

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Roy M. Ehrlich at
Chairperson

10:00 a.m. ~~p.m.~~ on February 7,, 1985 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Conferees appearing before the committee:

Tom Bell, Kansas Hospital Association
Marilyn Bradt, Kansans for the Improvement of Nursing Homes
Dr. Robert Harder, Social and Rehabilitation Service
Sylvia Hougland, Secretary, Kansas Department on Aging
Frances Kastner, American Physical Therapy Association
Ethel May Miller, Kansas Association for Retarded Citizens
John Peterson, Kansas Association of Professional Psychologists
Dr. William Albott, Kansas Psychological Association

Others Present: See Attached List

Tom Bell, Kansas Hospital Association requested a committee bill prohibiting, for a period of 2 years, the construction or establishment of any hospital.

Senator Hayden made a motion to accept this bill and Senator Anderson seconded the motion. The motion passed. Senator Morris requested to be recorded as a NO vote.

Marilyn Bradt, Kansans for the Improvement of Nursing Homes, who earlier presented written testimony on SB-72 requested that the committee keep in mind that many people in nursing homes are alone with no friends or family to depend on and therefore needed to be assured that especially aides be covered and that having all personnel covered could be of value.

SB-89 - Investigation of reports of abuse, neglect or exploitation by the Secretary of Social and Rehabilitation Services

Dr. Robert Harder, Secretary, SRS testified and presented written testimony supporting SB-89 because it will provide legislative sanction to investigate reports of adults residing outside a medical setting. Dr. Harder further stated that the SRS social workers are already receiving and investigating reports of abuse, neglect, etc; however the workers are extremely vulnerable without clear, legal authority. Attachment I

Sylvia Hougland, Secretary, Kansas Department on Aging, testified and presented written testimony on SB-89. She stated that no law exists to provide protection for non-institutional elderly who are in greater threat of abuse and neglect than nursing home residents. The number of elderly over 80 is increasing and therefore an increased number of caretakers will be needed by many of these people who prefer to remain at home and in the community. Attachment II

SB - 91 - Photograph identification cards for recipients of assistance.

Dr. Robert Harder, Secretary SRS testified and presented written testimony supporting SB-91. This bill would grant discretionary authority to require the use of photograph IDs where it would be cost effective. Each recipient of assistance would be issued a photo ID and such ID would be required to be shown where Welfare checks are cashed or Medicaid services obtained. Attachment III

Frances Kastner, Kansans for Improvement of Nursing Homes testified supporting SB-91 stating they would favor anything that will reduce costs of check cashing, etc. to recipients of welfare checks. Attachment IV

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10:00 a.m./~~p.m.~~ on February 7, 1985

SB-92 - Governor's advisory commission on mental health and retardation should consist of 13 members, the additional member being appointed from the staff of Kansas Department of Corrections by the Governor.

Dr. Robert Harder, Secretary, SRS, testified and presented written testimony supporting SB-92 in an effort to increase understanding and cooperation between the committee and the Department of Corrections. Dr. Harder introduced an amendment to increase the committee to 14 and include one member who shall be associated with community mental retardation services. Attachment V

Ethel Mae Miller, Kansas Association for Retarded Citizens, testified and presented written testimony supporting SB-92 and recommending an amendment to add representation by a person associated with the community mental retardation services. Attachment VI

John Peterson, Kansas Association of Professional Psychologists appeared in support of SB-92 and recommended an amendment to add a member representing the Kansas Psychological Association. Attachment VII

Written testimony by Dr. William Albott, on behalf of the Kansas Psychological Association and its President, Dr. Harriet Barrish, concerning SB-92 and requested that an additional member from the psychological association be added. Attachment VIII

Meeting adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-7-85

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Sylvia Sengland
Robert R. Ryan
J.G. Hollowell
John Aron
Doug Pats
Willie L. Albott, Ph.D.
Lily McBride
KETH R LANDIS
Jacie Mattui
DICK HUMMEL
Linda Carol Woody
Allen Cot
John Peterson
Michael Wolf

KDOA
KDOA
KDNE
Ks Area Home For Aging
Ks coalition on Aging
Ks. Psy. Assoc.
United Way
CHRISTIAN SERVICE COMMITTEE
ON PUBLICATION FOR KANSAS
Senator Walker's office
KS HEALTH CARE ASSN
Nat'l Organization for Women
Intern - Sen. Karr
Ks Assn of Prof Psychologists
Intern - Sen. Morris

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding S.B. 89

I. Title

An act concerning the secretary of social and rehabilitation services; directing the investigation by the secretary of reports of abuse, neglect or exploitation of adults; providing for protective services. This proposed legislation does not amend any other statute.

II. Purpose

This proposed legislation directs the Department of SRS to receive and investigate reports of abuse, neglect or exploitation of adults residing outside of a medical setting.

