

Approved 2-6-84
Date

MINUTES OF THE House COMMITTEE ON Ways and Means

The meeting was called to order by Bill Bunten at
Chairperson

1:30 ~~a.m.~~/p.m. on Tuesday, January 31, 1984 in room 514-S of the Capitol.

All members were present except: Representative Wisdom (excused)

Committee staff present: Bill Gilmore, Legislative Research
Alan Conroy, Legislative Research
Lyn Goering, Legislative Research
Jim Wilson, Officer of the Revisor
Dave Hanzlick, Administrative Assistant
Nadine Young, Committee Secretary

Conferees appearing before the committee:

Representative Dennis Spaniol
Representative Jessie Branson
Frances Kastner, Kansas Food Dealers Association
Marjorie Van Buren, Office of Judicial Administration
Joyce Reeves, Clerk of District Court for Shawnee County
David Barclay, Department of Corrections
Representative Wanda Fuller
Dr. Robert Harder, Secretary of SRS
Ken Schafermeyer, Kansas Pharmacists Association
Dr. James McHenry, Jr. Commissioner of Alcohol & Drug Abuse
Representative Joan Wagnon
Ron Eisenbarth, Kansas Citizens Commission on Alcohol and Drug Abuse
Dr. Meredith Moore, National Council on Alcoholism-Topeka Div.
Dixie Heck, National Council on Alcoholism-Topeka Division
Glen Leonardi, Kansas Alcoholism and Drug Abuse Counselor's Association
Representative Bob Frey
Dave Gorrell, Kansas Community Safety Action Projects
Judge Robert Thiessen, Municipal Court Judge
John Eisenbart, Chief Probation Officer-Wichita Municipal Court
Judge James Wells, City Topeka Attorney's Office
George Beaver, Chase County Commissioner

Others Present (Attachment I)

Chairman called the meeting to order at 1:30 p.m.

Hearing was held on HB 2718, an act amending the small claims procedure act; concerning the amount of a small claim; amending K.S.A. 61-2703, 61-2706 and 61-2713 and repealing the existing sections.

Representative Dennis Spaniol addressed the committee and provided written testimony (Attachment II), urging the committee's support of this bill.

Representative Jessie Branson spoke briefly in support of HB 2718, saying she had been requested by several groups in the Lawrence area to testify in support of this bill on their behalf.

Frances Kastner addressed the committee. She recommends passage of HB 2718 either in it's present form, or if possible, even amending the bill by adding on line 0034 after "or" -- "under contract to that person". She spoke on behalf of wholesalers and distributors of food products. (Attachment III).

Written testimony by Donald Wilson, President of Kansas Hospital Association, was handed out, although Mr. Wilson did not appear in person. (Attachment IV). This testimony supports HB 2718, saying it would liberalize the present small claims procedure.

Marjorie Van Buren, speaking for the Office of Judicial Administration, said passage of HB 2718 would result in additional cost for her department by creating more paper work, making it necessary to hire additional employees. Her testimony speaks in opposition of this bill (Attachment V).

Unless specifically noted, the individual remarks recorded herein have not been submitted 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 Ways and Means,
 room 514-S, Statehouse, at 1:30 ~~am~~/p.m. on Tuesday, January 31, 1984

Also appearing as an opponent to HB 2718 was Joyce Reeves, Clerk of District Court for Shawnee County. She said her department averages over 1,000 claims per year and the work load involved in dealing with these people is tremendous.

Representative Chronister asked about the length of time involved to hear a claim. Reeves said it takes four hours each week to go through a docket. She also said that about 23% of the claims are settled out of court.

Chairman turned to HCR 5052, relating to institutions and facilities for the state correctional system; requesting a study by Secretary of Corrections on current missions and operations of institutions.

David Barclay, representing Department of Corrections, explained the contents of the proposed legislation and explained why it is necessary to pass a resolution.

Representative Wanda Fuller spoke on behalf of the committee that did the study relating to HCR 5052. She said that existing facilities are not adequate for housing of the female inmate population and that Norton State Hospital is being considered as an alternative for this purpose.

Chairman turned to HB 2696, concerning SRS, placement agreement with Secretary of Corrections. Dr. Robert Harder addressed the committee in support of this bill and provided written testimony (Attachment VI). He said passage of this legislation would further extend and establish cooperative relationships between SRS and Department of Corrections, and would also clarify responsibilities as far as the two agencies are concerned.

HB 2745, an act concerning the wholesale cost of prescription drugs dispensed in the state of Kansas; limiting costs; requiring reports; providing for penalties. Dr. Robert Harder also spoke in support of this bill, which if passed, would establish limitations applicable to the purchase price of drug products sold to Kansas pharmacies. (Attachment VII).

Asked if this type legislation has been passed in other states, no one knew of such a law existing in any other states. Representative Rolfs asked Dr. Harder to explain why the filing requirement is in the bill. He replied "so we would have a standard and established price at a known location".

Representative Farrar asked about the quality of drugs, are there any drugs that would not be sold - that is a cut back in the number of different types of drugs that would be available? The answer was no. Chairman asked how the new price would be established. Dr. Harder said that each of the participants would have a set fee and the cost to the public would be cost plus the participant's professional fee.

Ken Schafermeyer representing Kansas Pharmacists Association, provided background material showing the ever increasing prices of drugs. He stated that Kansas pharmacists have nothing to gain and "we are taking a neutral stand -- we urge that any amendments result in the Pharmacists not being squeezed in the middle." (Attachment VIII).

Written testimony was provided by Pharmaceutical Manufacturers Association in opposition of HB 2745. (Attachment IX).

Chairman turned to HB 2704, an act concerning community-based alcohol and drug safety action programs; relating to certification thereof; amending K.S.A. 1983 Supp. 8-1008 and repealing the existing section.

Representative Joan Wagon headed a group who introduced this bill and she addressed the committee on the portions that have been amended. Line 178 relating to the deposit of 95% of all assessments received in the ADSAF; Line 99 which refers to the 2-year period of certification -- she encourages the committee to pass HB 2704.

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Ways and Means,
room 514-S, Statehouse, at 1:30 ~~am~~ p.m. on Tuesday, January 31, 19 84

Dr. James McHenry appeared as a proponent and furnished written testimony (Attachment X).

Ron Eisenbarth, representing the Kansas Citizens Advisory Committee on Alcohol and other Drug Abuse urged the committee's support of HB 2704 and furnished written testimony (Attachment XI).

Dr. Meredith A. Moore testified in support of HB 2704 and provided written copy (Attachment XII).

Dixie A. Heck, representing the National Council on Alcoholism-Topeka Division, also appeared as a proponent of HB 2704. Her testimony is attached. (Attachment XIII).

Chairman next recognized Glenn Leonardi, Kansas Alcoholism and Drug Abuse Counselor's Association, who stated that his group is neutral on the bill. He said that KADACA recommends that no change in the current legislation be implemented this year so that an appropriate solution can be identified first and then legislated. (Attachment XIV).

Representative Bob Frey addressed the committee as an opponent of HB 2704, saying that last year, HB 2132 was passed which accomplished the same goal. He said this bill, he believes, takes a direct opposite view and would turn it around and put us back in the same place as last year.

Others appearing as opponents to HB 2704 were as follows:

Dave Gorrell, Kansas Community Safety Action Projects (Attachment XV).

Judge Robert Thiessen, Wichita Municipal Court (Attachment XVI).

