

MINUTES OF THE Senate COMMITTEE ON Governmental Organization

The meeting was called to order by Senator Vidricksen at  
Chairperson

1:30 ~~xxx~~ p.m. on February 29, 1984 in room 313S of the Capitol.

All members were present except:

Senator Gaines

Committee staff present:

Bruce Kinzie - Revisor  
Julian Efird - Research

Conferees appearing before the committee:

Dick Hummel - American Health Care Assn.  
Lynelle King - Kansas Nurses Assn.  
Mike Goodwin - President KSNA  
Dr. Lois Scibetta - Executive Director, State Board of Nursing  
Senator Meyers  
Judy Reno - President Kansas Association of Home Health Agencies  
Jean Sakumura - Legislative Chairperson, KAHHA  
Connie Wood - Director of the Topeka Hospice  
Mary Canfield - R.N. & Director of Topeka-Shawnee County Health Department's  
Home Health Agency.  
Mary Bradt - Kansas for Improvement of Nursing Homes, Inc.  
Barbara Sabol - Secretary, Department of Health and Environment  
Sylvia Hoaglund - Kansas Department on Aging

The Chairman called the meeting to order and introduced Dick Hummel who spoke on S.B. 657, a bill concerning the Kansas State Board of Nursing. Mr. Hummel expressed the opinion that he felt Home Care Nurses should be allowed to submit names for appointment to the State Nurses Board. Mike Goodwin spoke in opposition to this bill stating that this bill is not needed because there are no restrictions on the current nomination process for the Board of Nursing. (Exhibit A) Dr. Scibetta also spoke in opposition to this bill explaining that any appropriate organization may now submit names to the Governor for appointment. (Exhibit B)

Senator Meyers briefed the committee on S.B. 659 concerning home health agencies and providing for licensure and regulation thereof. Judy Reno spoke in support of this bill explaining that these services are provided at a physician's orders and they need to be sure that the staff is skilled and knowledgeable in order for their patients to receive the proper care. (Exhibit C) Jean Sakumura presented a list of reasons why Kansas needs a home health licensure bill. (See Exhibit D) Connie Wood and Mary Canfield also spoke in support of S.B. 659 stating that care needs for the elderly are increasing in demand and with such increased demand comes the greater need to monitor the quality and control the practice of service providers. (Exhibits E and F) Barbara Sabol presented a list of suggestions concerning specific sections of S.B. 659 from the Department of Health and Environment and requested that the committee consider these suggestions. (Exhibit G) Sylvia Hoaglund stated that the Kansas Department of Aging also supports this bill.

No action was taken on either of the above mentioned bills and the Chairman adjourned the meeting at 2:30 p.m.

GUEST LIST

COMMITTEE: Senate Governmental Organization DATE: Feb. 29

NAME	ADDRESS	COMPANY/ORGANIZATION
Jody Abels	6114 E. 11 <sup>th</sup> , Wichita, Ks.	WSU
Debra Koppelt	101 S. Brunswick, Wichita, Ks	WSU
Chris Schreyer	1776 Harvard, Wichita	State Nurses Association
Carolyn Whitaker	3318 S. St. Clair	WSU / KANS
Grace Moore	433 W. Emporia, Wichita	WSU
Kim Drumm	7201 Suncrest Wichita	WSU
Judith Williams	1716 N. Waco Wichita, Ks.	WSU
Jaurie Miller	1119 Lawrence Ct. Wichita, Ks	WSU
Gizem Karack	219 Trout, Haysville, Ks	WSU
Virginia Mead	RR 1 Box 285 Augusta, Ks.	WSU
Lois Brynick	2330 N. Oliver #1223 Wichita, Ks	WSU
Jarvis Bedwin	346 N. Penn, Wichita, Ks	W.S.U.
Jhanna Panna	2330 N. Oliver #711 Wichita Ks	WSU (nursing)
Lylura Shepard	Topexa	KDOA
Marilyn Braatt	Lawrence.	KINH
Naomi Tittelish	2501 Burnett - Topexa Ks.	KSNA
June Jeffery	2819 Coolidge Wichita, Ks.	WSU
Jayne Niemann	3915 W. Munday Wichita Ks 67203	WSU
Charlote Love	915 Nms Wichita	WSU
Regina Kretzeman	105 W Elm Douglas Ks	WSU
Debra Humzidu-Chapman	813 Elm Minneapolis, Ks.	Cloud County Comm. Jr College
Blanche E. Golph	R3 Minneapolis, Kans.	Cloud County Comm College
Baron Smith	625 E. 14 <sup>th</sup> Concordia, Ks 66901	Cloud Co. Comm. College
Sue Akers	501 W 5 <sup>th</sup> Beloit, Kansas	Cloud County Comm. College
John Schmeider	Topexa	SPS
B Sabal	Topexa	KDOA

