Covered for 252 units of individual or group therapy in a 21 day period. Units defined as in number 3. Services may be performed by any reimbursable center staff as defined in number 1.

Iowa — No coverage

Nebraska — No coverage

7 Medication Reviews and Medication Checks

Kansas — No limitations, paid at $5.00 per review. Is performed by a physician or when delegated by a physician, may performed by an RN.

Iowa — No coverage

Nebraska — No coverage - included with individual therapy.

8 Partial Hospitalization

Kansas — Covered 2-12 hours per day, 1-7 days per week per diem rate at facility's cost; or up to $76 per day for Level I and $52 per day for Level II, whichever is the lesser.

Iowa — No coverage

Nebraska — Covered. Must operate at least 3 hours a day, not more than 6 hours a day. All programs must operate 5 days a week, Monday-Friday, no weekends. Six programs statewide. Per diem rate ranges for 6 hours per day - $37.52 per day to $68.00 per day, to 3 hours per day - $18.76 per day to $33.33 per day.

9 Rates

Kansas — Services based on individual and group therapy rates. Vary from center to center. See attached for individual and group therapy rates of center.

Iowa — Individual therapy - psychiatrist is usual and customary; Ph D Psychologist, $40 per hour; MSW Social Worker, $35 per hour; Psychiatric Nurse (BS & MS), $30 per hour; Group Therapy, 2 times provider individual hourly rate divided by number in group (must be at least 6 persons, if not, 6 is still used) ie, group therapy rate by a psychologist would equal $40 x 2 = $80 divided by 6 (if 6 in group) = $13.33 per person. If 5 were in group, 6 would still be used as divisor, if 10 in group, 10 would be divisor, etc.

Nebraska — Services reimbursed at usual and customary with program maximums for some services. $500.00 maximum per calendar year per recipient. Further services require prior authorization.

10 Case Conference

Kansas — Covered at individual therapy rate by any reimbursable center staff as defined in number 1.

Iowa — No coverage

Nebraska — Covered at individual therapy rate.

11 Non-Covered Services

Kansas

1 Perceptual therapy
2 Hypnosis, biofeedback or relaxation therapy
3 Psychotherapy for recipients whose only diagnosis is mental retardation
4 Vocational therapy, employment counseling and social services
5 Educational/instructional services
6 Court appearances
7 Telephone conferences/therapy
8 Occupational therapy

Iowa	Psychotherapy for recipients whose only diagnosis is mental retardation.
Nebraska	Any chronic care, any rehabilitation care, social services, on-going care for alcohol/drug diagnosis, mental retardation, organic brain syndrome, or sexual dysfunction.

bk
0276K

cc: Aileen Whitfill

PROPOSED AMENDMENT TO H.C.R. 5015

in line 22, after the word "regulation" and in line 57, after the word "regulation" by inserting:

"30-5-104, as adopted by the secretary of social and rehabilitation services and filed with the revision of statutes on December 14, 1982, is rejected and that"

in line 53, after the comma by inserting, "psychologist"

that the title be amended in line 16 after the word "centers" to insert "and reimbursement for psychological services, rejecting Kansas administrative regulation 30-5-104 and"

Attach. VIII

30-5-104. Scope of psychologists services. (a) The program covers ~~medically necessary~~ limited psychological services provided to program recipients by psychologists who are certified by the behavioral sciences regulatory board.

(b) Psychological services shall be limited to psychotherapy for recipients enrolled in the EPSDT program and to psychological testing and evaluation.

(c) Prior authorization shall be required for a treatment plan for EPSDT recipients. The plan shall not exceed a two year period and shall be subject to a reimbursement limit established by the secretary. Quarterly progress reports shall be submitted to the division of medical programs.

(d) Psychological testing and evaluation shall be limited to six hours per recipient in any two consecutive calendar years, shall be ordered by the recipient's physician as part of the plan of care, and requires prior authorization.

~~(b) Outpatient visits shall not exceed an average of three (3) hours of individual therapy or three (3) hours of group therapy or any combination of these per month unless documentation is provided that the recipient is likely to do physical injury to himself or herself or others.~~

~~(c) For EPSDT recipients under twenty-one (21) years of age needing treatment (in situations not life endangering but medically necessary) more than three (3) times monthly, a special plan may be submitted for prior authorization. The plan shall not~~

DEPT. OF ADMINISTRATION APPROVED
BY [signature] DATE 12/7/82

By A V G Asst.
12-9-82

exceed a two (2) year period and shall be subject to a reimbursement limit of two hundred eighty-four dollars ($284) per month. Progress reports shall be submitted to the division of medical programs quarterly.