John Eisenbart, Chief Probation Officer, Municipal Court of Wichita, (Attachment XVII).

Judge James Wells, City of Topeka Attorney's office. Judge Wells did not provide written testimony, however he did state that he stands in opposition of HB 2704.

Chairman Bunten announced that there would be no final action taken on any of the hearings that occurred this date.

Meeting adjourned at 3:30 p.m.

Name	Address	Representing
1. James Kastner	Topeka	K&D
2. RITA McANDREW	"	CITY P&R.
3. Jerry Hedrick	Spring Hill	Mayor
4. J. W. Barclay	Topeka	DOC
5. Mary Jane Van Buren	Topeka	Office of Judicial Admin.
6. Joyce D Reeves	Topeka	Clerk of the District
7. Evelyn A Bowers	Osaka, Mo	K&D Court
8. Dennis Redding	Osaka, Mo	Magistrate Judges
9. George Beaver	Pottowood Falls	Chairman of Comm
10. Verne Frankhauser	Elmdale, Ks	Chairman of Comm
11. Wynn Humphrey	Topeka	KS Planned Parenthood
12. Earl David Lachell	Independence	KC ASAP COORDINATORS
13. Alvin Louch	Topeka	Ks Alcoholism & Drug Abuse Counsetors Assoc.
14. Donald A. Moore	"	Pres. National Council on Alcoholism
15. Mike A. Deck	Topeka	Past Pres. National Council on Alcoholism
16. Ron Greenharts	Topeka	Ks Citizens Forum on Alcoholism & Drug Abuse
17. Jim Morrison	Topeka	NCA - Topeka, Dir
18. Jim Wells	214 E 8th Topeka	Municipal Court
19. D. Beardsley Haverah	Topeka	SRS/MAPS
20. M.L. Jenkins	Topeka	Speakers Office
21. Gene Johnson	Topeka	Ks Community ASAP
22. Jim K. B. ...	Topeka	United Way of Topeka
23. Rep Joan Wagner	Dist 5.5	
24. Anthony Hensley	Topeka - 58th District	State Representative
25. BURR SIFERS	CHANNEL 19	
Elc. Reys.		

Y

DENNIS SPANIOL
REPRESENTATIVE NINETY FOURTH DISTRICT
SEDGWICK COUNTY
438 S. SOCORA
WICHITA, KANSAS 67209
(316) 722-2044
ROOM 280-W, CAPITOL BLDG
TOPEKA, KANSAS 66612
(913) 296-2734



TOPEKA

HOUSE OF
REPRESENTATIVES
January 31, 1984

COMMITTEE ASSIGNMENTS
VICE CHAIRMAN INSURANCE
MEMBER ASSESSMENT AND TAXATION
JOINT COMMITTEE ON ADMINISTRATIVE
RULES AND REGULATIONS
PUBLIC HEALTH AND WELFARE

To: House Ways and Means Committee

HB 2718 would amend the small claims procedure act by increasing the maximum amount of the claim which can be presented from the current \$500 limitation up to \$1,000.

With legal fees now averaging seventy-five to one hundred dollars an hour, it is becoming increasingly difficult for the average citizen to gain access to our legal system on small claims. Most attorneys refuse to accept small claims on a contingency basis. And if the case is handled on a time and expense basis, the attorney fees quickly exceed the total amount of the claim being presented.

Legislative Research compared the surrounding states of Colorado, Missouri, Nebraska, and Oklahoma to determine the jurisdictional limits. Three of the states have a \$1,000 limitation, and Oklahoma amended their statutes in 1981 to provide for a \$1,500 limitation.

I urge your support for this bill.

KANSAS LEGISLATIVE RESEARCH DEPARTMENT

Room 545-N - Statehouse

Phone 296-3181

Date January 18, 1984

TO: REPRESENTATIVE DENNIS SPANIOL Office No. 280-W
RE: SMALL CLAIMS JURISDICTIONAL AMOUNTS FOR THE STATES OF
COLORADO, MISSOURI, NEBRASKA, AND OKLAHOMA

You had inquired about the dollar limit for small claims procedures in the surrounding states of Colorado, Missouri, Nebraska, and Oklahoma as compared to the small claims limit in Kansas.

For the above mentioned states the jurisdictional limits have been extracted from the respective state laws and are shown below.

<u>State</u>	<u>Jurisdictional Limit</u>
Colorado	\$1,000
Missouri	1,000
Nebraska	1,000
Oklahoma	1,500

Enclosed you will find copies of the state laws from which these figures have been determined. The pertinent part is bracketed in red.

If I can be of further assistance, do not hesitate to let me know.



Jerry Ann Donaldson
Research Assistant

JAD/sdp

Enclosures

Thank you Mr. Chairman, and members of the committee. I am Frances Kastner, Director of Governmental Affairs for the Kansas Food Dealers Association, representing retailers, wholesalers and distributors of food products throughout the State of Kansas.

However, today, I am here in a dual capacity. The KFDA has always supported measures which provide tools for the honest consumers to collect debts that are due them.

As Secretary-Treasurer of the Condo Association where I live, I had occasion to use the Small Claims Courts about a year ago.

When the roof was done at the Condo we were given a seven year warranty on the work. Then early November of 1982 a leak developed which caused considerable damage to two of the units. We were unable to locate the roofer who performed the work, and had to hire another roofing company to repair the roof, even though we had another 5 years of warranty.

During the time we were trying to find the original contractor, the damage to the two units continued to compound, and their damage, which the Condo Association probably was responsible for if we had not located the original roofer, plus the amount charged for the roof repair, had to be paid from the funds in the Association.

This amounted to just over \$650. Even though the limit for small claims is at \$500 the Board of Directors opted to go through the small claims process rather than hiring an attorney to represent the association.

We did win judgment and collected the maximum of \$500 plus the filing charge of \$10.

The Board felt at that time, that we really spent a good deal of time and effort in trying to locate the place of the original roofer's employment as well as his whereabouts since we were unable to find him at the time the repairs had to be done. In fact, it was about two months before we located him and were then able to file the claim.

This is but one instance where if the limit had been \$1000 instead of \$500 we would have been able to recover the complete cost. Instead, the owners of the condos where I live were forced to pay for a debt that had not been responsible for incurring.

I feel certain that other examples can be cited by other citizens who feel that the small claims procedure is an effective way to seek recourse and a relatively inexpensive manner since individuals provide all their own information and represent themselves.

If it were possible for retailers to hire a representative to file their claims, we believe this would be an even better tool for consumers. We all know that unpaid debts burdening/^{the}business community is figured into the cost of doing business which in turn is paid for by consumers who had nothing to do with causing that expense.

We would appreciate your recommending HB 2718 for passage either in it's present form, or if possible, even amending HB 2718 by adding on line 0034 after "or" —
"under contract to that person".

Thank you for the time to appear before you today, and I will be happy to answer any questions you may have.

Frances Kastner
3310 SW 7th, # 2
Topeka, Ks. 66606
(913) 232-3310

III



Donald A. Wilson
President

TESTIMONY OF THE KANSAS HOSPITAL ASSOCIATION
HOUSE BILL 2718, SMALL CLAIMS PROCEDURE

House Ways and Means Committee
January 31, 1984

The Kansas Hospital Association supports **House Bill 2718**, which liberalizes the present small claims procedure. Most Kansas hospitals have very real problems collecting balances due on many of their patients' accounts. A number of small accounts remaining unpaid at the end of the fiscal year can result in a large bad debt write-off for the hospital. When people are treated in a hospital and do not pay their bills, then the public at large must pay for them through more taxes for welfare, higher insurance rates and increased hospital charges.