III. Background

Currently there is no state law requiring SRS to investigate reports of abuse, neglect or exploitation of adults residing outside of adult care homes or other medical settings.

SRS is presently receiving and investigating reports based upon the powers and duties of the Secretary of SRS (K.S.A. 39-708) to perform the duties and services necessary to carry out the purposes of this act and promote social welfare in the state of Kansas, not inconsistent with the State law. Social welfare services include giving assistance, the prevention of public dependency and promoting the rehabilitation of dependent persons or those who are approaching public dependency.

In fiscal years 1983 and 1984, SRS received a combined total of 1,695 reports of abuse, neglect or exploitation of adults residing outside of a medical setting. 825 (88%) of the reports were confirmed. In 457 (27%) of the total cases reported, family members were the perpetrators.

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

The passing of this legislation will provide legal sanction for SRS social workers to investigate reports of abuse, neglect, and exploitation of the aged and disabled adults living in the community.

IV. SRS Recommendation

SRS supports this legislation because it will provide legislative sanction to investigate reports of adults residing outside of a medical setting.

Robert C. Harder
Office of the Secretary
Social and Rehabilitation Services
296-3271
February 7, 1985

State of Kansas
Department of Social and Rehabilitation Services
Adult Services

ADULT ABUSE/NEGLECT/EXPLOITATION REPORTING AND INVESTIGATION
FISCAL YEAR 1984 (July, 1983 through June, 1984)

Medical

| REPORTS RECEIVED | June, 1984 | | Year to Date | | PERPETRATORS | June, 1984 | | Year to Date | | |
|------------------------|------------|----|--------------|-----|-----------------------|---|----|--------------|-----|----|
| | # | % | # | % | | # | % | # | % | |
| Total | 46 | | 445 | | Abuse: | 23 | | 234 | | |
| Age Range | 18 - 96 | | 18 - 103 | | Self | 1 | 4 | 4 | 2 | |
| Average Age | 69 | | 65 | | Spouse | 1 | 4 | 4 | 2 | |
| | # | % | # | % | Family/Relatives | 2 | 9 | 9 | 4 | |
| Male | 11 | 24 | 148 | 33 | Guardian/Conservator | -- | -- | -- | -- | |
| Female | 35 | 76 | 297 | 67 | Other/Staff | 19 | 83 | 217 | 93 | |
| 50 years and older | 34 | 74 | 298 | 67 | Neglect: | 20 | | 207 | | |
| | | | | | Self | 3 | 15 | 23 | 11 | |
| INVESTIGATIVE FINDINGS | | | | | Family/Relatives | 2 | 10 | 8 | 4 | |
| Total Reports | 46 | | 445 | | Guardian/Conservator | -- | -- | 5 | 2 | |
| Confirmed | 24 | 52 | 186 | 42 | Other/Staff | 15 | 75 | 171 | 83 | |
| Potential Risk | 5 | 11 | 38 | 9 | Exploitation: | 4 | | 43 | | |
| Unconfirmed | 17 | 37 | 221 | 50 | Self | -- | -- | 1 | 2 | |
| | | | | | Family/Relatives | 1 | 25 | 13 | 30 | |
| ABUSE * | | | | | Guardian/Conservator | 1 | 25 | 7 | 16 | |
| Total Reports | 23 | | 234 | | Other/Staff | 2 | 50 | 22 | 51 | |
| Investigative Findings | Confirmed | 13 | 57 | 104 | 44 | REPORTERS | | | | |
| | Pot.Risk | 2 | 9 | 18 | 8 | Self | -- | -- | 14 | 3 |
| Spouse Abuse Reports | 1 | | 4 | | Family | 9 | 20 | 95 | 21 | |
| Investigative Findings | Confirmed | 1 | 100 | 3 | 75 | Neighbor/Friend | 4 | 9 | 48 | 11 |
| | Pot.Risk | -- | -- | -- | -- | Guardian/Conservator | -- | -- | -- | -- |
| NEGLECT * | | | | | Community Agencies | -- | -- | 4 | 1 | |
| Total Reports | 20 | | 207 | | SRS Staff | 5 | 11 | 20 | 4 | |
| Investigative Findings | Confirmed | 10 | 50 | 77 | 37 | Medical Personnel (N.H.-M.D.-Health Dept. Hospital Staff) | 24 | 52 | 210 | 47 |
| | Pot.Risk | 2 | 10 | 19 | 9 | Police | -- | -- | 1 | 1 |
| EXPLOITATION * | | | | | Lawyer/Court Services | -- | -- | -- | -- | |
| Total Reports | 4 | | 43 | | Anonymous | -- | -- | 24 | 5 | |
| Investigative Findings | Confirmed | -- | -- | 17 | 40 | Other | 4 | 9 | 29 | 7 |
| | Pot.Risk | 1 | 25 | 4 | 9 | | | | | |

