

Approved 3-27-1984
Date sh

MINUTES OF THE HOUSE COMMITTEE ON HOUSE PUBLIC HEALTH AND WELFARE

The meeting was called to order by Marvin L. Littlejohn at
Chairperson

1:30 a.m./p.m. on March 22, 1984 in room 423-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Sue Hill, Secy. to Committee

Conferees appearing before the committee:

Dr. Gerald Hannah, Ks. Dept. of Social Rehabilitation Services
Paul Klotz, Mental Health Association of Kansas, Topeka, Ks.
Dr. Lois Scibetta, Ph.D., R.N., Executive Administrator/Ks. State Bd. of Nursing
Pat Breer, Clinicare Home Health, Shawnee, Ks.
Hattie Norman, SHL and SAC, Topeka, Ks.
Ruth Wilkin, Ks. Advisory Council on Aging, Topeka, Ks.
Anita Favors, Commissioner of Adult Services, Department of SRS.
Rosemary Waddell, Topeka Shawnee County Health Department, Topeka, Ks.
Sylvia Hougland, Ks. Department on Aging
Mike

Visitor's register, (Attachment No. 1.)

Chairman called meeting to order and directed committee to SB 780.

Hearings began on SB 780:--

Dr. Gerald Hannah, of Dept. of SRS, spoke in support of SB 780. (See Attachment No. 2.) for details. The bill will not increase or decrease the number of providers, nor does it alter licensing standards other than establishing for four centers specified in attachment. This is a clean up bill. Technical clean up basically.

Paul Klotz, Mental Health Centers, spoke in support of SB 780.

Hearings closed on SB 780.

Hearings began on SB 807:--

Dr. Lois Scibetta, Ks. State Board of Nursing stated to committee this is a clean up bill in regard to continuance. The bill would enable the Board to tighten up disciplinary matters regarding interstate findings and requests for continuance of hearings. Also the bill would enable examinees to pay their fee for exams directly to the examination service. (See Attachment No. 3.) for details. She then answered questions from committee.

Hearings closed on SB 807.

Hearings began on SB 769:--

Ms. Pat Breer, Clinicare Family Health Services, speaking in support of SB 769. In her work, she is fully aware of abuse and neglect of the elderly. She cited some specifics in the follow up of reporting, counseling, and urged committee for support of SB 769.

Ms. Hedy Norman spoke in support of SB 769. Feels it is a good bill and will address the problems of abuse and neglect in the community. She then described some of the situations she finds in her volunteer work with the elderly, i.e., people are hungry and are not given enough food by those that are supposed to be taking care of them; are often abused by younger family members in order to get money from them to buy alcohol, etc. She answered questions from committee.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
 room 423-S, Statehouse, at 1:30 a.m./p.m. on March 22, 1984

SB 769 continues:--

Ms. Ruth Wilkin, former State Representative, and speaking today for the Ks. Advisory Council on Aging, stated they know that spouse abuse and abuse of the elderly is far more extensive than many realized. There has not been a method of checking on abuse of the elderly she said. We believe the right of the elderly not to be abused is balanced with their right to live as they choose and where they choose. The protective services offered in SB 769 should be to the benefit of the elderly and to their families as well. (See Attachment No. 4.), for details. She favors this legislation.

Ms. Anita Favors, Commissioner of Adult Services, Ks. Dept. of SRS, spoke in support of SB 769, saying it will provide legislative sanction to investigate cases regarding aged and disabled abuse and neglect. (See Attachment No. 5.), for details. She stated that without legal sanction, SRS social workers are extremely vulnerable when investigating abuse and neglect and exploitation reports outside of nursing home or other medical settings. Passage of SB 769 will provide this legal sanction. She then answered questions from committee. A news article accompanied hand-out.

Ms. Rosemary Waddell, Chief Social Worker Topeka/Shawnee County Health Department elected to waive her printed testimony and spoke to the abuse and neglect of adults. She sees abuse of very young children and older citizens as silent issues. They cannot tell people they are being abused. She had personally been involved in helping to prepare abuse rules and regulations for the state, and feels that SB 769 will serve to broaden these regulations. Further, she stated she feels SB 769 is a good piece of legislation and asked for committee to give very serious favorable consideration of it.