One way a hospital has of collecting on small accounts is to obtain a judgment in small claims court. Often the threat of going to court is enough to motivate some people to pay their bills. The small claims procedure is a less expensive and simpler way of obtaining a judgment against a debtor and we would like to see the procedure liberalized in the manner prescribed by House Bill 2718.

The bill increases the jurisdictional amount for a small claim from \$500 to \$1,000 and we believe this is appropriate. In an era of rising inflation, \$1,000 doesn't go very far. It would seem that this inflationary increase would bring a number of minor disputes currently burdening the district courts into the small claims court.

In talking to one large metropolitan hospital, when a similar bill was filed two years ago, we found that they had 38 cases that year between \$500 - \$1,000 that

they filed in district court. If House Bill 2718 had been in effect, these cases could have been filed in small claims court with a savings to the hospital. Such costs will eventually be borne by the public and consumers of hospital services.

We, therefore, urge the Committee to recommend House Bill 2318 favorably for passage.



State of Kansas

Office of Judicial Administration

Kansas Judicial Center
301 West 10th
Topeka, Kansas 66612

(913) 296-2256

January 30, 1984

To: Lynn Muchmore, Director of Budget
Executive Branch

From: Jerry Sloan, Fiscal Officer
Judicial Branch

Re: House Bill 2718

This bill would raise the jurisdictional limit for small claims procedure from \$500 to \$1,000.

The 1979 Legislature raised the limit for small claims procedure from \$300 to \$500 (see Chapter 187, Session Laws of 1979). At the same time (see Chapter 80, Session Laws of 1979), the jurisdictional limit in Chapter 61 cases was increased from \$3,000 to \$5,000. Following this action, it was found that case filings in both small claims and Chapter 61 increased dramatically, the former by 26.7% and the latter by 18.8%. At the same time, Chapter 60 case filings also increased but at a more normal 3.9%. We could anticipate this historical phenomenon to again occur in small claims filings with this bill.

In FY 1983, 14,043 small claims cases were filed. While the jurisdictional limit increase proposed is more, both in amount and percentage, than the increase that occurred in 1979, if we use a conservative estimate of the same percentage increase in case filings, we would expect about 3,750 more small claims cases. Historically, we would expect this to occur without a decrease in other civil filings.

It is estimated that this increase would require an additional 3 clerical positions, either in additional positions or an equivalent in temporary help. The cost for this additional staff in FY 1985 would be \$39,300. There would also be an impact on judicial work load. Estimating 30 minutes per case of judge time, this would require almost the equivalent of one full-time judge. While this increase would be statewide, it would require the additional usage of retired judges, if available, or more cross-assignments. It is estimated this cost would be approximately \$23,500.

A handwritten signature or initials in the bottom right corner of the page.

Mr. Muchmore
January 30, 1984
Re: HB 2718
Page 2

The additional revenue generated from this filing increase would be \$37,500. Of this amount, approximately \$13,125 would go to the State General Fund and \$18,750 would go to the counties; approximately \$5,625 would go to the county law libraries.

There would also be an additional cost to the counties. Since most district courts order their forms on an annual basis, if this bill were to become law on July 1, the remainder of the existing forms would have to be discarded and new forms purchased. For small claims forms, it is estimated this would cost, in the aggregate, \$4,715.

JS:dm

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding House Bill 2696

I. Short Title of Bill

An Act concerning Social and Rehabilitation Services; placement agreement with Secretary of Corrections.

II. Background

The Department of Corrections will be utilizing buildings on the Topeka State Hospital and Winfield State Hospital & Training Center Campuses for prerelease centers. Topeka State Hospital and Winfield State Hospital & Training Center will provide support services such as major building maintenance, food services, utilities from central power plant and laundry services.


III. Discussion

In cooperation with the Department of Corrections, Division of the Budget, and the Special Committee on Corrections the Department of Social and Rehabilitation Services outlined a plan to provide support services to the Prerelease centers. The plan includes the delivery of food from institutional kitchens to the prerelease center buildings, laundry service from the institutional laundry, etc. More detailed agreements will be evolved about how the daily population count will be communicated to the food service to prevent waste, how special diets or special meals will be communicated. A formal communication process will be developed for the request of building maintenance. These and other items will be formalized in the form of written agreements to prevent communication gaps and to provide a documented process. House Bill 2696, if passed, will provide statutory authority to develop formal agreements.

IV. SRS Position

The Department of SRS supports passage of HB 2696 because authorization granted will permit the development of authoritative agreements which will contribute to a well organized process.

Robert C. Harder, Secretary
Office of the Secretary
Social and Rehabilitation Services
296-3271
1/30/84



STATE DEPARTMENT OF SOCIAL & REHABILITATION SERVICES

Statement Regarding House Bill 2745

I. Short Title of Bill

Lowest Cost of Prescription Drugs

This bill is new legislation which will establish limitations applicable to the purchase price of drug products sold to Kansas pharmacies.

II. Background

This legislation is proposed to provide a mechanism to assure that Kansas pharmacies receive benefit of the lowest selling price available for prescription drug products anywhere in the continental United States. The present pricing policies and structure for many pharmaceutical manufacturers and suppliers vary significantly dependent upon characteristics of the pharmacy purchasing the drug products. This legislation would require uniform pricing of prescription drug products sold to all pharmacies in Kansas and at the lowest price available in the continental United States.

III. Discussion

Passage of this legislation will assure that pharmacies and consumers of prescription drug products in Kansas receive benefit of the lowest product cost available for each product. Pharmaceutical manufacturers and suppliers will be required to maintain a current listing of their lowest prices with the secretary of state and no drug product may be sold to a Kansas pharmacy above this price. This legislation would provide a reduction in the cost of prescription drug products to Kansas pharmacies and the price of prescriptions to the citizens of Kansas. Containment of the expenditure level of the pharmacy services program of the Kansas Medicaid/MediKan program would also be enhanced since one component of reimbursement determination for pharmacy providers is drug product cost.

IV. SRS Position

The Department of Social and Rehabilitation Services supports passage of this proposed legislation. The assurance that Kansas pharmacies and consumers of pharmacy services are receiving prescription drug products at the lowest cost available will enhance health care cost containment. The quality of drug products and pharmacy services available will not be adversely affected by this legislation.