GUEST LIST

COMMITTEE: Senate Governmental Organization DATE: Feb. 29

NAME	ADDRESS	COMPANY/ORGANIZATION
Mary Confield	1810 SW 30 <sup>th</sup> Topeka	KSNA
Connie Wood	1522 W. 8 <sup>th</sup> Topeka	Assoc. of Ks. Hospices
Freida Schirmer RN	730 Medford, Topeka	KSNA
Knee Bright LPN	RR#2 Cheryletope, KS	LCC Nursing Program
Salale Wintersbauer LPN	Bx #134 Hesper, KS	LCC Nursing Program
Cindy Smith SN	3141 Stevens Parsons, KS	LCC Nsg Program
Bea McIlwain LPN	3620 Mosher Rd. Parsons, KS	LCC Nsg Program
Nora Alonzo	1325.6 Edwardsville Topeka	ST. MARY College
Alvin M. Hall RN	512 Fairlane Lansing, KS. 66043	KSNA
Martate L Davis, RN	615 Golden Circle Leavenworth, KS	KSNA
Doris Rigby	6309 Oakview Shawnee, KS	KSNA
Helen L. Lacey	RR#2 Parsons, KS 67357	LCC Nsg Program
Norma Bringer	218 Merchant, Omega, KS. 67356	LCC Nsg Program
Florence Curtis	708 N. Central Parsons, KS 67357	LCC Nsg Program
Susan Fisk, LPN	305 Indiana Omega, KS 67356	LCC Nsg Program
Ramy Huffman LPN	104 S Butler Erie, KS 66733	LCC Nsg Program
LINDA KELDSEN, RN	2209 Sunset Ct, Leavenworth, KS 66048	St Mary College
Carla A Lee, RN, C	1362 N. Wacker Wichita, KS 67212	WSU + KNT
Elinor J. Lounsbury RN PhD	2330 N Oliver #210 Wichita, KS 67220	WSU Nsg Prog
Dante Peroli, RN, C	7776 Linda Ln Salina, KS	Marymount College (Nursing)
Harry Cook LPN	RT 4 Girard, KS	Salina Community College Parsons
Deborah Sexton RN	P.O. Box 51 St. Paul, KS	LCC Nursing Program
Ellen Ellis RN	2207 Birch Emporia, KS	KSNA DIST #11
Virginia R. Art RN	414 Sylvan Emporia, KS	KSNA DIST #11
Tracy Malachuk <sup>Student</sup> Nurse	646 Market Circle Dodge City, KS	Dodge City Community College (OVER)

Melora Schriener LPN/NS Dodge City, Ks. - Dodge City Community College  
 Monice Parrott LPN/NS Dodge City, Ks. Dodge City Community College  
 Danell Dodge " " " "  
 Joyce Proctor NS Salina, Ks. Marymount College of Ks.  
 Megan Edgar RN/NS BSN Salina, Ks. Marymount College of Ks.  
 SERENA FREDERICK " SALINA, KS. " "  
 Kathy Ducey RN 3305 Sunset Terr. Banner Springs, Ks. 66012  
 Misoy Mitchell RN 2604 S 16<sup>th</sup> St Terrell, Kansas St Paul Hosp / KSWA



# KSNA

the voice of Nursing in Kansas

EXHIBIT  
A

Statement of Kansas State Nurses' Association  
by Michael H. Goodwin, R.N., M.S., M.N., President  
before the Senate Governmental Organizations Committee  
February 29, 1984

In Strong Opposition to SB 657 Appointment of Members to the  
State Board of Nursing

Mr. Chairman and members of the committee, I am Michael Goodwin, president of the Kansas State Nurses' Association. KSNA speaks strong opposition to SB 657.