Sylvia Hougland, Secy. of Department on Aging, spoke to SB 769. She stated that SB 769 will define and mandate provision of protective services by SRS to aged and disabled people not residing in institutions. We all know, she said there is far too much abuse of the elderly, and her printed remarks gave specifics on percentages on the abused and abuser. (See Attachment, No. 6.), for details. SB 769 was specifically drafted to insure and guard against the concerns expressed on this issue. Our Department worked, she said, closely with Senator Pomeroy and others to work out a clearly drafted bill. We have tried to protect the civil liberties of citizens, yet at the same time provide protective services for these elderly. SB 769 is a good, strong bill, and we urge for your consideration of favorable passage of it. She answered questions from committee and staff, i.e., yes we are in favor of clean up language necessary in the bill; steps taken when person denies they have been abuse for fear of continued abuse, but then does later call SRS; removal situations of persons abuse, and at times the abuser might be removed from the home, etc.

Mike Walker, American Federation of State/County/Federal employees, spoke in support of SB 769. Our Department feels this legislation will serve to help protect our elderly.

Hearings closed on SB 769.

Chair directed committee to several bills previously heard.

SB 780:- Rep. Niles moved to pass SB 780 out of committee favorably, motion seconded by Rep. Hassler, motion carried.

SB 807 - Rep. Branson moved to pass SB 807 out of committee favorably, seconded by Rep. Buehler, motion carried.

SB 656 - Rep. Walker moved to pass SB 656 out of committee favorably, seconded by Rep. Wagnon, motion carried.

SB 539 - Rep. Hassler moved to pass SB 539 out of committee favorably, seconded by Rep. Walker, discussion ensued. Motion carried.

Meeting adjourned 2:35 p.m. until Monday March 26, 1984, at 1:30 p.m.

Date: 3-22-84

GUEST REGISTER

HOUSE

PUBLIC HEALTH AND WELFARE

Please Print

| NAME | ORGANIZATION | ADDRESS |
|--------------------|----------------------------------------------------------|----------------|
| Marilyn Braadt | KINH | Lawrence |
| Ruth Wilkins | Kans. Adv. Council on Aging | Topoka |
| Kesemawel Addey | Topoka Shawnee City Health Dept | Topoka |
| Hattie Norman | SHH - SAC | " |
| Sharon Leatherman | KHCA | " |
| Anita Favours | SRS | 2700 W 6th St. |
| Dub Rakostrow | Family Service & Guidance Center | Topoka |
| Dr Lois R Scibetta | KSBN | Tonella |
| Dany Petz | KDOA | Topoka |
| KAREN MCCLAIN | Sen. Feleciand's Leg. Intern | Topoka |
| KEITH R LANDIS | CHRISTIAN SCIENCE COMMITTEE IN PUBLICATION FOR KANSAS | " |
| Rhiane Bottorff | KSNA | " |
| Lynna Haffner | KDOA | Topoka |
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Attn. #1
3-22-1984

Attn. # 2
3-22-84

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding Senate Bill 780

I. Short Title of Bill

This bill relates to the definition of community mental health centers as it relates to licensing requirements. This bill amends K.S.A. 1983 Supp. 75-3307b.

II. Background

This legislation is being introduced because it establishes in fact what has been done in practice. It relates to two counties and four centers which have been in existence for at least twenty-five years and have been licensed as community mental health centers.

III. Discussion

This bill will affect four mental health centers; three in Sedgwick County which are Family Consultation Service, Wichita Guidance Center, and Holy Family Center and one in Shawnee County which is Family Service and Guidance Center of Topeka, Inc. This bill will not increase or decrease the number of providers. It does not alter licensing standards other than establishing for these four centers the provision for licensure as long as they remain affiliated with community mental health centers and continue to meet licensure standards. There is no fiscal note to the state. The Association of Community Mental Health Centers and Mental Health and Retardation Services are in support of this bill. Lastly, this bill is a technical change only.

IV. SRS Position

The Department of S.R.S. supports this technical change which will maintain the status quo.

