Approved 4-12-1985
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

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

7:00 a.m./p.m. on April 9, 1985 in room 423-S of the Capitol.

All members were present except:

Representative Ben Foster, excused

Committee staff present:

Emalene Correll, Research
Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Barbara Sabol, Secretary, Department of Health and Environment
Sylvia Hougland, Secretary of Department on Aging
Carol Hedges, Aide to Governor Carlin
Marilyn Bradt, Kansans for Improvement of Nursing Homes
Jan Bergman, R.N.C., C.N.A., co-owner and administrator of Nursing Home Facility
Gary Petz, Executive Director of Kansas Coalition on Aging
Nadine Burch, Kansas Coalition on Aging
Louis Jensen, M. D., Staff Physician, Intermediate Care, VA Hospital, Topeka, Kansas
Dick Hummel, Executive Director, Kansas Health Care Association, Inc.
Stu Entz, Kansas Association of Homes for the Aging
Kathern Forest, American Association of Retired Persons

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

Chairman called meeting to order at 7:00 a.m. this date. Chair noted that action taken on April 8th, was technically in violation of the Open Meeting Law, therefore the meeting today.

Chair recognized Rep. Buehler. Rep. Buehler moved that committee reconsider action taken on April 8th, on SCR 1623, seconded by Rep. Williams, vote taken, motion carried.

Chair invited staff member, Emalene Correll, Research, to give background on SCR 1623, so each would have a clear understanding of the issue.

Ms. Correll stated that SB 273 was given extensive hearings in the Senate Public Health and Welfare Committee, a 5-member sub-committee was then appointed, chaired by Senator Walker. This sub-committee basically supported the action taken by Senate Ways and Means Committee to provide financing incentives for voluntary compliance with 24-hour nursing care by reimbursement through the medicaid program for those Intermediate Care Facilities, (ICF's). SCR 1623 then evolved from the sub-committee report, and is before this committee for consideration.

Chair recognized Barbara Sabol, Secretary of Health and Environment, and she gave printed testimony to members, (see Attachment No. 2), for details. She stated that present regulations for nurse staffing in (ICF's) were adopted in 1977, requiring RN's and LPN's on duty only on day shifts, and at that time it was assumed that half of the residents in these care facilities would require only light nursing care. That now is not the case. Patients now, are older, more frail, and more ill, so the skilled staff is necessary. She spoke to fiscal impact issue, saying the SRS has estimated the cost of the medicaid program for reimbursing 24-hour-care by licenses nurses would total $1.8 million and this amound would include $900,000 in Federal funds and $900,000 in State general revenue funds. The Department of Health and Environment recommends a voluntary phase-in of 24 hour licensed nurse coverage with minimum standard regulations to be effective on July 1, 1986. She discussed waiver authority which would be done on a case by case evaluation when available nursing staff is unobtainable. Secretary Sabol then urged committee to report SCR 1623 adversely, then answered

SCR 1623 continues:--

questions from committee members.

Sylvia Hougland, Secretary of Department on Aging spoke to SCR 1623, giving hand-out to members, (see Attachment No 3), but primarily contained her remarks to questions from members, i.e., rural areas where qualified nursing staff availability is of concern; persons are released from hospital care to nursing home care earlier when skilled care is still needed. Complex medical problems such as oxygen administration problems with catheters, do not cease at the end of the work day she stated, and it is inappropriate to place the burden of this complex care on those who are not prepared to administer such care. The Department on Aging is supportive of the concept of 24-Hour licensed nursing care in Intermediate Nursing Care Facilities, she said, but it should be phased in with appropriate exceptions where availability of licensed nurses might delay good faith implementation efforts. She urged members to defeat passage of SCR 1623.

Carol Hedges, Aide to Governor Carlin, stated that the goal for SCR 1623 is clearly that 24-hour-care is vitally necessary, but this legislation would restrict the Secretary of Health and Environment in her ability to adjust to the changing environment. This resolution says she cannot do what she has the statutory responsibility to do. This is a process that takes a while, and it should not be pushed down anyone's throat. She wanted also to make everyone aware, she said, that the people directly affected by this legislation are not present today and are unable to speak to this issue. They are the elderly that are confined to sick beds, and we must remember that point, she said. She then answered questions.

Marilyn Bradt, Kansans for Improvement of Nursing Homes spoke to SCR 1623, and gave printed testimony to committee, (see Attachment No. 4), for details. No one conferee she stated, feels 24-hour-care is not needed, we all know it is needed. She read a statement from Dr. Karl Menninger urging for the defeat of SCR 1623. Further, she stated there has been and is great concern as the need for full-time licensed nurse supervision becomes acute in Intermediate Care Facilities. SCR 1623, although it supports the concept of 24 hour licensed nursing care as high priority for the state, prohibits the Secretary of Health and Environment from requiring it as a standard of care, and will not respond to the need, except on a voluntary basis until 1987, and there is no assurance that requirements will be put into place at that time. Surely, she said, this cannot be called a very high priority action. She urged the committee to reject SCR 1623. Two years or perhaps longer is too long to wait if you are 80 years old and sick.

Jan Bergman, R.N.C., C.N.A., and co-owner, and Director of Nursing Care Facility. She spoke in support of the concept of 24-hour-a-day care for the elderly, but against SCR 1623. One concern she spoke to, i.e., many nurses are unwilling to jeopardize their license by being responsible for unlicensed personnel who are not under their supervision. Their facility has offered 24-hour-a-day care on a voluntary basis for the last 7½ years, and they are able to offer this high level of nursing care at affordable costs, she said. She believes that 24 hour licensed nursing coverage can most appropriately and effectively be implemented through rules and regulations. She answered numerous questions from members. (See Attachment No. 5), for details of her testimony. (Attachment No. 6), is from the Kansas State Nurses Association and was referred to by Ms. Bergman.

Chair recognized Mr. Gary Petz, Kansas Coalition on Aging, gave hand-out as (Attachment No. 7). Mr. Petz however waived his time to testify and offered his time to Ms. Nadine Burch.

Nadine Burch spoke for the Kansas Coalition on Aging, asking members to consider the high stake older Kansans have in this issue, and she thanked each member for holding the hearings this morning on SCR 1623. She agreed with earlier testimony.