SB 657 which would amend the Nurse Practice Act to allow any organization employing or representing registered professional nurses or licensed practical nurses to submit nominees for the State Board of Nursing to the governor is unnecessary. Although the present Nurse Practice Act states that the Kansas State Nurses' Association and the Kansas Federation of Licensed Practical Nurses shall submit nominees to the governor, it does not preclude other groups or even individual persons for submitting names. The governor is not limited in his selection to only those names submitted by KSNA and KFLPN. In fact, in recent years he has only chosen one of KSNA's several nominees.

KSNA is the professional organization for registered nurses in Kansas. Unlike nursing specialty organizations, KSNA represents all nurses in all specialty areas of nursing. Our nominees to the State Board of Nursing are representative of nurses from various areas of clinical practice, education and administration. We serve no special interest group.

Employers may not always have the best interests of the employee at heart. Permitting an organization employing nurses to submit nominees to the governor is a questionable proposition.

In summary, KSNA asks that the committee report this bill unfavorably. We believe the legislators' time and the taxpayer's money could be better utilized to pass laws which are necessary. SB 657 is not needed because there are no restrictions on the current nomination process for the Board of Nursing.

EX. A



# KANSAS STATE BOARD OF NURSING

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

Telephone 913/296-4929

EXHIBIT B

TO: The Honorable Ben Vidricksen, Chairman, Senate Governmental  
Organization Committee

FROM: Dr. Lois Rich Scibetta, *LR* Executive Administrator

DATE: February 29, 1984

RE: Senate Bill 657 - Board of Nursing Appointments

Thank you Mr. Chairman. My name is Dr. Lois Rich Scibetta, and I am the Executive Administrator of the State Board of Nursing. Thank you for the opportunity to speak to this Bill.

Senate Bill 657 speaks to the recommendations for appointment of Board members by other health related organizations. The Board does not believe this Bill is necessary since any appropriate organization may now submit names to the Governor for appointment. It is true that the Kansas Nurses' Association, the Kansas Federation of Licensed Practical Nurses and the Mental Health Technician groups all submit names to the Governor for consideration. The Governor however, is not obligated to appoint anyone from the lists submitted. In fact, the names of the two Registered Nurses most recently appointed to the Board were not on the list submitted by the Nurses' Association. The Governor appoints whomever he chooses to the Board after a careful review of the individual's credentials.

It should be noted that the members of the Board of Nursing are appointed to protect the public, not to represent their specialty or professional group.

As noted, the Board does not believe that the Bill is necessary and takes a neutral stand on this issue.

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

EX. B

Testimony in Support of SB659

by

Judith Reno, R.N., C.N.A., President  
Kansas Association of Home Health Agencies

2/29/84

I am speaking in support of SB659 as President of Kansas Association of Home Health Agencies (KAHHA). KAHHA is an organization of certified home health agencies that has been established since 1973. Its members total 87 of the 99 certified agencies in 1983. Individuals interested in home health are also members.

Home health care has been around as long as there have been homes. It used to be you only went to the hospital to die. I have been involved (for the past 25 years) in providing home health care from an official agency, a local health department. The other agencies that also had been providing care, along with local health departments, were private non-profit organizations, such as Visiting Nurse Associations.