(d) Nursing home visits shall be limited to psychological testing which shall be limited to six (6) hours per patient per year.

(e) The recipient shall be entitled to necessary medical consultation services when supported by written evidence of medical necessity. Consultation shall be limited to one (1) visit per diagnosis which shall include a written report.

(f) Reimbursements shall not be made for telephone calls.

(g) A recipient receiving psychotherapy by both a psychiatrist and psychologist shall be considered to be under concurrent care; therefore, only one (1) service shall be reimbursable.

(h) Reimbursement shall not be made for psychological services for an individual entitled to receive these services as a part of care or treatment from a facility already being reimbursed by the medicaid (medical assistance) program or by a third party payer. (Authorized by and implementing K.S.A. 39-708c as amended by L. 1982, ch. 182, § 132; effective May 1, 1981; amended May 1, 1982; amended May 1, 1983.)

DEPT. OF ADMINISTRATION APPROVED
BY FLZ DATE 12/13/82

By RVE
12-9-82
Asst.

KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330
TOPEKA, KANSAS 66601
Telephone 913/296-4929

TO: The Honorable William W. Bunten, Chairperson, and Members of the House Ways and Means Committee

FROM: Dr. Lois Rich Scibetta, Executive Administrator

DATE: February 10, 1983

RE: House Bill 2143

Mr. Chairman, members of the Committee, ladies and gentlemen, my name is Dr. Lois Rich Scibetta, and I am the Executive Administrator of the State Board of Nursing. I am speaking today in opposition to House Bill 2143 for two major reasons, financial and procedural.

The change from a biennial cycle to a four year cycle for nursing school accreditation will result in a $14,800.00 loss for the FY 1984 Budget. In the four year cycle, it will result in an additional loss of $4,500.00, since instead of receiving $14,800.00 per biennium, we will receive One Hundred Dollars less per school, 45 schools X $100, than we would have received based on the $600.00 every four years per school. (Lines 0027 and 0060). Although the "temporary" accreditation would provide some additional funds, we do not believe this type of accreditation is necessary. Generally, the approval process once begun, rarely takes more than two or three months to complete.

Procedural Problems:
A four year review cycle would not be recommended. The programs should be reviewed annually, although an on-site visit every two or three years would probably be adequate.

It would not be possible to provide the school with a list of deficiencies at the time of the visit (0133-0134) because of the procedures used now. The Nursing Education Specialist makes the site visit, writes her report, and the entire Board reviews the materials and makes decisions and/or recommendations about the schools.

Coordinating visits with other groups is very difficult and not feasible. (0142-0147)

Drafting specific detailed rules and regulations establishing qualifications of instructors, curricula and standards by October 1, 1983 is totally unrealistic. General guidelines are available. It would not be appropriate

for the Board of Nursing to dictate curriculum since the planning of curriculum is part of faculty responsibility and academic freedom.

The Board of Nursing would recommend that this Committee not report House Bill 2143 out favorably.

Thank you. I will be happy to answer any questions which you may have.

LRS/amm

The Agency

Governors Budget Report 1984

BOARD OF NURSING

AGENCY OPERATIONS

The Board of Nursing regulates the practice of nursing and mental health technology in Kansas. The board licenses and registers all practitioners of these professions; examines candidates desiring to practice; reviews and approves nursing and mental health education programs in the state, and accredits all continuing education programs used to meet requirements for license renewal. The board also investigates complaints regarding unlawful practice and complaints against license holders. It may, after public hearing, suspend or revoke a practitioner's license.

The board issues a biennial license to approximately 22,000 registered nurses and approximately 7,000 licensed practical nurses through renewals, endorsement, and examination. The board licenses approximately 1,800 mental health technicians annually. The board receives approximately 50 complaints annually regarding licensure.

For FY 1984, it is estimated that examinations will be given to 1,200 registered nurses, 600 licensed practical nurses, and 200 mental health technicians.

The 11-member board is composed of five registered nurses, two licensed practical nurses, two licensed mental health technicians, and two representatives of the general public.

The board is a fee-funded agency with all expenses of the board met through fees established as provided by law. Revenues consist of fees for endorsement, verification, examination, re-application for licenses by examination, and renewal of licenses.