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 7:00 a.m./~~p.m.~~/ on April 9, 1985

SCR 1623 Hearings continue:--

Dr. Louis Jensen, M.D., Staff Physician, Intermediate Care of VAMC, Topeka, but he stressed to members of the committee he was speaking today as a private citizen. (See Attachment No. 8), for details of his testimony. He spoke specifically to the concerns of necessity of professional nursing care from midnight to 8:00 a.m., in Intermediate Care Facilities, (ICF). This is the time that some of the most clinical challanges occur in patient care, i.e., insulin reaction; (come in some cases); edema of the lungs when lying flat; confusional states related to seizures, circulation to the brain, blood sugar levels, adverse response to medications, and many other causes. He completed testimony saying, by not having licensed nurses on duty during the pre-dawn working hours, that aspect of training and supervision and support represents an unfilled need.

Dick Hummel, Kansas Health Care Association, Inc., (see Attachment No 9), for details, spoke to SCR 1623 as a proponent, saying this legislation provides that 24-hour nursing care and coverage in Kansas' 311 Intermediate Care Facilities is to be accomplished gradually and voluntarily, encouraged through financial incentives in the Medicaid reimbursement program, rather than by agency rule and regulation dictum.

Mr. Stu Entz, Kansas Association of Homes for the Aging speaking against the proposed legislation in SCR 1623. He stated, he believes the time is now, for the concept of 24-hour nursing care, and it has actually already been voluntarily implemented in many nursing care facilities. Questions remain however, and we have had these same concerns before, i.e., can't find trained personnel, costs too high; reimbursement system can't carry the costs through the system. He then stated he felt that further studies would only serve to postpone or kill the issue. Mr. Entz did not have printed testimony, however, (Attachment No. 10), was available for committee from the Kansas Association of Homes for the Aging, and was signed by Mr. John Grace.

Ms. Kathern Forest spoke to SCR 1623, representing the American Association of Retired Persons, giving hand-out, (see Attachment No. 11), for details. She stated the Resolution will serve to intensify and enlarge a problem already existing. The Secretary can proceed through regulations with phased-in compliance, and she said, I feel the shortage of RN's and LPN's is not a primary issue any longer. We have heard repeatedly that there is staff available in our communities, we just can't afford to pay them. A re-direction of priorities is in order. She then asked committee to oppose SCR 1623.

May it be noted for the record, (Attachment No 12), from Kansas State Advisory Council on Aging was also made available to committee members. It is in form of a letter to Chairman Littlejohn, signed by Mr. Charles Barnes.

Hearings closed on SCR 1623.

Chair offered meeting open for discussion and action on SCR 1623.

Rep. Branson moved that SCR 1623 be reported adversely out of committee, seconded by Rep. Runnels. Lengthy discussion ensued, i.e., waiver provision for the Secretary to determine on a case to case evaluation; at times inhuman decisions are made at the hospital when transferring patients to ICF's when they are still in very vulnerable conditions; it was asked if there is a cost salary review being done; proposed legislation says nothing to prevent the Secretary from implementing 16-hour care, or 18-hour, or even 23-hour care; concerns about a run-away affect if proposed legislation is passed; problems with private pay individuals having to make up difference in costs from medicaid payments to ICF's. It was agreed, SCR 1623 is an emotional issue.

Rep. Branson closed on her motion to report SCR 1623 adversely, vote taken, division called, show of hands indicated 9 in favor, 8 opposed. Motion carried. SCR 1623 will be reported adversely.

Chair announced there would be one more meeting called to approve minutes. He then thanked all members for their participation at the early hour this date, and for their diligent work all year in this committee.

Meeting adjourned at 8:35 a.m.

GUEST REGISTER

DATE 4-9-1985

HOUSE

PUBLIC HEALTH AND WELFARE

NAME	ORGANIZATION	ADDRESS
Petey Cerf	K I N H	Lawrence
Harriet Nehring	"	"
Jan Bergman	KSNA	Seneca
Nadine Byrsch	KCOH	Topeka
Alberta McClenny	NAMP	Topeka
Louis Jensen MD	National Council on the Aging	Topeka
Pat Casey	Atty	Topeka
Stu Entz	KAHA	Topeka
Ruth Wilson	SRS - GACA	Topeka
Robyn L Miller	state Co. on aging. KCOA	Topeka
LaVerne A Falk	KCOA	Topeka
Evelyn Falk	KCOA NAMP AARP	Topeka
Kenneth E Miller		Topeka
	HMS	

GUEST REGISTER

DATE 4-9-19

HOUSE

PUBLIC HEALTH AND WELFARE

NAME	ORGANIZATION	ADDRESS
Gary Petz	Coalition on Aging	Topeka
Kathleen Forest	AARP	Wichita
Velma Marshall	KDOA	Topeka
[illegible]	KDHE	Topeka
Marijane Hamilton	Silver Haired Leg.	Topeka
Marilyn Bradt	KINH	Lawrence
Dick Hummel	KHCA	TOPEKA
Harold Pitts	TARTA	Topeka
KEITH LOWRIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	"
Lyrelle Kyn	KSOA	"
Leon K Robertson	AARP	Topeka Ks
Amy Gibson	AARP	" "
Floyd F. Gender	AARP	" "
John O. Miller	AARP + NAMP	" "
[illegible]	KDOA	" "

attm #2
4-9-85

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON SENATE CONCURRENT RESOLUTION 1623

PRESENTED TO THE HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

APRIL 9, 1985

This is the official position taken by the Kansas Department of Health and Environment on Senate Concurrent Resolution 1623.

BACKGROUND INFORMATION:

In response to Senate Bill 273 and the Governor's initiative to require 24-hour nursing in adult care homes, the Senate adopted SCR 1623 which directs the Secretary of Health and Environment not to require 24-hour licensed nursing care in intermediate care facilities (adult care homes) prior to July 1, 1987. The resolution further requests the Secretaries of Health and Environment and Social and Rehabilitation Services to provide data to the 1986 and 1987 legislature on voluntary progress toward the goal of 24-hour licensed nursing care in intermediate care facilities, the cost of that care, the effect of 24-hour care on resident care and problems in the implementation.

HISTORY OF VOLUNTARY PROVISION OF 24-HOUR NURSING

The latest available data reveal that only 22 out of 312 intermediate care facilities in Kansas have licensed nursing staff 24-hours a day, seven days a week. Since the Medicaid program has historically reimbursed for whatever level of nursing care a home chose to provide above the regulatory minimums, there is little reason to expect a significant increase in the number of homes providing 24-hour licensed nurse coverage without a regulatory requirement. To study the issue for another 2 years as directed by SCR 1623 will only delay the implementation of a requirement and more importantly, delay the provision of services needed by elderly nursing home residents.