* Some cases are reported in more than one category (abuse, neglect, exploitation)

State of Kansas
 Department of Social and Rehabilitation Services
 Adult Services

ADULT ABUSE/NEGLECT/EXPLOITATION REPORTING AND INVESTIGATION
 FISCAL YEAR 1984 (July, 1983 through June, 1984)

Non-Medical

| REPORTS RECEIVED | June, 1984 | | Year to Date | | PERPETRATORS | June, 1984 | | Year to Date | | |
|------------------------|------------|----|--------------|-----|----------------------|---|----|--------------|-----|----|
| | # | % | # | % | | # | % | # | % | |
| Total | 80 | | 921 | | Abuse: | 29 | | 254 | | |
| Age Range | 18 - 102 | | 15 - 102 | | Self | 6 | 21 | 54 | 21 | |
| Average Age | 58 | | 59 | | Spouse | 5 | 17 | 64 | 25 | |
| | # | % | # | % | Family/Relatives | 8 | 28 | 88 | 35 | |
| Male | 23 | 29 | 306 | 33 | Guardian/Conservator | -- | -- | 4 | 2 | |
| Female | 57 | 71 | 615 | 67 | Other | 10 | 34 | 44 | 17 | |
| 60 years and older | 42 | 53 | 534 | 58 | Neglect: | 45 | | 621 | | |
| | | | | | Self | 35 | 78 | 481 | 77 | |
| INVESTIGATIVE FINDINGS | | | | | Family/Relatives | 7 | 16 | 98 | 16 | |
| Total Reports | 80 | | 921 | | Guardian/Conservator | -- | -- | 6 | 1 | |
| Confirmed | 37 | 46 | 408 | 44 | Other | 3 | 7 | 36 | 6 | |
| Potential Risk | 25 | 31 | 294 | 32 | Exploitation: | 13 | | 136 | | |
| Unconfirmed | 18 | 23 | 219 | 24 | Self | 2 | 15 | 29 | 21 | |
| | | | | | Family/Relatives | 5 | 38 | 57 | 42 | |
| ABUSE * | | | | | Guardian/Conservator | -- | -- | 6 | 4 | |
| Total Reports | 29 | | 249 | | Other | 6 | 46 | 44 | 32 | |
| Investigative Findings | Confirmed | 13 | 45 | 98 | 39 | REPORTERS | | | | |
| | Pot.Risk | 7 | 24 | 59 | 24 | Self | 9 | 11 | 64 | 7 |
| Spouse Abuse Reports | 5 | | 64 | | Family | 16 | 20 | 139 | 15 | |
| Investigative Findings | Confirmed | 1 | 20 | 35 | 55 | Neighbor/Friend | 15 | 19 | 217 | 24 |
| | Pot.Risk | 2 | 40 | 14 | 22 | Guardian/Conservator | -- | -- | -- | -- |
| | | | | | | Community Agencies | 10 | 13 | 137 | 15 |
| NEGLECT * | | | | | | SRS Staff | 6 | 8 | 66 | 7 |
| Total Reports | 45 | | 621 | | | Medical Personnel (N.H.-M.D.-Health Dept. Hospital Staff) | 8 | 10 | 97 | 11 |
| Investigative Findings | Confirmed | 22 | 49 | 273 | 44 | Police | 2 | 3 | 38 | 4 |
| | Pot.Risk | 14 | 31 | 207 | 33 | Lawyer/Court Services | -- | -- | 17 | 2 |
| | | | | | | Anonymous | 6 | 8 | 47 | 5 |
| EXPLOITATION * | | | | | | Other | 8 | 10 | 99 | 11 |
| Total Reports | 13 | | 136 | | | | | | | |
| Investigative Findings | Confirmed | 5 | 38 | 51 | 38 | | | | | |
| | Pot.Risk | 4 | 31 | 47 | 35 | | | | | |

* Some cases are reported in more than one category (abuse, neglect, exploitation)

State of Kansas
 Department of Social and Rehabilitation Services
 Adult Services

ADULT ABUSE/NEGLECT/EXPLOITATION REPORTING AND INVESTIGATION
 FISCAL YEAR 1983 (July, 1982 through June, 1983)