Robert C. Harder, Secretary
Office of The Secretary
Social and Rehabilitation Services
296-3271
February 28, 1984

Gerald Hannah

Attn. # 2
3-22-1984

Attn. # 3
3-22-84



KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Marvin Littlejohn, Chairman, House Public
Health and Welfare Committee

FROM: Lois Rich Scibetta, Ph.D., R.N.
Executive Administrator

DATE: March 22, 1984

RE: Senate Bill 807

Thank you Mister Chairman for the opportunity to respond to Senate Bill 807. The Board of Nursing requested SB 807 for the purpose of strengthening the Nurse Practice Act. In the past, the Board has granted a continuance of a hearing, and has also conducted an investigation based upon the actions against a licensee in another state.

The Bill would enable the Board to tighten up our disciplinary matters regarding interstate findings and requests for continuance of hearings. These changes were made after consultation with our attorney.

Secondly, the Bill would enable the examinees to pay their fee for examination directly to the examination service. This would not affect the current licensure fee of Sixty Dollars (\$60). The procedure for direct payment to the examination service was approved by the Board of Nursing in its regularly scheduled meeting in October 1983.

I will be happy to answer any questions which the Committee may have.

Attn. # 3
3-22-1984

TESTIMONY FOR SB-769
NON-INSTITUTIONAL ELDERLY ABUSE

Attn. # 1
3-22-84

Mr. Chairman and Members of the Committee:

I am Ruth Wilkin, and I am speaking today as a member of the Kansas Advisory Council on Aging. I was appointed to the Advisory Council while a member of this Public Health and Welfare Committee and have been reappointed by the governor since leaving the legislature.

The Advisory Council on Aging supports SB-769. We know from experience that child abuse exists in Kansas. We also know that spouse abuse is far more extensive than many of us thought. We have not had a method of checking on elderly abuse, but on the basis of what other states have found, there is certainly some non-institutional elderly abuse and neglect in Kansas.

This bill requires consent of the elderly person before protective services can be provided, and if given, they must be given in the least restricting manner. We believe the right of the elderly not to be abused is balanced with their right to live as they choose.

An elderly family member in a home can cause great stress among other family members, and stress leads to abuse. Protective services, as offered in this bill, should be to the benefit of the entire family. Thank you.

Attn. # 4
3-22-1984

Attn # 5
3-22-84

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding Senate Bill 769

I. Short Title of Bill

An act concerning abuse and neglect; directing the investigation by the department of social and rehabilitation services of reports of abuse and neglect of aged and disabled persons; providing protective services. This bill does not amend any other statute.

II. Background

Currently there is no state law legislating Social and Rehabilitation Services to investigate reports of abuse, neglect or exploitation of adults residing outside of adult care homes or other medical settings.

Social and Rehabilitation Services is receiving and investigating reports based upon the power and duties of the Secretary of Social and Rehabilitation Services (KSA 39-708c (w)).

III. Discussion

Without legal sanction, Social and Rehabilitation Services social workers are extremely vulnerable when investigating abuse, neglect, and exploitation reports outside of a nursing home or other medical settings.

The passing of this legislation will provide a legal sanction for Social and Rehabilitation Service workers to investigate reports of abuse, neglect, and exploitation of the aged and disabled adult living in the community.

IV. SRS Position

Social and Rehabilitation Services supports this legislation because it will provide legislative sanction to investigate cases regarding the aged and disabled.

Presented by:
Anita Favors, Commissioner
Adult Services

For:
Robert Harder, Secretary
Social and Rehabilitation Services
296-3271

March 22, 1984

2108B

Attn # 5
3-22-1984

Abuse of the elderly not easy to deal with, social service agencies say

By Don Wade
A Member of the Staff

He has threatened her with guns, cut her arm with a butcher knife, beat her for allegedly drinking his beer, been unfaithful to her and cursed her.

He is 65 years old. She is his 76-year-old wife. Millie Thompson (not her real name) of Kansas City has a heart problem and, not surprisingly, high blood pressure. She and Frank (again, not his real name) have been married for 23 years. Considering the circumstances that would seem long enough. But Mrs. Thompson says she loves him, though "I don't love him like I know I should," and she says she will continue to "try and make a home for him."

Her decision is made not so much out of nobility and compassion as necessity. "I can't work myself," she said. "I need someone to support me." As for her adult children?

"They have families of their own—their own kids, and I don't feel like imposing on them."

"I can't rent me a place and live on \$300 a month, and that's what I get in Social Security."