To achieve implementation of 24-hour coverage in one-half of the intermediate care facilities by July 1987 would require a 700% increase in the number of homes providing 24-hour nursing care.

PRESENT REGULATIONS

The present regulations for nurse staffing in intermediate care facilities were adopted in 1977. They require intermediate care facilities to have RNs and LPNs on duty only on the day shift. Each intermediate care facility is required to have one RN or LPN for each nursing unit (a nursing unit is defined as 60 beds). At the time these regulations were adopted, it was assumed that half of the residents in the intermediate care facility would require only light nursing care.

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The Resident Population in Intermediate Care Facilities is Older and Sicker

The advent of the prospective payment system for Medicare and the implementation of preadmission screening and the promotion of home and community based services under Medicaid, and the fact that our population structure is aging overall, are resulting in more intermediate care facility residents who are over age 85 and suffer more severe conditions of ill health.

-372 licensed nursing homes in Kansas (312 ICFs)

-23,415 residents served (17,000 female)

-10,568 residents are 85 years old (45%)

-Less than one-half of all nursing home residents can walk - most have 2 or more chronic or crippling disabilities.

-Nursing services are more sophisticated.
More residents now require tube feeding, IV therapy - using drugs, catheterization and catheter care.

These services require 24-hour monitoring and can not be safely provided using day supervision only.

FISCAL IMPACT

The Department of Social and Rehabilitation Services has estimated that the cost of the Medicaid program for reimbursing for 24-hour care by licensed nurses would total $1.8 million for a full year of implementation. This amount would include $900,000 in federal funds and $900,000 in state general revenue funds. The total cost impact of providing 24-hour nursing coverage in intermediate care facilities is estimated by SRS to be approximately $3 million. This figure is consistent with an estimate made by Legislative Post Audit in a study it conducted last summer.

PROPOSED REGULATIONS

The department recommends a voluntary phase in of 24-hour licensed nurse coverage with a minimum standard established in regulations to be effective on July 1, 1986. This would require intermediate care facilities to provide only one RN or LPN on the evening and night shifts. The Medicaid funding for this purpose recommended by the Senate Ways and Means Committee ($900,000) should be sufficient to cover the cost in the phase-in year.

The standards established in regulations would exempt intermediate care facilities for the mentally retarded and intermediate care facilities for the mentally ill from compliance with the 24-hour licensed nurse coverage standard.

The regulations would include provisions for waiving compliance for small homes and homes where nurses could not be recruited.

Since the regulations establishing the minimum standard and associated waiver authority would not take effect until July 1, 1986, the legislature will have the opportunity for a full review of the regulations and a progress report on the voluntary phase in before the regulations take effect.

SUPPORT FOR 24-HOUR NURSING

The following groups have supported the need for 24-hour nursing in intermediate care facilities in Kansas:

Kansas Advisory Commission on Health
Kansas State Nursing Association
Kansas Association of Homes for Aging
Kansas Health Care Association
Kansas Coalition on Aging
Kansas Board of Nursing
Kansas for the Improvement of Nursing Homes

DEPARTMENT'S POSITION

The Department of Health and Environment respectfully recommends that the committee report SCR 1623 adversely.

Presented by: Barbara J. Sabol, Secretary
Kansas Department of Health
and Environment

Attm #3
4-9-85

TESTIMONY ON SCR-1623
HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE
By Kansas Department on Aging
April 9, 1985

Brief:

SCR-1623 is concerned with 24-hour a day licensed nursing care in intermediate care facilities (ICF's).

Summary:

SCR-1623 establishes 24-hour a day licensed nursing care in ICF's as a goal that should have high priority for the state; suggests that because ICF's may have a problem implementing such care and because of its fiscal impact, 24-hour care should be phased in over several years.

SCR-1623 would preclude the Secretary of Health and Environment from implementing 24 hour care by rules and regulations until after July 1, 1987. It provides that the Secretaries of Health and Environment and Social and Rehabilitation Services provide data to the 1986 and 1987 legislatures on progress toward 24-hour nursing care, its cost, effect on resident care, and problems related to implementation. The Secretary of State is to transmit copies of the resolution to the two secretaries.

Testimony:

The Kansas Department on Aging has consistently had as one of its objectives the provision of adequate care in nursing homes. Therefore, the Department is very supportive of the concept of 24-hour licensed nursing care to meet the increased disability levels of current residents. However, the proposed SCR-1623 will not meet this objective.

The elderly population is increasing dramatically with the most significant increase among those 85 and older. It is this group that comprises a large proportion of the nursing home resident population and also the group that has a higher level of disability and therefore needs more extensive nursing care.

There have been major changes in the health care delivery system that have resulted in this increased disability level of intermediate care facility residents. These changes are nursing home preadmission screening programs, increased availability of in-home services, and the change in the Medicare reimbursement system leading to earlier hospital discharges.

The foregoing changes contribute to the need for 24-hour licensed nursing care in ICF's. Currently over 80% of the care in ICF's is provided by aides. Residents with complex medical problems have care needs requiring the skills of a licensed nurse. These care needs (e.g., oxygen administration, problems with catheters. etc.) do not cease at the end of the day shift. Also, it is inappropriate to place the burden of complex care on those who are least prepared to provide it, e.g., aides.

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The lack of skilled care can and does lead to preventable hospitalization which is more expensive in terms of both dollars and suffering than the cost of adequate care that could have prevented it in the first place. The lack of adequate care and its consequences are no longer acceptable to the residents, their families, agency personnel, tax payers, or the state and federal government.

The proposed concurrent resolution would preclude unnecessarily implementation in ICF's of 24-hour care by licensed nurses.

Recommendations:

The Kansas Department on Aging is supportive of the concept of 24-hour licensed nursing care in intermediate care nursing homes. 24-hour a day nursing care in intermediate nursing care homes should be phased in with appropriate exceptions where availability of licensed nurses might delay good faith implementation efforts.

SCR-1623 would not accomplish 24-hour a day licensed nursing care. Therefore, the Kansas Department on Aging urges you to defeat passage of SCR-1623.