Two significant events have occurred in the past 25 years regarding home health care. Both incidents have related to reimbursement. In 1966, Medicare was established and began providing reimbursement for home health care. To be eligible to be paid by Medicare, the agency had to be certified. This meant the agency had to meet certain minimum requirements established by Medicare. The agency was visited and evaluated to see if it met the standards and if so, was certified. An agency is recertified every 3 years. This new reimbursement (Medicare) caused a little ripple in the health care industry and certainly offered an option to institutionalization.

The second incident was the establishment of DRG's (Diagnosis Related Groups) in October 1983. This, too, was related to reimbursement - reimbursement for hospitals. The sooner a patient can be dismissed, the better the opportunity for the hospital to break even or even make a little. As a result, there has been an immediate explosion of home health activity. We are now seeing "sicker" patients requiring a greater degree of skill and knowledge. With this demand for home health has come a proliferation of new agencies with a variety of sponsors and organizational structure. Not all of these agencies are seeking the certification which had set a minimum standard. Without certification, there is no means of assuring quality care is being delivered. This is essential in a time when increased technical skills are needed.

EXHIBIT C

EX. C

Testimony in Support of SB659  
by Judith Reno, R.N., C.N.A., President  
Kansas Association of Home Health Agencies  
2/29/84

Page 2.

According to a recent survey conducted by the National Association for Home Care, 22 of the 32 States responding had a state licensure law. At this time, I would like to introduce Jean Sakamura, KAHHA Legislative Chairperson. Mrs. Sakamura has been intimately involved in the development of the proposed legislation.



Testimony in Favor of SB 659 presented by:

Jean Sakumura, Legislative Chairperson, Kansas Association of Home Health Agencies

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Reasons Kansas needs a home health licensure bill:

- I Medicare law changed July 1, 1981
  - A. No longer required state licensure to allow proprietary agencies to bill to Medicare for home health services.
  
- II Proliferation of agencies
  - A. Number of home health agencies in Kansas in 1980 63
  - B. Number of same in January 1984 101
  - C. Total new agencies since Medicare change 38
  - D. Number of new agencies in formerly unserved areas 13
  - E. Number of new agencies in previously served areas duplicating services 25
  - F. Start-up of new agencies in unserved areas should be encouraged.
  
- III Threat to quality of care
  - A. Sheer number of agencies can mean the community is less aware of each agency's performance
    - 1. Particularly in urban areas
  - B. Proprietary agencies provide incentives for corporations with only a profit motive.
  
- IV Trends nationwide and in Kansas
  - A. Large corporations or "chains" buying up or starting health care providerships
  - B. Kansas is already experiencing some of this in the nursing home industry.
  - C. Home health is considered "wide open" in home health by large corporations.

EXHIBIT D

EX. D

IV (cont'd)

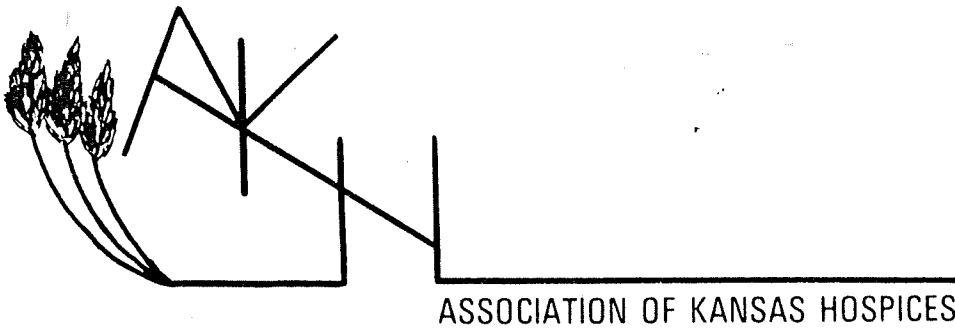
- D. Under present law, for example, a New York corporation certified for home health by Medicare could provide home health services to Kansas residents with a skeletal office to receive referrals and no local authority responsible for those services. (Similar to the nursing home industry.)

Precedents for state licensure of home health agencies:

- I At present, 34 states have home health licensure laws.
- II Many other states have such laws under consideration.