Robert C Harder, Secretary
Office of the Secretary
Social and Rehabilitation Services
296-3271
January 26, 1984



Analysis of Medicaid Drug Cost Increases
1980-1983

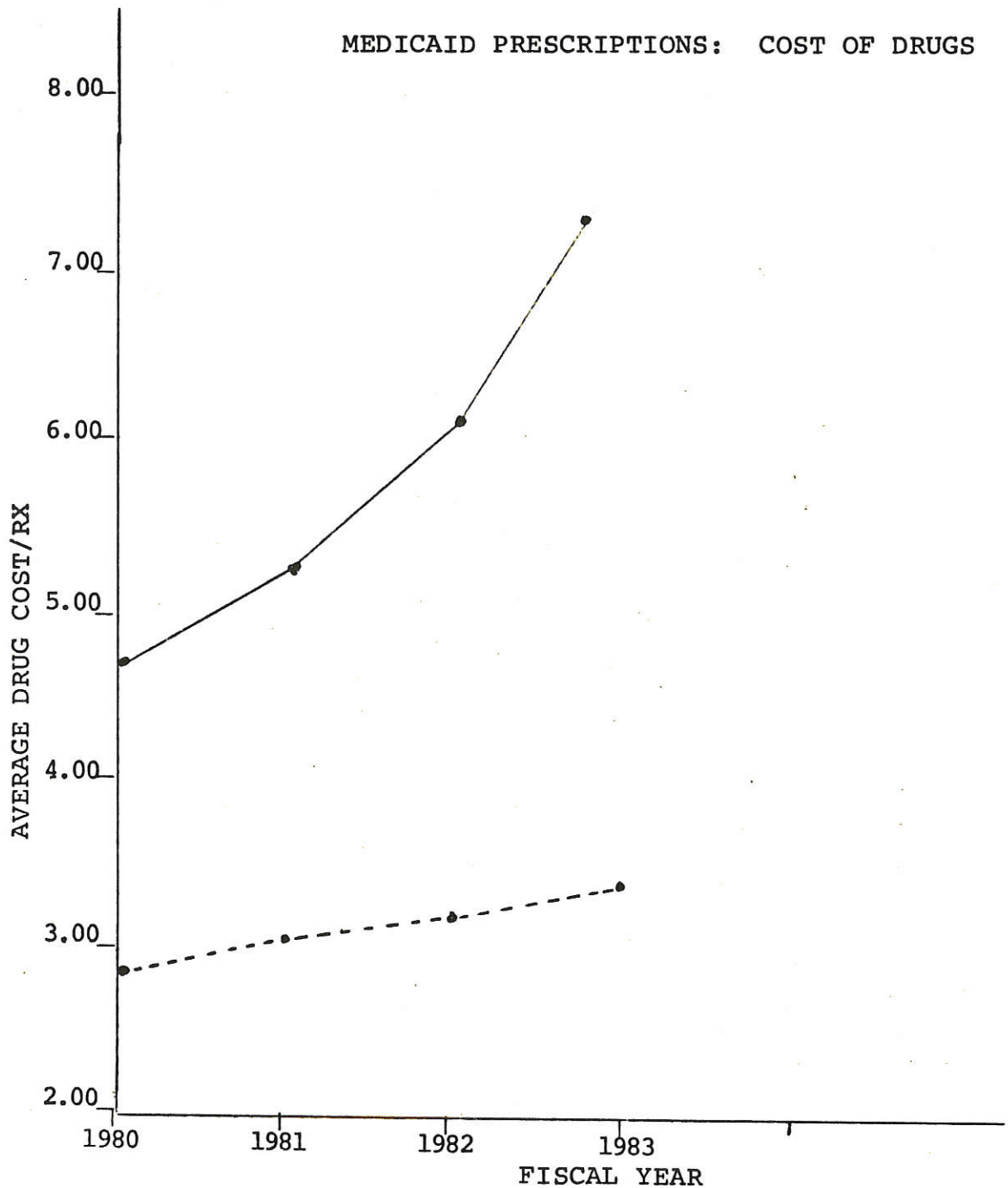
Fiscal Year	Avg. Payment/Rx	Avg. Drug Cost/Rx	Avg. Drug Cost as % of payment/Rx*
1980	\$7.02	\$4.65	66.2%
1981	\$7.79	\$5.24	67.2%
1982	\$8.77	\$6.05	69.0%
1983	\$10.15	\$7.25	71.4%

*1983 Lilly Digest Average = 66.4%

Drug Costs have increased at a rate 25% higher than SRS reimbursement to pahrmacies

VIII

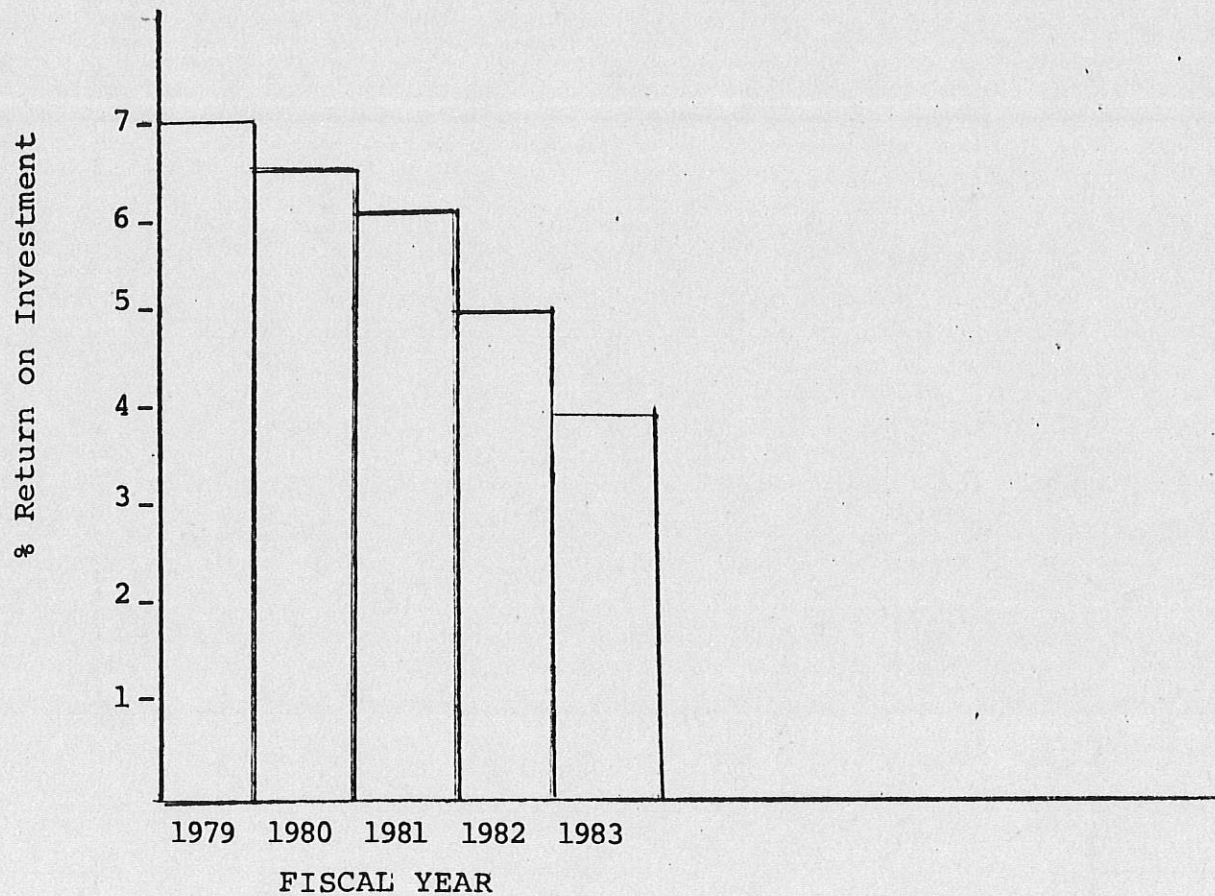
MEDICAID PRESCRIPTIONS: COST OF DRUGS



— = Avg Drug Cost/Rx
↑ 55.4%

---- Avg Professional Dispensing Fee
↑ 18.9%

MEDICAID PRESCRIPTIONS: % RETURN ON Rx INVENTORY INVESTMENT



The Return on Inventory Investment has decreased by over 30%

Comparison of Manufacturer's Drug Costs to
Kansas Pharmacies and State Hospitals

	Unit Cost to UKMC	Unit Cost to Pharmacy
Endep (Amitriptyline) 25mg	0.016	0.096
Mellaril (Thioridazine) 50mg	0.133	0.230
Benadryl (Diphenhydramine) 50mg	0.012	0.089
Amoxil (Amoxicillin) Susp. 250mg/5ml 150ml bottle	2.25	7.94
Ortho Novum 1/50 per cycle	0.95	8.20