SH:RH:bms
4-8-85

Attm 4
4-9-80

KINH Kansans for Improvement of Nursing Homes, Inc.
913 Tennessee, suite 2 Lawrence, Kansas 66044 (913) 842 3088

April 8, 1985

TESTIMONY SUBMITTED TO THE HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

CONCERNING SCR 1623

The need for 24-hour-a-day licensed nursing care in Intermediate Care Facilities has been well established. As long ago as 1980 the Governor's Task Force on Comprehensive Recruitment and Training for Adult Care Home Aides recognized the need for full-time supervision of nursing home aides by licensed nursing staff. The Task Force noted with concern that, "Existing regulations require licensed nurses 8 hours a day (day shift), leaving the possibility that aides with relatively little formal training will have the total responsibility for care of elderly, chronically ill, patients the remaining 16 hours of the day." Their recommendation for full-time licensed nurse supervision has never been acted upon, but the problem has become still more acute.

Demographic trends clearly show that the segment of the older population most likely to need institutional care has increased and will continue to increase over the next twenty years. There are simply more people in the nursing home age group -- the older elderly. Further, the state has made a concerted effort to keep people in their own homes as long as possible, through a variety of community services. Add to that recent changes in the health care delivery system, such as the Diagnostic Related Groupings (DRGs) which put pressure on hospitals to discharge patients, often to nursing homes, at an earlier stage in their recuperation, and we have a serious problem in caring adequately for persons in nursing homes. Increasingly, those who cannot remain in their own homes -- who must have nursing home care -- are older, sicker, and in need of a much more sophisticated level of nursing home care

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than in the past. The standards set some years ago by the Department of Health and Environment do not reflect the current need for that higher level of nursing care. Not one conferee in nearly three days of hearing in the Senate testified that 24-hour licensed care is not needed -- not the nursing home industry, not the state agencies responsible for the care of nursing home residents, certainly not the consumers of nursing home services.

SCR 1623, though it supports the concept of 24-hour licensed nursing care as a high priority for the state, prohibits the Secretary of Health and Environment from requiring it as a standard of care. While the resolution recognizes the need, it says that we will respond to that need only on a voluntary basis until 1987, and there is no assurance that requirements will be put into place then. Surely this cannot be called "high priority" action.

All conferees agreed that a brief phase-in period would be appropriate, as well as a provision in the Rules and Regulations for a waiver for those homes that have been unable to find personnel to staff the positions. No one wants to put homes out of business because they cannot comply immediately. SCR 1623, however, assures that we will have no more licensed care, beyond the current standard, than the nursing home industry choses to give us for the next two years.

We earnestly hope that the nursing homes will be lined up just waiting to come into the program at the earliest possible moment. We will know whether that is to be the case long before 1987. And if a voluntary program does not work, the state should be ready to require 24-hour licensed care long before another 2 years has passed, if 24-hour licensed care is truly a matter of high priority.

The Secretary of Health and Environment has the responsibility to set standards of care for the protection of the health and safety of Kansas citizens in nursing homes. KINH believes that the Secretary's author-

ity to do so should not be limited as it is by SCR 1623. We urge you to reject this resolution.

Attm. #5
4-9 85

Testimony before the House Public Health and Welfare Committee
SCR 1623 - "24-hr licensed nursing"

by
Jan Bergman, R.N.C., C.N.A., co-owner and Director of Nursing
Crestview Manor
Seneca, Kansas 66538

April 8, 1985

Chairman Littlejohn and Committee Members:

As a nationally certified gerontological nurse, a nationally certified nursing administrator and as co-owner and director of nursing services in a 50 bed intermediate care facility for the past 17 years, I appreciate this opportunity to discuss SCR 1623.

I support the concept of 24 hours a day licensed nursing personnel in intermediate care facilities in Kansas. Crestview Manor, our family owned 50 bed ICF, has been staffed with licensed nurses for the past seven and one half years. Review of our survey records indicate we offer a high level of nursing care at an affordable cost. Our facility was one of fifteen nursing homes receiving the lowest reimbursement in Kansas of the 60 adult care homes that were studied in detail by the Legislative Division of Post Audit in 1984. Yet, we staff our 50 bed facility with seven (7) licensed nurses - 5 registered nurses and 2 licensed practical nurses.

As a nursing administrator with 22 years of staffing experience in acute and long-term care facilities, I find it necessary to staff with R.N.'s on the first and second shifts and L.P.N.'s on the third shift in order to meet the health care needs of our fifty residents. The type and number of licensed nurses per facility should be determined by the health care needs of the residents. Therefore I oppose SCR 1623 because it would limit the authority of the Secretary of DHE to set standards for adequate care of patients in ICFs.

The increasing need and urgency for licensed nursing personnel 24 hours a day in ICF's are very apparent. Legally, the registered nurse is responsible and accountable for the acts of unlicensed personnel. Many Nurses are unwilling to jeopardize their license by being responsible for unlicensed personnel who are not under their supervision. It is unreasonable to expect nurses to risk their licenses when they are not present in a facility and are not directly supervising the unlicensed personnel.

The need for licensed nursing coverage 24 hours a day is further indicated by the rapidly increasing number of residents admitted to nursing homes who have more severe health care needs. This is due, at least in part, to the institution of diagnostic related groups based reimbursement in hospitals - the DRG's. This system provides an incentive for hospitals to cut cost by shortening the length of hospital stay. As a result, older patients who have more critical health care needs are being transferred to nursing homes. Intermediate care facilities must staff to meet the needs and provide the services required if they are accepting these patients.

I would support the approach as proposed by the Secretaries of Health and Environment, Social & Rehabilitation Services and Aging. I believe that 24 hour licensed nursing coverage can most appropriately and effectively be implemented through rules and regulations.

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4/9/85

As an advocate and provider of nursing services to the older adults for the past 17 years, I believe that we cannot afford to jeopardize the health and lives of the frail elderly and handicapped persons admitted to intermediate care facilities. Our family owned ICF has been able to contain costs while ensuring a high level of care by providing 24 hour licensed nursing for the past seven and one half years.

Thank you for allowing me to speak on SCR 1623.

attm #
4-9-85

KSNA

the voice of Nursing in Kansas

Statement of Kansas State Nurses' Association
Before the House Public Health and Welfare Committee
April 8, 1985
By Lynelle King, RN, MSN, Executive Director

KSNA Supports 24-Hr Coverage Now, Opposes SCR 1623

Mr. Chairman and members of the Committee, my name is Lynelle King and I represent the Kansas State Nurses' Association, the professional organization for RNs in Kansas.