How this bill meets the need:

- I Establishes regulation for quality of care
  - A. Requires the Department of Health & Environment to develop regulations.
  - B. Provides input for one year from home health providers.
- II Imposes no restraint of competition.
- III Establishes representation on Kansas Health Advisory Committee
  - A. This is timely with the rapid increase of home health services
- IV Requires reporting of statistical data by agencies to the state
  - A. Needed for planning purposes.
- V Establishes licensure fee to cover administrative costs.



SENATE GOVERNMENTAL ORGANIZATION COMMITTEE

I am Connie Wood, Director of the Topeka Hospice, and I serve on the Association of Kansas Hospice Board of Directors. Most of the Hospice programs throughout the state of Kansas care for the terminally ill and support them and their families in their own homes.

One Hospice within our state is a Home Health Agency, a few of us are a division of a Home Health Agency, and many of the Hospices have contractual arrangements with their local Home Health Agency.

Because of our close relationship with the Home Health agencies of Kansas, the Association of Kansas Hospices support SB 659. We feel that this would assure quality of care for the living and the dying in our state.

EXHIBIT E

Statement of Kansas State Nurses' Association by Mary Canfield, R.N.  
before the Senate Governmental Organizations Committee

February 29, 1984

Supporting SB 659 Licensing of Home Health Agencies

Mr. Chairman and members of the committee, I am Mary Canfield, a Registered Nurse and Director of Topeka-Shawnee County Health Department's Home Health Agency. Our agency was one of the first certified under Medicare regulations.

I am here today to speak in behalf of the Kansas State Nurses Association in support of SB 659, providing for licensure and regulation of home health agencies.

Care needs for the elderly are increasing in demand and with such increased demand comes the greater need to monitor the quality and control the practice of service providers.

We have already seen a proliferation of home health agencies. This type of service is provided to individuals who are, by and large, elderly, often quite ill, sometimes confused and frequently reluctant to criticize or ask questions. All of these factors make recipients of home service particularly vulnerable to exploitation, fraud, and abuse.

Limited funding and cost containment measures create another reason to closely monitor and evaluate home care service provision. With restrictive interpretations of "homebound" and "intermittent care" regulations, Medicare reimbursement for home services may be cut back even further. Cost efficiency and cost savings in home and community services are difficult to measure and are often misunderstood. With reimbursement by visit, a 15 minute home visit may result in lower home care costs than an hour visit, but without the extra time spent in nursing assessment and health teaching, the client may require a costly hospital readmission. It is very difficult to provide quality home care service and make money, but dollar savings and overall health care cost efficiency can be greatly increased by an effective state-wide home care system. It is our belief that this legislation supports this concept.

EX. F

As nurses, we have a tremendous concern and investment in high quality care and in the attainment of maximal health levels for the citizens of our state. We are also very concerned about the increasing cost of health care, especially institutional care. Home health care offers a viable care option for many persons and nursing is the primary skilled service provided in home care. We feel that if the health of our older citizens is to be best served and institutional costs kept down, alternatives to the existing care options must be developed. The representation by home health agencies on the Advisory Commission on Health as is to be established under this legislation will provide the opportunity for this group of service providers to have input at the state level to identify unmet needs and to recommend alternatives.

To summarize, Kansas State Nurses Association strongly supports SB 659 and believes that this legislation well serves the increasing needs of the ill and elderly citizens of our state.

Thank you for the opportunity to speak to you today.





# *Kansans for Improvement of Nursing Homes, Inc.*

~~1277 MASSACHUSETTS STREET~~  
913 Tennessee Street, #2

LAWRENCE, KANSAS 66044

842-3088 — Area Code 913

February 29, 1984

STATEMENT SUBMITTED TO THE  
SENATE GOVERNMENTAL ORGANIZATION COMMITTEE  
CONCERNING SENATE BILL 659

Members of Kansans for Improvement of Nursing Homes have been strongly supportive of alternatives to nursing home care that enable elderly persons to remain in their own homes as long as possible. Along with our support for care alternatives, however, we have consistently asserted that all aspects of that care must be carefully controlled and monitored to be certain that the services provided are of the highest quality, that adequate training of the caregivers is assured, and that case management followup is an integral part of every home care plan.