It is expected that operations of the board will remain at current levels with more emphasis on updating the current file systems to expedite the licensing process. A quicker response to complaints against licensees and a better informed nursing population will result in better reporting of possible abuses of the laws governing the board's activities.

AGENCY OBJECTIVES

To reduce illegal practices in the profession by investigating all complaints within 20 working days.

To ensure that all licensees meet minimum standards as prescribed by law and to process all license applications within 65 days.

STATUTORY HISTORY

The first Nurse Practice Act was passed in 1913 and has been amended several times. The latest amendment (1978) provides for the registration of advanced registered nurse practitioners. K.S.A. 1982 Supp. 65-1113 provides statutory authority for the regulation of the nursing profession. Laws governing the regulation of mental health technicians (K.S.A. 1982 Supp. 65-4201) were originally passed in 1973. The membership and duties of the Board of Nursing are provided for in K.S.A. 1982 Supp. 74-1106.

GOVERNOR'S RECOMMENDATION

The Governor recommends the same general level of operations for FY 1984 as was provided for in FY 1983, including 11.0 positions.

BOARD OF NURSING

	FY 1982 ACTUAL	FY 1983 ESTIMATE	C LEVEL BUDGET	GOVERNOR'S RECOMMENDATION
Expenditures By Object				
Salaries And Wages	198,277	228,798	248,193	240,976
Contractual Services	148,443	145,290	181,019	156,718
Commodities	9,276	12,700	13,400	12,400
Capital Outlay	686	-	2,696	2,696
Non-Expense Items	369	400	400	400
Subtotal: State Operations	357,051	387,188	445,708	413,190
Aid To Local Units	-	-	-	-
Other Assistance	-	-	-	-
Capital Improvements	-	-	-	-
TOTAL EXPENDITURES	$ 357,051	$ 387,188	$ 445,708	$ 413,190
Expenditures By Fund				
State General Fund				
State Operations	-	-	-	-
Aid To Local Units	-	-	-	-
Other Assistance	-	-	-	-
Capital Improvements	-	-	-	-
Subtotal: State General Fund	-	-	-	-
Other Funds				
State Operations	357,051	387,188	445,708	413,190
Aid To Local Units	-	-	-	-
Other Assistance	-	-	-	-
Capital Improvements	-	-	-	-
Subtotal: Other Funds	357,051	387,188	445,708	413,190
TOTAL EXPENDITURES	$ 357,051	$ 387,188	$ 445,708	$ 413,190
Full Time Positions	10.0	11.0	11.0	11.0

PERFORMANCE INDICATORS

	FY 1982 ACTUAL	FY 1983 ESTIMATE	FY 1984 ESTIMATE*
Number of complaints received	23	30	45
Average number of working days used to investigate complaints	37.5	25	20
Number of license applications processed**	16,062	19,100	21,622
Average number of working days used to process an application***	80	75	65

* Estimated level of performance under governor's recommendation.

**There are five classes of license applications - Verifications, Examinations, Endorsements, Reregistrations, and Reinstatements.

***This measurement is a composite weighed figure which is affected by the fact that Examinations for Registered Nurses and Licensed Practical Nurses are scored in California under a contract.