To Summarize our position and concerns

1. KSNA believes that our frail, vulnerable elderly in nursing homes in Kansas (including ICFs) deserve care under the auspices of licensed nurses 24 hours a day. "Licensed nurse" includes LPNs and RNs.
   - Patients are sicker. Now there is early discharge from hospitals, due to "DRGs" and other cost-controls, so that the patients now going to nursing homes in the past would have been kept in hospitals - are as ill as most hospital patients were in the 1970s. In hospitals they would have had all their care under RN supervision, whereas in nursing homes today they could have virtually all their care and supervision by aides - people with from one week to three weeks of training in basic care.
   - increasing age of residents in nursing homes - many are over 85 years of age and have multiple diagnoses and health care problems.
   - Nursing homes are not just for custodial care - people can and do get well enough to leave nursing homes - given proper care! For this, you need people who know how to detect and prevent complications, how to rehabilitate.
2. 24-hr licensed nurse care is cost-effective - prevents more costly complications and transfers to hospitals where care would be more expensive.
3. There are LPNs and some RNs available in many areas of the state to accomplish the 24-hr requirement - there is not the shortage of a few years ago. In fact, there have been LPNs laid off in most areas of the state.
4. KSNA supports a waiver or exemption for homes that cannot obtain LPNs or RNs, after good faith effort.

Because KSNA believes it is imperative that the frail, vulnerable elderly in Kansas intermediate care facilities receive care under the auspicies of licensed nurses at all times, KSNA opposes the two year delay mandated in SCR 1623.

The Secretary of Health and Environment has the responsibility to set standards of care for the protection of the health and safety of Kansas citizens in nursing homes. KSNA believes that the Secretary's authority to do so should not be limited as it is by SCR 1623.

We urge you to reject this resolution.

Attachments
1. a one-page statement of KSNA's position about 24-hr licensed nurse coverage in adult care homes.
2. 2 articles written by 3 nursing home nurses in rural areas: Syracuse & Junction City

Atch 6
4/9/85

Kansas State Nurses Association • 820 Quincy • Topeka, Kansas 66612 • (913) 233-8638
Michael H. Goodwin, R.N., M.Ed., M.N. — *President* • Lynelle King, R.N., M.S. — *Executive Director*

KSNA

the voice of Nursing in Kansas

Position on 24-hour Licensed Nurse Coverage in Intermediate Care Homes

KSNA believes that our frail, vulnerable elderly in nursing homes in Kansas (including ICFs) deserve care under the auspices of licensed nurses 24 hours a day. "Licensed nurse" includes LPNs and RNs.

> KSNA supports a waiver for those nursing homes that are unable to obtain LPNs or RNs, after a good faith effort.

This has been KSNA's top priority for two years, as a means of improving care of the institutionalized elderly.

1. 24-Hr Coverage is Needed

Changes in health care recently which have increased the need for licensed nurses around the clock include:

- Increased age and frailty of nursing home residents, with a high percent over 85 years of age.
- Early discharge from hospitals due to "DRGs" and other cost-containment pressures. Thus nursing home patients are more acutely ill than in the past.
- Home care is more readily available so that only the sicker persons choose institutionalization in an ICF.

2. 24-Hr Coverage Is Cost-Effective

Licensed nurses are more capable of early detection and prevention of complications, which saves money. Complications, if not detected or prevented, lead to much more expensive and intensive medical and nursing care, and even may necessitate hospitalization with its much more costly care.

Jan Bergman, RN, C, CNA, of Seneca, co-owner of Crestview Manor, says her home is a case in point. For 7 years Crestview Manor (an ICF) has staffed with licensed nursing personnel around the clock, yet she states that the home has one of the lowest reimbursements in the State, as reported by Legislative Post Audit.

3. There are LPNs available in most, and RNs in many, areas of the state to accomplish the 24-hr requirement.

- KSNA supports a waiver for those homes that could not find licensed nurses to work, after a good faith effort.
- There are many indications of nurses available in many areas including many rural areas. (There are a number of counties where all the positions in all agencies are full - there are no openings; many LPNs have been laid off across the state as a result of factors surrounding the "DRGs" system of reimbursement; many RNs have been forced to cut back to part-time work who desire full-time; 1984 nursing graduates had increased difficulty in finding jobs - some are still not employed.

4. KSNA and RNs stand to gain little by the 24-hr requirement.

We make this point to emphasize that KSNA's interest in this matter truly is related to our concern for the safety and quality of care of residents in intermediate care homes. Realistically we expect that LPNs would be the level of employee more likely to be hired by ICFs to fulfill the requirement of 24-hour licensed nursing coverage. There appear to be more LPNs available and their pay is less.

Having LPNs around the clock would truly be an improvement for those homes that now have only aides on duty most shifts.

Kansas State Nurses Association • 820 Quincy • Topeka, Kansas 66612 • (913) 233-8638
Michael H. Goodwin, R.N., M.Ed., M.N. — *President* • Lynelle King, R.N., M.S. — *Executive Director*

OTHER LONG-TERM CARE NURSES' EXPERIENCES, PROBLEMS

Verna Rundell, R.N., C, Syracuse

Hamilton County Long Term Care Unit is typical of LTCU's in the Western half of Kansas. It was started by Great Plains Lutheran Hospital Association, built adjacent to a small hospital with some shared staffing, licensed for intermediate and/or skilled nursing care and not reimbursed by Medicare.

The Unit was opened September 1, 1973. The first residents required skilled care. The unit stays almost full, with a mixture of skilled and intermediate care. The last three years have seen the pattern change away from skilled care, with persons seeking alternatives to institutional care due to costs. Medicaid payment and institutional care are both avoided as long as possible — Hamilton County is peopled by pioneers. Our county population is typically older than the rest of Kansas.

The Unit's population is growing older and more frail. Seven of 26 residents are over 90 years of age. This change in age has changed nursing care. One change is providing assistance with the maintainance of energy to live. A majority of our residents need much assistance with "Activities of Daily Living." There is more emphasis on care of persons with multiple chronic health problems. These people have survived many acute health problems and our care is aimed at stabilizing them in as healthy a state as possible. Our success is documented by decreased number of hospitalizations in the last 5 years.

Licensed personnel spend much time monitoring health status and teaching families as well as nurse aides to cope with health problems such as Alzheimer's Disease and chronic arthritis-type pain. The greatest challenge is in giving skilled care to the oxygen dependent victim of COPD. Health teaching becomes an enormous daily task, and emotional support is difficult to maintain at the level they request.