Basic components of alternative care are the programs offered by the home health agencies who provide a wide range of the services necessary to make it all work. KINH believes that it is essential that all home health agencies be licensed and registered by the Secretary of Health and Environment, and governed by appropriate rules and regulations promulgated by the Secretary, in order to assure high quality care. It is true that an element of control is exerted by the standards of the Medicare and Medicaid programs. A home health agency may opt not to participate in those programs, however, leaving the state with no authority to set standards or monitor agency operations.

It is no less important to regulate the quality of alternative care than it is to regulate care in nursing homes or hospitals. Indeed, because of the isolation of the patients in many instances, we must be doubly sure that the caregiver agencies are highly qualified and that their performance may be evaluated.

KINH urges you to give SB 659 your favorable consideration.

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON SENATE BILL NO. 659

PRESENTED FEBRUARY 29, 1984

HOUSE GOVERNMENTAL OPERATIONS COMMITTEE

At the present time, there is no state regulation of home health services provided in Kansas. There are 99 home health agencies in Kansas certified to participate in the federal Medicare program. Sixty-one of these agencies are associated with county health departments. The remainder are independent proprietary or nonprofit agencies or are associated with hospitals or nursing homes. The Department of Health and Environment conducts inspections of certified home health agencies to enforce federal Medicare standards under contract with the Health Care Financing Administration (HCFA) of the Department of Health and Human Services.

We have several suggestions concerning specific sections of the bill:

Section 4(b)(2) - This section requires that an onsite inspection be conducted within 90 days prior to renewal and that an onsite survey be conducted at least annually. The two requirements appear to be redundant. Also, a statutory requirement that a survey be conducted at a particular time will interfere with efficient scheduling of onsite surveys. For example, many home health agencies are associated with other licensed organizations such as nursing homes and hospitals. If the statute does not specify when a survey is conducted, we can schedule the annual survey in conjunction with other required visits. Other required visits may already be tied to specific requirements in federal or state programs that relate to when the survey must be conducted. If multiple visits to the same site are required, the cost of the various regulatory programs is unnecessarily increased.

Section 7 - The language in this section implies that the Secretary will not investigate complaints but will simply determine whether or not a hearing is warranted based on the complaint itself. In most cases, an investigation by the licensing staff would be necessary to determine whether or not an enforcement action was warranted.

Section 8(a) - This section mandates the Secretary to refuse to issue, suspend, or revoke a license for any violation of the act or any rule and regulation related to the act. Since it is common for some "deficiencies" or violations of the rules and regulations to be cited during an inspection, the present language in this section could result in unwarranted enforcement actions. As an alternative, the adult care home licensure act provides that the licensee maintain "substantial compliance" to qualify for a license.

Senate Bill No. 659 does not address the issue of training or certification for unlicensed nursing personnel who provide services to patients through home health agencies. At the present time, there is no required training nor are there any practice standards established for home health aides who provide nursing services. Nurse aides employed in nursing homes are required to complete 90 hours of training and pass a standardized examination pursuant to KSA 39-936. We recommend that careful consideration be given to establishing a similar requirement for home health aides.

As a point of information, the present cost of the inspections for home health agencies is borne entirely by the federal government through the Health Care Financing Administration (HCFA). It is likely that if a licensing program as proposed in Senate Bill No. 659 becomes law the federal government will decrease its reimbursement by approximately 50 percent. This will require a state general fund appropriation of approximately \$32,000 to offset the loss of federal funds. However, the state general fund expenditure may be offset by new revenue from the fees authorized in the bill.

The Department of Health and Environment respectfully requests your consideration of the above suggestions to improve Senate Bill No. 659.

PRESENTED BY: Barbara J. Sabol, Secretary  
Department of Health and Environment