Efforts by social workers to persuade her husband to seek treatment for his alcohol abuse have failed. Thus, Millie Thompson continues to struggle alone.

Statistically, she is not alone. Missouri's Elder Abuse Hotline (1-800-392-0210) receives about 1,000 reports of abuse a month, said Rick Westphal, director of the Missouri Division of Aging. Elaine Reiter, alternative services administrator for the division, said only 10 percent to 12 percent of the reports prove to be unwarranted.

Of the incidents of abuse, about 80 percent occur in non-institutional settings, Mr. Westphal said. The division tries to investigate a complaint within 24 hours, he said.

Duane McGuire, aging program specialist at the Division of Aging and supervisor of the hotline, said the typical victim is 75 or older, has severe physical impairments and receives abuse from a family member.

In January 1983 the division received more than 1,100 reports of abuse of almost 600 people (more than one report was received for some people). The primary complaints concerned physical neglect (688 reports), psychological neglect (90 reports); psychological abuse (84 reports); financial exploitation (74 reports); and physical abuse (67 reports).

Though saying that 1,000 cases of reported abuse is a "frightening figure," Mr. Westphal also said he believes that a lot of abuse is never reported.

"You or I, if somebody were abusing us, we'd probably file charges," said Jo Anne Polowy, program planning consultant at the Missouri Division of Aging.

But most elderly people aren't as eager to file charges, especially against a family member. Diane Felix, an attorney for the Division of Aging, recalled a woman in her 90s who was living with her adopted son. He was about 50 and had a drinking problem.

"She had called the police 10 or 15 times during the last two years," Ms. Felix said. "(The police) had found broken beer bottles around her wheelchair."

THE LATER YEARS

... Finally she filed charges. But when she went to testify she became upset and asked the judge to not take her son away from her.

The woman and her abusive son were separated after the court appointed a legal guardian for her. She was then placed in a nursing home. But unless the court believes an older person can no longer handle his own affairs, the decision of whether to remain in a potentially dangerous situation is left almost entirely to that person.

Ms. Felix said the state has no authority, but a local prosecuting attorney could try to assemble a case against an abuser even if the victim refused to file charges. But unless the victim is willing to testify or unless there are many other witnesses, bringing bruises into court and trying to prove a crime was committed is next to impossible, she said.

Because of concern over the severity of abuse and the number of older adults who are victimized, officials of the Division of Aging are watching the progress of Missouri Senate Bill 451, which would make abuse or neglect of a resident in a long-term care home a felony. Now it's a misdemeanor. The bill also would require state certification of nursing assistants and would grant the Division of Aging the authority to revoke the certification of an aide who abused or neglected a resident.

If the bill becomes law, "it might at least make people pause before they do this," Mrs. Polowy said. "But it's also the theory that if a felony goes to court it's going to go on the docket and a prosecuting attorney can't ignore it."

The Department of Social and Rehabilitation Services in Kansas received more than 1,100 reports of adult abuse during the 1983 fiscal year. Unlike Missouri, that figure accounts only for the number of people named victims of abuse. About 80 percent of the victims were elderly. Although Social and Rehabilitation Services cannot revoke a nursing facility's license (that's under the jurisdiction of another state department) the department does investigate all complaints.

In non-institutional settings, the perpetrator of abuse or neglect is typically a female relative acting as a care giver, Mr. McGuire said. "When the care giver is under a great deal of stress and can't cope with it, that's when the abuse or neglect occurs," he said. Support systems, either through other family members or social service agencies, can relieve that pressure and reduce the risk of abuse, he said.

Officials in both Missouri and Kansas said they are not aware of any shelters specifically for abused older adults. Nor are

they aware of formal support groups for elderly abuse victims. Thus, if social workers cannot help an older abuse victim arrange for living arrangements with a friend or another relative, the victim most likely will have to opt for a boarding house, an apartment or nursing home, provided he or she can afford it or is eligible for financial aid.

However, "ninety-nine times out of 100 they'll stay there (in the current living situation) anyway," said Rosilyn Martin, a member of the adult services division of Social and Rehabilitation Services in Topeka. "They've been there 50 years, and you won't be able to get them out of the house."