At the present time economic factors are working against good nursing care in several ways. 1) Given the same wages, personnel prefer hospital work to the residential institution. 2) No one is admitted until they have exhausted all other alternatives. 3) Reimbursement by Medicaid — 50% of our residents — barely covers staffing for average nursing care, making innovation very costly in energy. 4) Hamilton County is a rural area that initially profited — in numbers of people — from the State-wide economic depression. Now, however, it is at least one year behind in recovery. 5) Alternate methods of care are more expensive due to fewer people.

In 1982 when the State enforced rules about medications being given by licensed personnel in hospital-based LTCU's, the depression aided in drawing LPNs from other areas. When the law was changed, re: hospital-based LTCU's, part of those were replaced by Medication Aides. Administration keeps the number of licensed personnel as low as possible "to save money." There are adequate numbers of R.N.s living in the community, but there are few L.P.N.s. Due to the lack of positions, local young people don't usually seek that license.

Turnover of nurse aides seems to be at least partially due to their preferring the more glamorous and easier work in the hospital — where there are always licensed personnel to take the legal responsibility. In the LTCU the total hours required to provide basic physical care limit the hours and energy left for good psycho-social care. Sometimes physical exhaustion simply blocks out the emotional rewards of the job. Traditional wages are just not enough to keep people working hard for 8 hours every day to provide care around the clock.

DRG's: Forseeing Problems and Needs

by Norma Bush, R.N.C., and Shirley Boltz, R.N., Junction City

With the DRG's requiring earlier dismissals from the hospital, there will be an increasing demand for long term care beds. Due to this, problems and needs must be anticipated so the transition from hospital to long term care will be easier on the patient/resident.

Many hospitals are considering swing beds. The question must be asked, can nurses giving acute care be geared to long term care in an acute care setting? Besides the physical care, can a patient's/resident's psycho-social needs be met in an acute care setting? Long term care facilities attempt to provide a homelike environment. Can this be done in a hospital?

Long term care facilities will have to evaluate their staffing patterns to assure adequate staff to meet the needs of every patient/resident. Due to early dismissal, there is a greater chance for more complications to arise in a long term care facility, and, of course, more time will be required to take care of these conditions. For example, a surgical patient usually would not be dismissed until the sutures were removed and a healing process established in the incision. Now dismissal comes 5 days to 2 weeks before the sutures are removed. This alone requires extra care of the incision and closer observation of the patient's/resident's general condition to prevent complications. The number of admissions and dismissals will increase in long term care facilities, which will require extra time and staff.

With this, there also comes an increased financial burden on a long term care facility. At present, the Medicare cash flow is slow. Will this improve and will another insurance company, such as Blue Cross, provide coverage for those individuals who do not qualify for Medicare?

Many people now will convalesce in a long term care facility who before would have remained in the hospital. This means a younger age group to take care of, which requires different needs to be met. This also indicates thorough discharge planning to include home-going patient/resident teaching and to have a close connection with available home health services.

Better RN coverage is a definite requirement to assure skilled assessment of patient/resident condition. Once in a long term care facility, there is no daily physician visit. The physicians must rely on the nurses' judgement. Physicians must realize they need to visit more frequently and not insist the patient/resident come to their office. This would be unthinkable if the patient/resident were hospitalized.

> It is now imperative there be 24-hour licensed professional nurse coverage in long term care facilities to assure quality care and professional judgement.
>
> The "DRG's" have issued a challenge and all gerontological nurses must arise to this challenge and provide quality care for the welfare of all patients/residents.

attm #
4-9-85

KANSAS COALISION ON AGING
500 Kansas Ave.
Topeka, KS 66603
(913) 232-1456

April 5, 1985

To: Members of the House Public Health and Welfare Committee

From: Gary Petz, Executive Director

Re: SCR 1623, on prohibitions against 24 hour licensed nurse care

The Coalition urges your support for killing this resolution. Getting licensed nurses into Intermediate level Adult care homes is a priority issue for the Coalition. We are pleased that money is in the budget to pay Medicaid costs of it. We think this is real progress. But we think that SCR 1623 would be a very damaging blow to this cause and therefore most detrimental to the welfare to nursing home residents.

We realize the concern among some legislators that mandating 24 hour care would threaten rural nursing homes. But anytime that regulations are discussed it is widely understood that they will be sensitive to clear difficulties in getting the nurses.

The fear is that nursing homes will not be able to comply and will be forced to close. And that these closures will occur disproportionately in rural areas where the homes are the single source of care. The history of nursing home care in the state and in most states should put this fear to rest. There is no precedent anyplace for the wholesale closing of nursing homes. In fact, the problem seems to be just the opposite, bad nursing home are not ferreted our nearing fast enough. And with so many consumer organizations, like the Coalition, having this issue as a top priority, the implementation is going to be closely watched, but them as well as by legislators.

We ask you support for killing this resolution.

Atch. 7
4/9/85

Green Jade Swallow

LOUIS JENSEN, M.D.

#8
4-9-85

April 8, 1985

TESTIMONY ON SENATE CONCURRENT RESOLUTION NO. 1623

PRESENTATION BY LOUIS JENSEN, M.D., PRIVATE CITIZEN

POSITION: STRONGLY OPPOSE DELAY IN THE REQUIREMENT FOR 24-HOUR-A-DAY LICENSED NURSING CARE IN INTERMEDIATE CARE FACILITIES TO JULY 1, 1987.

POPULATION SERVED:

Elderly citizens - Parents of the public we serve -
- Some day, survivors of this very meeting.
- Survivors, often, of many illnesses
- People who have paid taxes for years and sustained others.
- Usually with MANY diagnoses.
- Certain diagnoses common to the elderly may have serious symptoms and or complications during the "sleeping hours" -
  - Early morning insulin (hypoglycemic) reactions.
  - Hiatus hernia with esophageal reflux and aspiration, especially hazardous to life when lying flat.
  - Edema of the lungs (with heart failure) when lying flat.
  - Reduced responsiveness to discomfort signals from lying too long in the same position (with resulting pressure-ulcers).
  - Confusional states (related to seizures, circulation to the brain, blood sugar levels, adverse response to medications, and many other causes.)
  - And MANY, MANY OTHERS

CAUTION:

The PRIME ISSUES requiring a professional nurse from midnight to 8 a.m.:

- Are not the providing of a blissful sleep!
- ARE related to critical needs for:
  - Professional skills and expertise to recognize
    - significant change in medical-surgical-psychiatric condition
    - symptoms pertinent to urgency, nature, and needs of a crisis
    - immediate action that needs to be taken
    - the kind of reporting, recording that offers the Nursing Home team and the patient's physician the clearest picture.
  - Professional leadership to insure
    - that the non-professional staff
      - receive ongoing supervision, training, motivation, recognition
      - have recourse to guidance when the unusual occurs
      - have recourse to a nurse-professional to serve as protagonist when better-staffed shifts do such unfair things as putting patients to sleep at such early hours as to have them "slept-out" and eager to get moving about by such early hours as 3 to 4 a.m., etc.
    - that the management of the nursing home be better informed by a professional regarding the the night time health care needs and problems.