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DR, SCHETTA

12/17/82

AGENCY 48200-NURSING, BOARD OF
FUNCTION 1-GENERAL GOVERNMENT

**********FORM DA 402-R**********
* A G E N C Y S U M M A R Y *

EXPLANATION	FY 1982 ACTUAL	FY 1983 ESTIMATE	DOB USE ONLY	FY 1984 LEVEL A	FY 1984 LEVEL B	FY 1984 LEVEL C	DOB USE ONLY
EXPENDITURES BY PROGRAM							
OPERATIONS	357,051	409,650	387,188	445,708	445,708	445,708	413,190
***TOTAL EXPENDITURES	357,051	409,650	387,188	445,708	445,708	445,708	413,190
EXPENDITURES BY OBJECT							
SALARIES AND WAGES	198,277	231,260	220,798	248,193	248,193	248,193	240,976
CONTRACTUAL SERVICES	148,443	165,290	145,290	181,019	181,019	181,019	156,718
COMMODITIES	9,276	12,700	12,700	13,400	13,400	13,400	12,400
CAPITAL OUTLAY	686	0	0	2,696	2,696	2,696	2,696
NON-EXPENSE ITEMS	369	400	400	400	400	400	400
***SUBTOTAL-STATE OPERATIONS	357,051	409,650	387,188	445,708	445,708	445,708	413,190
***SUBTOTAL-OPERATING EXPENDITURES	357,051	409,650	387,188	445,708	445,708	445,708	413,190
***TOTAL EXPENDITURES	357,051	409,650	387,188	445,708	445,708	445,708	413,190
PLAN FOR FINANCING EXPENDITURES							
OPERATING EXPENDITURES:							
STATE OPERATIONS							
SPECIAL REVENUE FUNDS							
BOARD OF NURSING FEE FUND	357,051	409,650	387,188	445,708	445,708	445,708	413,190
***SUBTOTAL-SPECIAL REVENUE FUND	357,051	409,650	387,188	445,708	445,708	445,708	413,190
***SUBTOTAL-STATE OPERATIONS	357,051	409,650	387,188	445,708	445,708	445,708	413,190
***SUBTOTAL-OPERATING EXPENDITURE	357,051	409,650	387,188	445,708	445,708	445,708	413,190
*TOTAL EXPENDITURES	357,051	409,650	387,188	445,708	445,708	445,708	413,190

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AGENCY 48200-NURSING, BOARD OF

FUNCTION 1-GENERAL GOVERNMENT

**********FORM DA 404-R**********

* R E S O U R C E E S T I M A T E B Y F U N D *

FUND/ACCOUNT TITLE		FY 1982 ACTUAL	FY 1983 ESTIMATE	DOB USE ONLY	FY 1984 LEVEL A	FY 1984 LEVEL B	FY 1984 LEVEL C	DOB USE ONLY
2716-99BOARD OF NURSING FEE FUND								
REAPPROPRIATION	020	105,743	94,520	94,520	43,925	43,925	43,925	63,925
RECEIPTS	050							
02040 ENTRY/REG/STALL FEES		22,194	9,804	9,804	29,763	29,763	29,763	29,763
02110 RENDER PERSONAL SERVI		319,976	345,651	345,651	412,424	412,424	412,424	412,424
211 RECOVERY OF EXPEND		3,658	3,600	3,600	0	0	0	0
**TOTAL AVAILABLE		$ 451,571	453,575	453,575	486,112	486,112	486,112	506,112
LESS BALANCE FORWARD	090	94,520	43,925	63,925	40,404	40,404	40,404	92,922
***TOTAL EXPENDITURES		$ 357,051	409,650	389,650	445,708	445,708	445,708	413,190
EXPENDITURE LIMITATION	110	385,774	409,650	409,650	445,708	445,708	445,708	413,190

..... END REPORT .....

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CY 48200-NURSING, BOARD OF
FUNCTION 1-GENERAL GOVERNMENT

**********FORM DA 410-R**********PROGRAM:620PERATIONS
*P L A N FOR F I N A N C I N G*SUBPROG:00SUMMARY

PAGE NO:.....

FUND CODE	EXPLANATION/ FUND/ACCOUNT TITLE	R C	FY 1982 ACTUAL	FY 1983 ESTIMATE	DOB USE ONLY	FY 1984 LEVEL A	FY 1984 LEVEL B	FY 1984 LEVEL C	DOB USE ONLY
STATE OPERATIONS (RC=0,1)									
SALARIES AND WAGES									
271699	BOARD OF NURSING FEE FUND	0	198,277	231,260	228,798	248,193	248,193	248,193	240,976
***SUBTOTAL-SALARIES AND WAGES		$	198,277	$ 231,260	$ 228,798	$ 248,193	$ 248,193	$ 248,193	$ 240,976
STATE OPERATIONS (NON-PAYROLL)									
271699	BOARD OF NURSING FEE FUND	1	158,774	178,390	158,390	197,515	197,515	197,515	172,214
***SUBTOTAL-STATE OPERATIONS		$	357,051	$ 409,650	$ 387,188	$ 445,708	$ 445,708	$ 445,708	$ 413,190
***TOTAL PROGRAM EXPENDITURES		$	357,051	$ 409,650	$ 387,188	$ 445,708	$ 445,708	$ 445,708	$ 413,190

..... END REPORT .....