PHARMACEUTICAL MANUFACTURERS

Association

1100 FIFTEENTH STREET, N.W.
WASHINGTON, D. C. 20005
AREA CODE (202) 835-3520
CABLE-PHARM/WASHINGTON, D. C.
TWX-7106229494-PMA-WSH

KATHLEEN A. SHEEHAN
REGIONAL DIRECTOR
STATE GOVERNMENT RELATIONS

January 30, 1984

The Honorable William Buntin
Chairman
Committee on Ways and Means
Kansas House of Representatives
State Capitol
Topeka, Kansas 66612

Dear Chairman Buntin:

The Pharmaceutical Manufacturers Association (PMA), representing 141 major firms responsible for nearly all the new prescription medicines researched and developed in this country, wishes to submit the following comments regarding **House Bill 2745**. This proposed legislation would prohibit drug manufacturers or vendors from selling a prescription drug to a Kansas pharmacy at a price higher than the lowest price for which the drug currently is being sold anywhere in the continental United States.

In addition, a manufacturer or vendor would be required to file lists of current low prices for its products with the secretary of state. Sales at prices higher than those filed with the secretary of state would be considered misdemeanors punishable by fines of up to \$10,000.

PMA believes this proposed legislation is particularly ill-advised and unnecessary at a time when both the public and private sectors are striving to inject more competition, not less, into the health care marketplace.

Over a period of decades, a very efficient marketing and distribution system for pharmaceutical products and pharmacy services has evolved for servicing the private sector. It is a process in which the principles of competition and the free enterprise system have an opportunity to function and to exercise the balances that bring about economic efficiency. This system also has served the various states' Medicaid Drug Programs equally as well. House Bill 2745 would almost certainly be disruptive to the marketing and distribution system for prescription drug products, not only in the state of Kansas but also nationwide. H.B. 2745 raises serious legal questions both on constitutional and antitrust grounds.

IX

If adopted, this legislation would result in interference with the setting of prices by free market forces, a per se violation of the Sherman Act, 15 U.S.C. Section 1. Under the Sherman Act, prices need not be fixed at a particular level to constitute illegal price-fixing. Rather, any scheme which regulates prices and inhibits the freedom of parties to negotiate their own prices is per se illegal under the Act.


Price fixing is illegal whether its effect is to raise or lower prices, and regardless of how well-meaning participants are in establishing the scheme. No one would question the illegality of an agreement between drug manufacturers and the state to sell drugs in Kansas only at the highest price charged elsewhere in the country. The fact that this bill calls for an agreement to sell drugs at their lowest available price does not exempt it from the proscriptions of the antitrust laws. Any interference with the setting of prices by the free market is violative of the antitrust laws.

Nor does the state's enactment of a price-setting scheme exempt it from the Sherman Act under the so-called "state action" exemption for state regulatory programs. In a series of cases, the Supreme Court has established two standards for antitrust immunity under the "state action" doctrine. First, the challenged restraint must be "one clearly articulated and affirmatively expressed as state policy"; second, the policy must be "actively supervised" by the state itself. City of Lafayette v. Louisiana Power & Light Co., 435 US 389, 410, 55 L.Ed. 2d 364, 98 S.Ct. 1123 (1978) (opinion of Brennan, J.). The system set forth in the proposed legislation might conceivably satisfy the first criteria, but it clearly would not satisfy the second. In a recent decision, the Supreme Court held that a state statutory system for establishing wine prices violated the Sherman Act. In that case, California law required wine producers to file price schedules with the state, and state-licensed wine merchants were not allowed to sell wine to retailers at other than the prices set. The Court found that the state did not "actively supervise" the price-setting scheme, because it did not have direct control over the wine prices and did not review the reasonableness of the prices set. California Retail Liquor Dealers Assoc. v. Midcal Aluminum, Inc., 63 L.Ed.2d 233, 100 S. Ct. 937 (1980). Likewise, the proposed bill would require no active state supervision of drug prices, thus offering no protection for the scheme under the "state action" doctrine.

Finally, while the wording of the proposed statute is subject to several interpretations, the statutory scheme could be found unconstitutional as imposing an undue burden on interstate commerce. The bill defines "lowest price" as being based on F.O.B. point of shipment and as "tak[ing] into consideration all advertising depletion and promotional allowances and rebates of every kind whatsoever made to purchasers by the drug manufacturer or vendor," (emphasis added). It is unclear whether this language would mean that the lowest price at which a drug is sold is considered to be the lowest price before or after rebates or other allowances have been subtracted. The phrase "take into consideration" is so vague as to be meaningless. However, the language emphasized above suggests that the drafter intended the lowest price to be calculated after rebates or allowances have been subtracted. If so, it could be argued that the legislation places undue burdens on interstate commerce by making it virtually impossible for manufacturers or vendors to sell their products in Kansas. If a manufacturer's lowest price is calculated by subtracting discounts allowed for large volume purchases, for instance, it might be economically impossible for the manufacturer to sell to all customers at that price, regardless of volume, and still make a profit. If this occurred, the law could be found to be unconstitutional as imposing undue burdens on interstate commerce.

In summary, the PMA believes there already exists an effective and efficient marketing and distribution system for prescription drugs, and that the proposed legislation is not only unnecessary but also contrary to the basic tenets of our free market enterprise system. Therefore, we urge that H.B. 2745 not be adopted. We appreciate the opportunity to submit these comments, and if we can be of further assistance to you in any way, please do not hesitate to contact me.

Sincerely,



Kathleen A. Sheehan

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
ALCOHOL AND DRUG ABUSE SERVICES

Statement Regarding House Bill 2704

I. Short Title of Bill

An Act concerning community based Alcohol and Drug Safety Action Programs, relating to certification.

II. Background

This bill will return the certification of the ADSAP programs to the Secretary of SRS. The funding of these programs will remain with the local courts except for 5% of the fees collected, which will be sent to SRS for administration of the certification procedure.

III. Discussion

SRS is the agency which the legislature has established as the centralized coordinating and licensing body with the mandate to provide planning, leadership, accountability and uniformity to a statewide treatment system. SRS/ADAS has available technical expertise and experience in performing licensing and certification activities. The certification of ADSAP programs represents a positive service which the SRS/ADAS can provide to the judicial system and to the clients served by the ADSAP programs.

IV. SRS Position

SRS recommends that the licensure and certification of alcohol and drug abuse programs be regarded as the responsibility of a centralized agency whose task is dedicated to ensuring that quality services are available to all Kansans. We strongly urge the passage of House Bill 2704.

Dr. James A. McHenry, Jr., Commissioner
Alcohol and Drug Abuse Services
Social and Rehabilitation Services
296-3925
01-31-84

0602B7



STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
ALCOHOL AND DRUG ABUSE SERVICES

Testimony Concerning H.B. 2704

Relating to the Certification of Alcohol and Drug Safety Action Programs.