1501 S.W. High St. TOPEKA, KS 66604 TEL: (913) 235-1848

Atch. 8
4/9/85

TESTIMONY ON SENATE CONCURRENT RESOLUTION No. 1623 (continued)

PRESENTATION BY: LOUIS JENSEN, M.D. (continued)

SPECIAL CIRCUMSTANCES HEIGHTENING URGENCY FOR EXPEDITING 24-HOUR COVERAGE:

DIAGNOSTIC RELATED GROUPS: (DRG's)

This new system of funding Hospital Health Care has effectively strongly exerted pressures to expedite early discharge of patients from hospitals in a manner that can only increase the desparate need of patients going to Nursing Homes from Hospitals to have an ever-growing expertise on the part of the staff and complexity of facilities in the nursing homes. DRG's are NOW IN EFFECT! Their effect on Nursing Homes can be expected to be urgent cause for need for 24-hour licensed nurse coverage.... and that need will arise LONG before July 1, 1987!!!

TURNOVER OF NON-PROFESSIONAL STAFF IN NURSING HOMES:

The current employment market is such that many factors contribute to an unfortunately high turnover rate of non-professional staff in many of the nursing homes. By not having licensed nurses on duty during the pre-dawn working hours that aspect of training and supervision and support represents an unfilled need.

Respectfully submitted,

Louis Jensen M.D.

Louis Jensen, M.D.

LOUIS JENSEN, M.D. Background:

Member: National Council on the Aging
Shawnee County Advocacy Council on Aging.
American Psychiatric Association - April 30, 1956
West Side Baptist Church

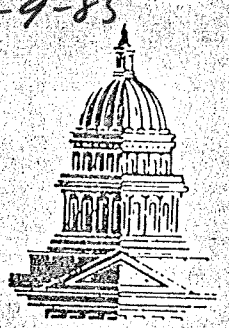
Retired 3-30-85 from Colmery-O'Neil V.A.M.C. after over 38 years of Federal Service
A.B. Degree - Colgate University, Hamilton, N.Y. - 1944
M.D. Degree - University of Rochester, School of Medicine & Dentistry. 1948
Certified in Psychiatry, American Board of Neurology and Psychiatry - Dec. 1955.
Became Fellow, Gerontological Society, Inc. Sept. 6, 1952
Became Fellow, American Geriatrics Society April 26, 1960
Chief, Psychiatry Service, VAMC, Hines, Illinois 3-6-56 to 11-30-65
Chief of Staff, VAMC, Knoxville, Iowa 12-26-68 to 12-31-77.
Staff Physician, Intermediate Care, VAMC, Topeka, KS 9-1-78 to 3-30-85.

Attm. #9
4-9-85

Member of aha

KANSAS HEALTH CARE ASSOCIATION, Inc. / 221 S.W. 33RD • TOPEKA, KANSAS 66611 • (913) 267-6003

LEGISLATIVE REPORT



April 8, 1985

SCR 1623: NON-MANDATED 24 HOUR-A-DAY LICENSED NURSING CARE IN INTERMEDIATE CARE FACILITIES. FAVORABLE REPORTING REQUESTED.

TO: House Public Health and Welfare Committee Members

FROM: Dick Hummel, Executive Director, KHCA

This association respectfully requests the committee's favorable consideration, and passage, of SCR 1623. It provides that 24-hour nursing care and coverage in Kansas' 311 intermediate care facilities is to be accomplished gradually and voluntarily, encouraged through financial incentives in the Medicaid reimbursement program, rather than by agency rule and regulation dictum.

SCR 1623 was introduced by the Senate Public Health and Welfare Committee to state its "Legislative Intent" that the Department of Health and Environment not issue rules and regulations concerning this.

WHY SUCH AN APPROACH?? Prompted by Senate Bill 273 (introduced at KHCA's request to establish minimum around-the-clock coverage of an LPN on each of the 2nd-3rd shifts, provide for full Medicaid liability for SRS's share of the costs, and grant a phased-in, timetable for nursing homes' compliance), 24-hour care was given lengthy, open, and exhaustive study by the Senate Committee (almost 3½ hours of hearing), culminating in a decision that such requirement should neither be mandated by law, nor by rules and regulations --the latter after it became apparent that the Health Department would proceed with regulations regardless of the Legislature's action: The result, SCR 1623.

24-HOUR CARE: THE ISSUE. SB 273 surfaced the complex issues associated with 24-hour care--not only total state costs but also Medicaid costs and liability; FY 86 appropriations of $900,000 for this (now ear-marked by Ways and Means to be used as a voluntary, financial incentive), how much more will and can the private-paying patients afford, availability and willingness of nurses to work in nursing homes, availability in rural areas, would homes be fined by the Health Department if nurses couldn't be found, etc., etc.

So it was decided (SCR 1623) to direct that the voluntary efforts being made by ICF nursing homes to provide additional nursing staff be allowed to continue. Over one-third now have coverage beyond eight hours a day, proscribed by each individual home's unique circumstances--nurse availability in locale, resident care needs and patient mix, funding sources, Medicaid rate, private-pay rate, etc.

Thank you for your consideration of SCR 1623--the non-mandated, free enterprise, non-regulatory approach to 24-hour care.