The failure to help themselves is distressingly common among older people. Marisa Chase, adult service supervisor for the Kansas City area office of Social and Rehabilitation Services, which serves Wyandotte County, recalled one such case — a 71-year-old woman who wouldn't willingly let anyone into her home. She had been robbed and assaulted at least once. She didn't want treatment. She didn't want anything, except to be left alone, and neglected.

A friend who was worried about her called Social and Rehabilitation Services. Reluctantly the woman agreed to participate in a telephone reassurance program. She refused an offer from a relative in Idaho to move there. Social workers tried to persuade her to get involved at a senior center. Her response: "I don't want to sit around and gossip with a bunch of pious old ladies."

A 61-year-old Independence woman, who asked that she not be identified, had been just as stubborn. Her husband and her husband's daughter both have beaten her, and her husband has psychologically terrorized her 87-year-old mother.

The woman said her husband will taunt her elderly mother by saying, "What about the man that's coming tonight?" or by telling her, "If you don't go to sleep I'll come in here and crawl in bed with you."

The woman and her mother own their own home and have just enough financial means to survive without the woman's husband. So after eight combative years, numerous bruises and countless hours of emotional suffering, she has filed for divorce.

Other abused senior adults depend on outside help — friends, neighbors or social workers. Anne Korr, president of the Missouri Association for Prevention of Adult Abuse, said the organization is working on a handbook to be distributed to emergency rooms, police departments and agencies that serve the elderly. The handbook would list resources for abused people and would note signs in the adult that

might indicate he or she is being abused, such as changes in personality, a break in routine or weight loss.

Ms. Korr hopes the handbook

will encourage people to use the hot line.

"You've got to have the eyes and ears to know it (abuse) is happening," she said. "An agen-

cy like the Division of Aging can't be out there in the community looking for it themselves. They need help from the community."

TESTIMONY FOR SB-769
NON-INSTITUTIONAL PROTECTIVE SERVICES

Attn. #6
3-22-84

Bill Brief:

Defines and mandates the provision of protective services by SRS to aged and disabled people not residing in institutions.

Bill Provisions:

- Defines abuse, neglect, and exploitation.
- Defines eligibility to aged or disabled persons who are impaired to such an extent that they can't provide for their own care or protection.
- Defines the extent of the protective services that can be given, the limits and procedures for investigations, and the time frame for evaluations.
- Provides that no protective services can be provided unless the person consents. If the person withdraws consent, no protective services can be given.
- Non-consenting adults, who lack capacity to consent, can be provided protective services only when the court is petitioned for a guardian.
- Provides for petitioning of the court when the caretaker refuses service but the eligible adult gives consent.
- Provides that protective services be given in a manner least restrictive to an individual's liberty.

Testimony:

Elderly abuse, like child and spouse abuse, is very much a part of the issue of domestic violence. The abused elderly person is dependent on the caregiver for his or her maintenance. There are similar parallels between battered children, and the elderly abused person who is residing outside of an institution with a caretaker. Both depend on the caretaker for basic survival needs; both reside in a family setting that is assumed to give love and caring protection; and both can be a source of stress to the family caretaker. In addition, the elderly abused person often is physically frail, physically ill or mentally impaired.

The number of abused in non-institutional settings is likely to increase in Kansas as it has done in nearby states. There are several factors contributing to what we see as an increase, in elder abuse by caretakers, usually family members.

1. Increase in elderly over 80 with increased caretaking needs.
2. Preference to remain at home and in the community.
3. Change in family roles and structures with caretakers often having other roles and work.

Attn. #6
3-22-1984

While just 6.8% of all elderly are in nursing homes, an additional 17% are adjudged to have great or severe limitations in caring for themselves needing substantial assistance from families and friends.

Adult children and family members are providers of a significant amount of care to an increasingly larger, older, and frailer elderly population. There is a further possibility that the older person will be very old and quite frail, increasing the potential for abuse.

I certainly don't want to imply that all families abuse their elders, but the increased caretaking responsibilities and number of elderly that are frail and dependent will increase the potential for that abuse.

Profile of the Abused:

1. The abused person is most likely to be a woman over age 75.
2. The victim, in 75% of the cases reported, lived with the abuser; and in 84% of the cases, the abusing person was a relative of the victim (84%).
3. In most cases (75%) the elderly victim had a mental or physical disability which prevented him or her from taking care of basic daily needs - e.g., eating, toileting, bathing, dressing, taking medication. In most cases there was more than one disability.
4. Often the elderly victim had no or few other contacts outside the family and is completely dependent on the caretaker. The incidence of abuse tended to be recurring events and not single occurrences.