Rules and Regulations for Professional and Practical Nursing

Article ..—APPROVAL OF SCHOOLS OF NURSING

60-1-101. Purposes of approval. The ultimate purpose of approving schools of nursing is to promote quality nursing care for the public. Through consultation services and the approval process the board provides: (a) Guidance to schools in developing a program which provides essential educational experiences in preparing nursing practitioners;

(b) Assistance to schools in efforts to improve their programs through self study, evaluation and consultation; and

(c) Assistance to counselors and prospective students in selecting appropriate nursing programs by publishing a list of approved schools annually. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended, E-74-29, July 1, 1974; amended May 1, 1975.)

60-1-102. Approval procedure. (A) An institution contemplating the establishment of a school of nursing: 1. Shall notify the board and obtain such information as the board may provide and supply such information to the board as the board may require.

2. Shall submit the name and qualifications of the nurse administrator to the board of nursing for approval.

3. Shall employ a qualified nurse administrator.

4. Shall employ a second faculty member.

5. Shall receive in writing the decision of the board.

6. Shall be approved prior to the admission of students. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended Jan. 1, 1973; amended, E-74-29, July 1, 1974; proposed amendment modified and approved by legislature (1975 HB 2597); amended May 1, 1975.)

60-1-103. Discontinuing a school of nursing. A school terminating its program shall submit for approval to the board the plan for students currently enrolled and the disposition of records. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended, E-74-29, July 1, 1974; amended May 1, 1975.)

Article 2.—REQUIREMENTS FOR APPROVED SCHOOLS OF NURSING

60-2-101. Requirements. A. Accreditation and approval. Educational institutions shall be approved by the appropriate state agency.

2. Hospitals and agencies providing facilities for clinical experience shall be licensed or approved by the appropriate groups.

3. Administration and organization. 1. The school of nursing or the institution of which it is a part shall be a legally constituted body. The controlling body shall be

responsible for general policy and shall provide for the financial support of the educational unit.

2. Authority and responsibility for administering the program shall be vested in the director of the educational unit.

C. *Faculty for schools of professional nursing (qualifications and numbers).* 1. All nurse faculty members shall be licensed to practice professional nursing in Kansas.

2. Faculty members shall have academic preparation and experience as set forth herein. (a) There shall be a director, who is a licensed professional nurse, whose responsibility is the development and implementation of the educational program. The director shall have had successful experience in administration or teaching, and shall have a masters degree with appropriate academic preparation.

(b) Nurse faculty members who are assigned the responsibility of a course shall hold a masters degree preferably in the clinical area being taught. Instructors shall hold at least a baccalaureate degree and shall show yearly academic progress toward meeting requirements for their masters degree.

D. *Faculty for schools of practical nursing (qualifications and numbers).* 1. All nurse faculty members shall be licensed to practice professional nursing in Kansas.

2. Faculty members shall have academic preparation, experience, and personal qualifications as set forth herein.

3. There shall be a director, who is a licensed professional nurse, whose responsibility is the development and implementation of the educational program. The director shall have a masters degree and shall have had successful experience in administration or teaching.

4. All instructors shall have a baccalaureate degree, preferably in nursing.

E. *Curriculum.* 1. Curriculum for schools of professional nursing shall provide for preparation in the following areas: (a) *General education:* The faculty shall provide for appropriate content from the biological, physical, and social sciences.

(b) *Nursing:* The faculty shall determine the approach and content for learning experiences. Content shall include the concepts of wellness and illness in all stages of the life cycle. Clinical instruction shall be an integral part of the course and under the direction of the instructor. Learning opportunities in clinical nursing shall provide for experience in depth and scope to fulfill objectives of each course.

(c) The curriculum shall be structured in such a way so that the students are not required to spend more than 32 hours per week in scheduled theoretical and clinical instruction:

2. Curriculum for schools of practical nursing: (a) The curriculum shall include instruction and clinical experience in the care of adults, and children, including family relationships and child growth and development. Community health concepts should be integrated throughout the curriculum.

(b) The minimal hours of theoretical instruction shall be 550 hours with a similar number of hours of clinical instruction.

(c) The curriculum shall be structured in such a way so that the students are not required to spend more than 32

hours per week in scheduled theoretical and clinical instruction.

F. *Clinical resources.* (a) All clinical facilities shall be approved by the board and appropriate contractual agreements shall be renewed annually with affiliating and cooperating agencies.

(b) Clinical areas used for student learning experiences shall be staffed by nursing service independent of student assignments.

G. *Students.* 1. Admission. Schools shall have clearly defined policies for admission.

2. Credit for previous study. (a) There shall be clearly defined written policies for credit for previous study, transfer of credits, and readmission of students and such policies shall conform to the policies of the institution.