The Kansas legislature has established SRS/ADAS as the centralized agency to provide a comprehensive, coordinated and consistent treatment system for alcoholics and drug abusers in the state of Kansas. This mandate provides uniform standards which ensure quality services for the clients of treatment programs and to the citizens of Kansas. We believe a well-monitored system promotes fiscal and programmatic accountability as well as comprehensive planning for alcohol and drug abuse services, thereby encouraging effective use of available fiscal and personnel resources.

House Bill 2704 will return the certification of Alcohol and Drug Safety Action Programs to SRS/ADAS. This procedure will still rely upon individual judges to choose which certified program they want to use to perform the ADSAP evaluation. With this local choice remaining intact, the judge will continue to control which program receives the local assessment fee, and the local court will continue to administer these monies.

It is frequently noted that our judicial system is greatly overburdened. Disagreements have arisen this past year which suggest that a certification process implemented by SRS/ADAS would serve to remove this technical procedure from local political debates, thereby serving the interests of all parties involved.

SRS/ADAS staff have the required expertise to address the certification of ADSAP programs as a service to the judicial system, while also providing uniformity and consistency. We are already performing licensure services to the treatment system in Kansas. The types of programs that meet the criteria established by SRS/ADAS include Inpatient treatment programs, Detoxification units, Intermediate treatment programs, Reintegration (halfway houses) programs and Outpatient treatment services which encompass programs that provide Diagnosis and Referral services.

The passage of HB 2704 will return certain technical oversight responsibilities to SRS/ADAS, which is in keeping with the original mandate established by the lawmakers of Kansas. That mandate specifies that there shall be a centralized agency, established by Kansas law, that is responsible for licensing, monitoring and providing planning leadership for services directed to the alcoholic and drug abuser.

Dr. James A. McHenry, Jr., Commissioner
Social and Rehabilitation Services
Alcohol and Drug Abuse Services
296-3925
January 31, 1984

STANDARDS FOR LICENSURE OR CERTIFICATION OF
ALCOHOL AND DRUG SAFETY ACTION PROGRAMS

The Standards for licensure/certification of ADSAP programs are the same as for all other Alcohol and Drug Treatment Modalities as related to the first fourteen (14) chapters of the standards. The most extensive documentation and program manual requirements are for those programs providing on-going counseling and food and lodging services. The chapters (or requirements) that are required of all treatment modalities included by subject are:

Chapter 1	Governing Authority/Management	Chapter 8	Client Records
Chapter 2	Client Rights	Chapter 9	Referrals
Chapter 3	Personnel Practices	Chapter 10	Dietetic Services
Chapter 4	Environment	Chapter 11	Research
Chapter 5	Program Evaluation	Chapter 12	Medication Control
Chapter 6	Reports	Chapter 13	Fiscal Management
Chapter 7	Confidentiality	Chapter 14	Treatment

Chapter 15 contains specific criteria for Out-Patient Diagnostic and Referral programs which include a maximum of five (5) items and a special chapter for ADSAP programs which includes six (6) items.

In writing manuals which contain the required information many chapters can be referred to as non-applicable such as medication control or dietetic services if that is the case, thereby eliminating much work. (In ADSAP programs chapters 10-14 would normally be non-applicable).

Sample program manuals and other relevant material such as Sample Release of Information forms are also available. In most cases a program manual can be completed by merely filling in the blanks of the material provided. On-sight Technical Assistance is also provided. This combination of pre-prepared documents and technical assistance makes the licensing/certification process easy to follow through with.

Actual program standards used by ADAS have always been formulated and approved through a process inclusive of provider input. In the case of ADSAP standards that procedure was followed. After an initial meeting on April 14, 1982, which included members of the field, standards were drafted and mailed to all field providers for their comments. Little input was received at that time but the comments that were received were incorporated into the final draft which was subsequently approved by the Executive Committee as part of the required process. The current approved standards have been in effect since November 1, 1982.

The only cost requirement is a \$25.00 application fee.

Prior to HB 2132, when the requirements of SB 699 were in place, ADAS also licensed/certified Alcohol Drug Information School (ADIS) programs. That process included a standardized curriculum and requirements over and above the usual standards. At this time ADIS programs are not subject to licensure as they are educational, and not treatment programs. This too makes ADSAP licensure/certification easier because most programs operate a dual ADSAP/ADIS modality.

ADSAP Contract Issue: When SRS/ADAS had the authority to administer the entire ADSAP program, SRS developed a contract that contained the provisions of SB 699, Standard Grant Conditions and language common to all government contracts. If HB 2704 would be enacted into law, SRS/ADAS would not have any authority nor interest in the disbursement of the \$85.00 assessment fee paid by the offender and collected by the courts. The local courts will retain the authority to disburse these monies to the certified ADSAP program that performed the pre-sentence evaluation on the offender.

Legislative Mandate: The Alcohol and Drug Abuse Services, through the powers and duties provided to the Secretary of SRS, performs licensing functions mandated by Kansas Statutes:

"The Secretary shall establish a comprehensive and coordinated program for the treatment of alcoholic and intoxicated persons." (KSA 1982 Supp. 65-4011)

"Plan for, establish, amend and revise standards for treatment programs as necessary or desirable." (KSA 65-4006 (1))

"On and after July 1, 1973 no person or governmental unit acting severally or jointly with any other person or governmental unit shall establish, conduct or maintain a public or private treatment facility in this state without a license under this law." (KSA 65-4012)

Reference to the Kansas Statutes is an attempt to show the legislative mandate the Secretary of SRS is empowered to implement. These laws establish SRS as the centralized agency mandated to provide consistency and uniformity through the development of Rules and Regulations and Standards. The ability to develop standards for alcohol/drug programs provides for basic uniformity, consistency, accountability and Legislative oversight for the statewide alcohol and drug abuse treatment system.

Licensure: The licensure of alcohol and drug abuse treatment programs is mandated by KSA 65-4001, et seq. and KSA 65 4601, et seq. Through this authority, the Department has developed Rules and Regulations (Article 31) and Standards to establish licensure guidelines. The Statutes and Rules and Regulations require SRS/ADAS to license all treatment facilities that provide treatment services to alcohol and/or drug abusing persons through the provision of guidance, supervision and personal services designed to assist the individual in rehabilitation or habilitation. Licensed medical care facilities, licensed adult care homes, licensed mental health centers, licensed physicians and licensed psychologists are exempt from this licensure.

Certification: The certification of alcohol and drug abuse treatment programs is a procedure adopted for programs excluded from the licensure process. Programs may apply for certification as a voluntary measure or as part of a funding requirement. The procedures and requirements established for certification are the same as for licensure.

ADSAP Certification: KSA 8-1008, as amended, authorized the administrative judge in each judicial district to certify the ADSAP programs. If an administrative judge declines to certify an ADSAP program in the judicial district, the responsibility is transferred to SRS. This certification process is designed to designate (approve) ADSAP programs that the court will use to perform presentence evaluations on DUI offenders.

Kansas
Citizens
Advisory

P.O. BOX 4052 TOPEKA, KANSAS 66604

Committee on Alcohol and other Drug Abuse

January 31, 1984

TO: House Ways and Means Committee

FROM: Ronald L. Eisenbarth, Representing the Kansas Citizens Advisory Committee
on Alcohol and other Drug Abuse

SUBJECT: House Bill 2704

I appear before you today on behalf of the Kansas Citizens Advisory Committee on Alcohol and other Drug Abuse to express our support of House Bill 2704.

The Citizens Committee has been consistent in past support of legislation of this type that promotes a high quality of care for citizens of Kansas suffering with problems of alcohol and/or drug abuse.