Profile of the Abuser:

1. The abuser experienced some form of stress, e.g., of substance addiction (either alcohol or drugs), long term medical complaint, or long term financial difficulty.
2. Generally, the abuser tended to say that the victim was a source of stress because the elder required a high level of physical or emotional care or was financially dependent on the abuser.
3. In family order, the abuser is a son, another family member; e.g., grandchildren or nieces, and then daughters.

What we have then is an elderly victim, over 75, usually a woman, dependent on someone else, usually a family member, for life supporting maintenance.

Under the broad and general health and welfare provisions of SRS, protective services are provided to non-institutional elderly on a limited basis. Of the 1,133 abuse cases, 774 were non-institutional and 359 were institutional. Of the 774 non-institutional cases, 75% were confirmed or were potential risks; 25% were unconfirmed. Of the confirmed, 31% were by family or relatives, 10% were by others, and 59% were self-abuse or neglect.

But, like child abuse statutes prior to the passage of strong Kansas laws, the full magnitude of the problem is unknown.

Missouri passed a strengthened law in 1981. Prior to the passage of the law, there were 983 reported cases of non-institutional abuse. In 1983, there were 8,123 cases. 75% were substantiated, 13% were suspected. During State FY'84, Missouri is presently providing assistance in 800 cases per month.

One essential function of government is to insure the safety and welfare of the most dependent in society. Protective service is usually a temporary intervention much less severe than guardianship or other current protections. Kansas is the only state of the 25 states that we've reviewed that has an abuse state that excludes those not in institutions. Current law has no specification as to the limits, procedures, or protections for the victims, caretakers, or for the workers. Kansas statute only provides protection in nursing homes.

SB-769 was specifically drafted to insure and guard against the concerns expressed last year. We worked closely with Senator Pomeroy and others to work out a clearly drafted bill that:

1. Provides that the civil liberties of the individual and caretaker are protected.
2. Provides strict limitations against provision of service when there is no consent.
3. Insures that the abused or neglected person can be protected.
4. Provides future abuse, to the greatest degree possible, is prevented.
5. Provides government has limitations to its service but is to prevent infringement.
6. Removes mental and physical abuse (from definition).

SB-769 has a specific mandate in that it provides protective services by SRS to defined individuals: aged or disabled persons who are impaired to such an extent that they cannot provide for their own care or protection.

It also defines specifically:

1. What protective services are; and
2. The manner in which they are to be provided.

As significantly, it places certain limitations on provisions of protective services (Section 4).

1. If an adult has the capacity to consent, and does not consent, no protective services can be provided.

This provision was included to insure that government does not infringe on the rights of individuals or their families to have their own life styles.

2. Non-consenting aged or disabled adults may only be provided services within strict limitations and through use of the courts. If the Secretary does not believe the adult has the capacity to consent, the Secretary must file a petition with the court for a guardian for the purpose of obtaining such consent.
3. It prohibits further abuse by a caretaker, again within strict limitations. If the adult consents, and the caretaker refuses to allow, or interferes with that consent, the court may be petitioned; but only if a judge after being presented with facts finds that the caretaker has prevented the services, can he issue an order. This clause is vital to protect against further abuse.
4. Protective services are limited to assuring the health, safety and welfare of the adult within specific limitations and does not include mental or emotional illness.
5. A review must be done within 45 days and re-evaluations shall not be made less than every six months.

Finally, the bill specifically states that any action taken in providing protective services "must be no more restrictive of an individual's personal liberty and no more intrusive than necessary to achieve acceptable care."

In developing SB-769, the intent, which I believe has been achieved, was to balance the interests and responsibility of government to protect vulnerable and dependent people who are victims of abuse and neglect, with society's interest in protective the civil liberties of individuals and families and to guard the rights of self-determination and alternate lifestyles.

I strongly believe that people have the right to live as they choose, but that we also have a responsibility to protect those that cannot protect themselves from present and future abuse.

SB-769 is a good, strong bill worked out among many people that clearly balances the need for protection with the civil liberties and protection of individual rights and self-determination.