Atch. 9
4/9/85

atten # 10
4-9-5

The Organization of
Nonprofit Homes and
Services for the Elderly

Kansas Association of Homes for the Aging
One Townsite Plaza
Fifth and Kansas Avenue
Topeka, Kansas 66603

913-233-7443

April 5, 1985

Representative Marvin Littejohn
Chairman Public Health and Welfare
State Capitol

Dear Chairman Littlejohn,

The Kansas Association of Homes for the Aging is a non-profit organization that represents the community, religious, governmental not-for-profit adult care homes, retirement communities and social services for older adults of Kansas. We presently have 52 members located across the state in both rural and urban areas. Virtually every one of the non-profit homes participate in the Medicaid program, with Medicaid occupancy ranging as high as 70%; with the average being 40% Medicaid occupancy.

Our Association supports 24 hour nursing care in Intermediate Care Facilities.Our position for the past year has been based upon three critical factors:

The implementation of 24 Hour nursing be phased-in over a one year period.
The funding for 24 Hour nursing be included in the budget of Social and Rehabilitative Services
The Department of Health and Environment grant waivers in those areas where nurses can not be located and where the home is smaller(less than 50 beds).

In 1983 less than 50% of our members had nursing coverage around the clock. A year and half later nearly 70% have nursing around the clock, with the remaining few making a good faith effort to secure the personnel.

WE ARE OPPOSED TO SENATE CONCURRENT RESOLUTION #1623 WHICH PROVIDES FOR VOLUNTARY COMPLIANCE WITH THE 24 HOUR NURSING REQUIREMENT. WE WOULD SUPPORT THE RESOLUTION WITH AN AMENDMENT FOR MANDATORY COMPLIANCE FOR ALL PROVIDERS TO BE EFFECTIVE JULY 1,1986. FOR THOSE FACILITIES WHICH ARE SMALLER AND WHERE NURSES COULD NOT BE RECRUITED, WAIVERS SHOULD BE GRANTED.

You may ask why is a provider organization, that is already highly regulated and monitored supporting a MANDATORY COMPLIANCE OF 24 HOUR NURSING? Because we believe that 24 Hour Nursing is a basic standard of care; not a luxury but a critical need for the adult care home residents

Atch. 10
4/9/85

of our state. We believe that its one of those times to stand up and be counted.

Several years ago, nursing homes were required to install fire prevention sprinklers in their facilities and all new construction must now have them. By doing this the state has not seen one fire in a nursing homes take the life of an older person. The requirement of 24 Hour nursing is another milestone in the BASIC STANDARDS OF CARE.

The residents entering and residing in our adult care homes are much sicker, and frail than they have been in years past. Two major trends are influencing the population of adult care homes:

> The Diagnostic and Related Group Program initiated in the hospital acute care system is forcing people out of hospitals into the adult care homes in a much quicker manner. Therefore those persons who are entering the institutions have more acute illnesses and require the supervision of more professional nursing staff.
>
> Secondly the trend both from the federal government and state policy is to encourage older persons to stay in their own home and utilize a variety of home and community based services. The persons then entering the institution are much sicker and more frail.

The 24 Hour Nursing requirement is supported by the following groups:

Kansas Medical Society
Kansas Coalition on Aging
Silver Haired Legislature
AARP and NRTA
Kansans for Improvement of Nursing Homes
Kansas State Nurses Association
Kansas Association of Homes for Aging

It is a matter of public record that the Department of Health and Environment plans to not require mandatory compliance with the 24 hour nursing before July 1986 and that waivers will be granted in the rural areas for the smaller homes. The money has been put in the SRS budget by

Ways and Means Committee. We believe this is all that is needed for implementation of 24 hour nursing. If you feel that a resolution is needed, we would suggest a time definite be placed in the resolution for compliance.

Thank you for your time.

Sincerely yours,

John R. Grace
Executive Director

cs/jg

cc Public Health and Welfare Committee

Atch #11
4-9-85

I am Kathern Forest, Wichita, Amer. Assoc. of Retired Persons Legis. Com. (AARP) representing 223,000 members in Kansas. I speak in opposition to SCR 1623.

24 hour a day licensed nursing care in all adult care homes is of interest and concern to the individuals for whom I speak - but it is also of vital personal concern to me - and it is an immediate problem - delay for 24 hours as requested in this Resolution, only serves to intensify and enlarge a problem now in existence.

The Secretary of Health & Environment can proceed, thru regulations with a phased-in compliance with the process. Reimbursable Medicaid costs are in the budget. The shortage of RN's and LPN's is not the primary issue. In my capacity as a Board Member of Health Systems Agency of Southeast Kansas, I have heard repeatedly from the county and rural Kansas hospitals - "there are available nurses in our communities - we just can't afford to pay them." The attrition process and phased-in compliance with regulations could remedy the often-presented issue of "no available nurses."

Likewise, the availability of money need not be an issue.

When I read in the Wall Street Journal the advice that Nursing Home Stock is a good investment - when I recall conversations with 2 of my peers last November and December as they related to me the fact that their Trust Fund Officer had recommended to them investment of a portion of their funds in a Nursing Home Corp. When I read of the watchful waiting of Nursing Home Corp. for the expiration of Certificate of Need in Kansas "they can come in." I am compelled to believe that there's money there. The priority is how the funds are used.

I believe that the frail and vulnerable people of Kansas deserve nursing homes of decency and dignity and sensitivity - not just institutions where dollars and cents pour out the door into the investor's pockets. A redirection of priorities is in order.

It is within the power of the legislature to let the regulatory process to go forward as it may now be set-up to do rather than impose a two-year delay in implementation as SCR 1623 recommends. Such delay only exacerbates an already critical need. Please oppose SCR 1623.

Atch. 11
4/9/85

Kansas State Advisory Council on Aging

Chairperson:
Dr. Charles Barnes
2514 Thompson
Dodge City, Kansas 67801

April 5, 1985

The Honorable Marvin Littlejohn
Kansas House of Representatives
State House, #425-S
Topeka, Kansas 66612

Dear Representative Littlejohn:

The State Advisory Council on Aging opposes favorable action on SCR-1623. The Advisory Council is in favor of 24-hour a day licensed nursing care. It has received our very strong support but, like the Silver Haired Legislature and other aging related organizations, we oppose SCR-1623. It would preclude full implementation of 24-hour a day licensed nursing care until after July, 1987. This delay, or at best long phase-in period, is not acceptable to us. 24-hour a day nursing care is needed now in Kansas.

The State Advisory Council asks your support to defeat passage of the bill by the House Public Health and Welfare Committee that you chair. If the committee should choose to recommend its passage, then we ask that it not be forwarded to the full House for action.

Sincerely,

Charles Barnes

Charles Barnes
Chairman

CB:bms

Attm. #12
4-9-85