House Bill 2704 designates the secretary of Social and Rehabilitation Services (SRS) the authority to certify community based alcohol and drug safety action programs. The present law designates initial authority to certify these programs with the administrative judge of the judicial district. If the administrative judge of a judicial district declines to certify an alcohol and drug safety action program, the responsibility then rests with the secretary of SRS. In some districts the administrative judge has certified programs while in other judicial districts the administrative judge has declined in favor of the secretary of SRS providing certification. We feel the present law does not provide for a uniformity in services by alcohol and drug safety action programs throughout the State with judges and the secretary of SRS each certifying a number of these programs.

Considering the four essential services to be provided by certified alcohol and drug safety action programs, we feel the secretary of SRS is in a better position to assure that certified programs are capable of providing these services. The secretary of SRS is presently responsible for licensing all community based programs providing services in the areas of alcohol and drug abuse and would therefore be in a better position to certify the community based alcohol and drug safety action programs.

House Bill 2704 provides for 5% of the \$85.00 fee assessed against the person convicted of a DUI to be sent to the secretary of SRS while the remaining 95% of the fee shall be deposited in the alcohol and drug safety action fund of the court. These funds are then allocated to the certified alcohol and drug safety action program by the administrative judge of the judicial district.

House Bill 2704 also provides for two years certification of the alcohol and drug safety action programs rather than the present four year certification of these programs.

XI

In summary we support this legislation for the following reasons:

1. It designates authority for certification of alcohol-drug safety action programs to the secretary of SRS.
2. Administration of the assessment fee to local programs remains with the administrative judge of the judicial district.
3. Length of certification of ADSAP programs is reduced from four years to two years.

DR. MEREDITH A. MOORE TESTIFYING BEFORE THE HOUSE WAYS AND MEANS COMMITTEE
January 31, 1984, ON H.B. 2704

My name is Meredith Moore. I currently serve as President of the Board of Directors of the National Council on Alcoholism--Topeka Division. In that capacity I have been concerned with several problems in the administration of an agency such as NCA. Some of those problems could be minimized or eliminated with Bill 2704. Let me be more specific.

Licensure and certification of programs need to be housed under one authority for two reasons: Without this kind of consistency and organization identified in Bill 2704, agencies become unable to function. For example, a licensing authority makes a decision, then a different certification authority makes a different decision. If the agency cannot meet the requirements of both, the agency is caught and cannot carry out its charge. This double bind can be eliminated with the proposed legislation.

In addition to the need for more consistency and organization, programs need to be licensed and certified by people who are trained and experienced in the field. People with specific professional training need to be setting standards and criteria for programs. The natural conclusion, then, is to speak for professionals evaluating an agency's adherence to those standards, criteria, and goals. This assures broad accountability and quality programming.

Bill 2704 will eliminate the two specific problems I have identified for you. Bill 2704 will prevent an agency from being immobilized by two differing authorities. Second, Bill 2704 will set forth a single agency administering systematic standards across programs and a mechanism for evaluating a program's availability to meet those standards.

In closing, I want to thank you for consideration of Bill 2704. We are here in this legislative session to provide leadership for our state. Bill 2704 is functionally and financially prudent and social responsible. Your affirmative response to this bill is an affirmative response to Kansas.

XII

TESTIMONY OF DIXIE A. HECK, PRESIDENT OF THE BOARD OF DIRECTORS OF THE NATIONAL COUNCIL ON ALCOHOLISM--TOPEKA DIVISION, BEFORE THE SHAWNEE COUNTY DELEGATION, DECEMBER 19, 1983.

THE PRESENT ALCOHOL SAFETY ACTION PROGRAM CERTIFICATION PROCESS UNDER HOUSE BILL 2132, PASSED BY THE KANSAS LEGISLATURE IN 1983

Under H.B. 2132, ASAP certification became an optional responsibility of the local administrative judge, with consultation and approval of a majority of the judges of the District Court, and of the Municipal judges of cities lying in whole or in part within the district. In Shawnee County, the Administrative Judge has chosen to exercise that option.

Concerns about certification are as follows:

1. Lack of process
2. Lack of judges' understanding of alcoholism as an illness, and therefore, their inability to:
 - a. Set appropriate program standards
 - b. Review procedures
 - c. Review program goals and objectives
 - d. Evaluate program.
3. Under the present system in which the judges find themselves, there is no vehicle for communication and coordination with local government or advisory committees set up to deal with alcohol issues and distribution of program funds.
4. There are a number of judges throughout the state who do not even want this burden.
5. This is the only instance where judges are put in the position to certify program and administer program funds.
6. It has been our experience that a system which has a state unit licensing, the local judge certifying, and two local government units providing funding, can be confusing at best, and disastrous at worst.

It is our request that the Legislature give serious consideration to putting both certification and licensure with the Secretary of Social and Rehabilitation Services for the state of Kansas.

XIII

KANSAS ALCOHOLISM AND DRUG ABUSE COUNSELOR'S ASSOCIATION

TESTIMONY

TO: House Ways and Means Committee

FROM: Glenn Leonard, Representing the Kansas Alcoholism and
Drug Abuse Counselor's Association *gl.*

SUBJECT: House Bill No. 2704

DATE: January 31, 1984

I appear before you today on behalf of the Kansas Alcoholism and Drug Abuse Counselor's Association (KADACA) to voice our association's concerns about House Bill No. 2704.

KADACA is a professional organization of over two hundred and fifty certified alcoholism and drug abuse counselors representing the entire state of Kansas. The association's purpose is to develop and maintain professional standards and to insure delivery of quality services by the members of this profession.

Prior to January 20, 1984, alcohol and other drug abuse professionals in Kansas were served by two professional organizations, the Kansas Alcoholism Counselor's Association (KACA) and the Kansas Association of Drug Abuse Counselors (KADAC). In order to better meet the needs of our profession and ultimately the clients that we serve, the two associations have merged and on January 20, 1984, KADACA held its Charter meeting.

In the legislative session of 1982, the members of both associations were encouraged by the significant steps that were taken by Senator Myers to incorporate technical assistance from professionals throughout the field during preparation of the original legislation, Senate Bill No. 699. We saw this inclusion of input from the field as an effort to develop a piece of legislation that would effectively meet the social and administrative needs of Kansas. We all knew at that time that there would be problems with SB-699 that would require attention and resolution in the future. Our membership was not then nor is it now opposed to amendments that will improve upon the implementation of legislative intent.

In the legislative session of 1983 amendments were made to the original legislation via the passage of Substitute for House Bill No. 2132. The main concerns that were expressed by our membership at that time which relate specifically to House Bill No. 2704 centered around the issue of professional accountability. The optional removal of Social and Rehabilitation Services/Alcohol and Drug Abuse Services (SRS/ADAS)

XIV

from the process of certifying Alcohol and Drug Safety Action Programs (ADSAP) eliminates the standardized accounting of quality assurance that is essential for all programs within the field of human services. House Bill No. 2704 returns that accountability to the system by requiring all ADSAP Programs to be certified by SRS/ADAS.

What concerns our association, however, is the quantity and especially the diversity of interest and concern that is already present in the 1984 legislative session relative to Alcohol and Drug Safety Action Programs. KADACA therefor recommends that no change in the current legislation be implemented this year so that an appropriate solution can be identified first and then legislated.