3. Promotion and graduation policies shall be in writing.

H. *Evaluation.* A written plan for continuing program evaluation shall be developed and implemented. (Authorized by K.S.A. 65-1113 *et seq.*, K.S.A. 1974 Supp. 74-1106 *et seq.*; effective Jan. 1, 1966; amended Jan. 1, 1968; amended Jan. 1, 1972; amended Jan. 1, 1973; amended, E-74-29, July 1, 1974; proposed amendment modified and approved by legislature (1975 HB 2597); further modified and approved by 1975 SB 587; amended May 1, 1975.)

Article 3.—REQUIREMENTS FOR LICENSURE AND STANDARDS OF PRACTICE

60-3-101. Licensure. (a) *By examination.* The applicant shall file with the board one (1) month preceding the examination a completed application on an adopted form with payment of fee.

(B) *By endorsement.* (1) The applicant shall file with the board a completed application on adopted forms with payment of fee.

(2) Verification of current Kansas license is provided by request to other state boards upon payment of fee.

(C) *Information regarding examinations.* (1) The examination for licensure shall be given at least twice a year.

(2) Each candidate must present a validated admission card in order to be admitted to the examination center.

(3) Any applicant cheating or attempting to cheat during the examination shall be deemed not to have passed the examination.

(4) In the event that answer sheets are lost or destroyed through circumstances beyond the control of the board, the candidate will be required to rewrite the test(s) lost or destroyed in order to meet requirements for licensure, except that there shall be no additional cost to the applicant.

(D) *Application for retest in professional nursing.*

(1) An applicant who fails to make a passing score shall be retested at a scheduled examination in those areas failed within one (1) year from the date of the initial examination and shall pay an additional fee of ten dollars ($10.00) per area.

(2) An applicant who is unsuccessful on the second writing shall write the areas failed within one (1) year of the date of the second writing and pay a fee of ten dollars ($10.00) per area.

KSNA
the voice of Nursing in Kansas

Statement of the Kansas State Nurses' Association
by Lynelle King, R.N., M.S., Executive Director
Before the House Ways and Means Committee
February 10, 1983
Asking for an Unfavorable vote on H.B. 2143 "Board of Nursing Accrediting"

Mr. Chairman and members of the committee, my name is Lynelle King and I am the Executive Director of the Kansas State Nurses' Association, the professional organization for Registered Nurses in Kansas. We are a constituent of the American Nurses' Association.

With great respect and appreciation for the sponsor, we must oppose H.B. 2143. We appreciate the opportunity to let this committee know of our concerns.

We support the Board of Nursing in its opposition of this bill. The bill is unnecessarily burdensome and costly to the Board of Nursing. We believe the issues can be addressed successfully without a new statute. We have found Administration of the Board of Nursing always to be willing to work amicably and cooperatively with all factions and various agencies.

Reasons for opposing the bill include the following:

1. The Board of Nursing reports that this bill would increase costs to their board. Line 281 calls for 10 meetings a year. The Board of Nursing has been attempting to conserve funds by having fewer meetings but for longer periods. That is, they have been meeting 3 days at a time each time they meet instead of 2 days. This cuts down on travel costs and travel time for the members of the Board of Nursing, who all are volunteers and most of whom have full-time jobs in addition to serving on the Board.

2. The new provisions contained on lines 293 through 306 besides appearing to require additional staff time for the preparation of "detailed" regulation before October 1, 1983 would pose several administrative difficulties for the Board. There already is a mechanism for any agency or individual

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to have input into proposed rules and regulations of the Board of Nursing, through public hearings. We understand the Board of Education's interest in having input into nursing program regulations and we believe that is already possible through the usual means of open meetings and public hearings. Also, as mentioned before, we have always found the administration of the Board of Nursing very open to discussing such matters with anyone.

3. On lines 142 through 158 are several new requirements regard- the surveying of schools of nursing. One is that the Board, to the extent possible, conduct such surveys at the same time as accreditation surveys by other organizations. While some may find this a convenience, other directors of schools of nursing have pointed out that it would be an inconvenience to them to have two or more agencies or organizations survey- the school at the same time. The purposes and criteria are different for the Board of Nursing and - for instance - the National League of Nursing. Also the timing of accreditation/ approval is different. For instance, some schools may be surveyed just a year or two apart but sometimes 8 years apart by the National League.