ALCOHOL SAFETY ACTION PROJECT

TO ASSIST IN REDUCING ALCOHOL-RELATED ACCIDENTS

Telephone: 316-232-9100 • 104 West 4th • Pittsburg, Kansas 66762 • Home Office

Telephone: 316-331-7638 • 311 East Main • Independence, Kansas 67301

Telephone: 316-431-4060 • Memorial Building • Chanute, Kansas 66720

RICHARD D. LOFFSWOLD
Administrative Judge
Project Director

E. DAVID GORRELL C.A.C.
Coordinator

BARRY A. HEITMAN
Coordinator

SHERYL HENRY
Counselor

January 30, 1984

The Honorable William W. Buntin,
Chairperson
House Ways & Means Committee
Kansas House of Representatives
514 South
State Capitol Building
Topeka, Kansas 66612

Dear Representative Buntin:

Subject: House Bill #2704

As President of the Kansas Community ADSAP Coordinators, representing 27 ADSAP programs throughout the state of Kansas, I am writing to express ADSAP's concern with House Bill #2704. The immediate question is why is it again being proposed to establish the Secretary of Social & Rehabilitation Services as the certifying entity for Kansas Community ADSAP programs? By overwhelming majority, the 1983 Legislature removed S.R.S. as the principal certifying entity and returned ADSAP to their respective Administrative Judges and local control. This is where they belong!

Your KCADSAP program is one of the best; let's keep it that way by never letting House Bill #2704 out of this committee.

Yours very truly,

E. David Gorrell, C.A.C.
President
KCADSAP Coordinators Association

EDG:jg

CC: The Honorable Rochelle B. Chronister, 170W
The Honorable Robert G. Frey, 115S
The Honorable Larry E. Erne, 281W

Kansas Municipal Judges Association

A division of the Kansas League of Municipalities

30 January 1984

TO: House of Representatives Ways and Means Committee
Chairperson, The Honorable William W. Bunten
State House, Topeka, Kansas

Re: House Bill 2704


The above referenced Bill is the latest attempt of the SRS Department to burden the judicial process in this State.

Last year this Legislature passed House Bill 2132 which defined the Alcohol and Drug Safety Action Programs created in 1982 DUI Statutes. It amended K.S.A. 8-1008 to prevent SRS from further interfering in the judicial functions assigned to the judges of this state by this Legislature.

How soon we forget! Attached to this letter is Representative Bob Frey's letter of December 21, 1982 to Dr. Phillips, SRS, which should remind all of us the reason for the aforesaid action of the 1983 Legislature. Representative Frey's letter became the banner of a great majority of the 305 members of the Kansas Municipal Judges Association. I can say with conviction and authority that the Kansas Municipal Judges Association opposes House Bill 2704 in its entirety.

I have asked the Chief Parole and Probation Officer, Mr. John Eisenbart of the Wichita Municipal Court, to further address this matter. Mr. Eisenbart has the duty of carrying out the ADSAP Program in our town.

Respectfully,


Robert A. Thiessen, President
Kansas Municipal Judges Association
and
Administrative Judge
Wichita Municipal Court

RT:ckg

Attachment

cc: Honorable Fred Benson, Secretary KMJA
Honorable Jay Scott Emler, Chairman
Legislative Committee of KMJA

XVII

ROBERT G. FREY, LAWYER
412 N. WASHINGTON
LIBERAL, KANSAS 67901
TELEPHONE (316) 624-8138

December 21, 1982

Dr. Loren A. Phillips, Commissioner
Kans. Dept. of SRS
2700 W. 6th St.
Topeka, Kansas 66606

re: ADSAP Contracts

Dear Dr. Phillips,

Please find enclosed the unsigned copies of the Contract for ADSAP Services which was submitted to the Board of Directors of SKADAF. At the regular Board meeting in December the Board considered the proposal and rejected it. They further directed me to return the Contract along with an explanation that SKADAF simply can not engage in the kind of activity that is prescribed under the contract for a mere \$70.00 per person.

The Board is well aware that the legislature set the initial fee for the Courts to assess in DWI cases and they understand that your department has no option available to pay a greater sum. That is not the problem. What the Board saw as the real problem is the incredible length and detail of the proposed contract. It is one of the most graphic displays of bureaucratic excess that I and the Board have ever had the misfortune to experience.

SKADAF has been in existence for almost twelve years now and we attribute our survival to the fact that we do not spend money foolishly. We also are careful not to take on new programs that are obviously going to cost more money than they generate. This contract certainly falls into that category.. There is just no way that any well managed program could exist under the terms of your proposal. The record keeping, staffing and capitol outlay would be of such huge proportions that it would take our whole operation down the drain just trying to keep the monster fed.

What we recommend as an alternative is that you simply carry on your licensing obligation and that you allow the court programs to operate essentially as they are designed at the local level. For \$70.00 per person you can't really expect much else. What in the world do you need all of that garbage about evaluations and records for anyway? Don't you understand that the local prosecutors and the courts are going to require enough in the way of evaluations and records that you certainly would have no need for the additional information that is required in your contract?

I intend to try to correct this situation during the next session of the legislature by recommending that SRS be removed from this program. It should have been left at the local level and it could have been done if we would have known your department was going to go to such excess. The experiment was a miserable failure.

EXHIBIT to KMJA letter
of 1/30/84.

Sincerely,



RGF/gf

THE CITY OF WICHITA

Robert A. Thiessen, Judge Div. No. 1
Thomas A. Bush, Judge Div. No. 2
Maurice Mowrey, Clerk of the Court
John J. Eisenbart, Chief Probation Officer



MUNICIPAL COURT
CITY HALL — THIRD FLOOR
455 NORTH MAIN STREET
WICHITA, KANSAS 67202
Court Clerk
(316) 268-4431
Judges Chambers
(316) 268-4629
Chief Probation Officer
(316) 268-4582

January 30, 1984

Hon. Bill Bunten
Chairman, Ways and Means Committee
House of Representatives, #514 South
State House
Topeka, Kansas 66612

Dear Sir:

The Municipal Court Probation Office in Wichita is a member of the ADSAP Association and has been doing DUI evaluations and teaching an Alcohol Information School for thirteen years. On July 1, 1982, the Alcohol and Drug Abuse Section of SRS took over licensure and certification of ADSAP programs. Immediately the focus of attention began to shift. Instead of spending time working with drunk drivers, I was spending time documenting services for SRS. I had to write and maintain a lengthy manual for SRS. My DUI evaluation procedure was changed because of SRS. SRS told me what to teach in my Alcohol Information School and what films I could show. I was ready to hire another staff person just to document services for SRS. The only problem was that SRS wouldn't send back the evaluation fees we mailed in so that I could afford the position.

I've seen what happens when SRS becomes entrenched. I began working in a non-medical detox center in 1974. At that time I was spending five minutes out of an hour documenting services for SRS and fifty-five minutes working with the clients. When I left the center in 1978 I was spending thirty minutes documenting services and thirty minutes with clients. I've been back to the center since then and the paperwork has doubled.

Whatever supervision I need comes from the judges I work for. If my

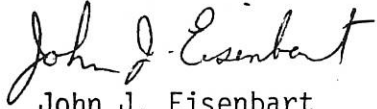
XVII

Page 2 - Hon. Bill Buten

performance is unsatisfactory, I don't need SRS to tell me; the judges will let me know. If I didn't continue to set high standards, I'd be out of business.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads "John J. Eisenbart". The signature is written in dark ink and is positioned above the typed name.

John J. Eisenbart
Chief Probation Officer

JJE/bw