MEDICAL

| REPORTS RECEIVED | June, 1983 | | Year to Date | | PERPETRATORS | June, 1983 | | Year to Date | | |
|------------------------|------------|----|--------------|----|----------------------|---|----|--------------|-----|----|
| | # | % | # | % | | # | % | # | % | |
| Total | 31 | | 359 | | Abuse: | 16 | | 188 | | |
| Age Range | 18-102 | | 17-105 | | Self | 0 | 0 | 2 | 1 | |
| Average Age | 70 | | 62 | | Spouse | 1 | 6 | 4 | 2 | |
| | # | % | # | % | Family/Relatives | 0 | 0 | 4 | 2 | |
| Male | 10 | 32 | 118 | 33 | Guardian/Conservator | 0 | 0 | 0 | 0 | |
| Female | 21 | 68 | 241 | 67 | Other/ Staff | 15 | 94 | 178 | 95 | |
| 60 years and older | 24 | 77 | 232 | 65 | Neglect: | 15 | | 164 | | |
| | | | | | Self | 1 | 7 | 13 | 8 | |
| INVESTIGATIVE FINDINGS | | | | | Family/Relatives | 1 | 7 | 8 | 5 | |
| Total Reports | 31 | | 359 | | Guardian/Conservator | 0 | 0 | 0 | 0 | |
| Confirmed | 6 | 19 | 138 | 38 | Other/Staff | 13 | 87 | 143 | 87 | |
| Potential Risk | 8 | 26 | 56 | 16 | Exploitation: | 0 | | 25 | | |
| Unconfirmed | 17 | 55 | 165 | 46 | Self | 0 | 0 | 2 | 8 | |
| | | | | | Family/Relatives | 0 | 0 | 10 | 40 | |
| ABUSE * | | | | | Guardian/Conservator | 0 | 0 | 4 | 16 | |
| Total Reports | 16 | | 188 | | Other/Staff | 0 | 0 | 9 | 36 | |
| Investigative Findings | Confirmed | 2 | 13 | 77 | 41 | REPORTERS | | | | |
| | Pot.Risk | 8 | 50 | 32 | 17 | Self | 2 | 6 | 16 | 4 |
| Spouse Abuse Reports | | 1 | | 4 | | Family | 6 | 19 | 62 | 18 |
| Investigative Findings | Confirmed | 0 | 0 | 1 | 25 | Neighbor/Friend | 2 | 6 | 29 | 8 |
| | Pot.Risk | 0 | 0 | 0 | 0 | Guardian/Conservator | 0 | 0 | 0 | 0 |
| | | | | | | Community Agencies | 0 | 0 | 2 | 1 |
| NEGLECT * | | | | | | SRS Staff | 1 | 3 | 27 | 8 |
| Total Reports | 15 | | 164 | | | Medical Personnel (N.H.-M.D.-Health Dept. Hospital Staff) | 19 | 61 | 174 | 48 |
| Investigative Findings | Confirmed | 4 | 27 | 58 | 35 | Police | 0 | 0 | 1 | 0 |
| | Pot.Risk | 0 | 0 | 25 | 15 | Lawyer/Court Services | 0 | 0 | 0 | 0 |
| | | | | | | Anonymous | 1 | 3 | 38 | 11 |
| EXPLOITATION * | | | | | | Other | 0 | 0 | 10 | 3 |
| Total Reports | 0 | | 25 | | | | | | | |
| Investigative Findings | Confirmed | 0 | 0 | 8 | 32 | | | | | |
| | Pot.Risk | 0 | 0 | 3 | 12 | | | | | |

* Some cases are reported in more than one category (abuse, neglect, exploitation)

State of Kansas
 Department of Social and Rehabilitation Services
 Adult Services

ADULT ABUSE/NEGLECT/EXPLOITATION REPORTING AND INVESTIGATION
 FISCAL YEAR 1983 (July, 1982 through June, 1983)

NON-MEDICAL

| REPORTS RECEIVED | June 1983 | | Year to Date | | PERPETRATORS | June, 1983 | | Year to Date | | |
|------------------------|-----------|----|--------------|-----|----------------------|---|----|--------------|-----|----|
| | # | % | # | % | | # | % | # | % | |
| Total | 90 | | 774 | | PERPETRATORS | # | % | # | % | |
| Age Range | 19-96 | | 17-105 | | Abuse: | 23 | | 184 | | |
| Average Age | 59 | | 58 | | Self | 2 | 9 | 41 | 22 | |
| | # | % | # | % | Spouse | 1 | 4 | 41 | 22 | |
| Male | 33 | 37 | 243 | 31 | Family/Relatives | 9 | 39 | 70 | 38 | |
| Female | 57 | 63 | 531 | 69 | Guardian/Conservator | 0 | 0 | 0 | 0 | |
| 60 years and older | 50 | 56 | 431 | 57 | Other | 11 | 48 | 32 | 17 | |
| | | | | | Neglect: | 60 | | 537 | | |
| INVESTIGATIVE FINDINGS | | | | | Self | 44 | 73 | 423 | 79 | |
| Total Reports | 90 | | 774 | | Family/Relatives | 13 | 22 | 89 | 17 | |
| Confirmed | 40 | 44 | 337 | 44 | Guardian/Conservator | 0 | 0 | 2 | 0 | |
| Potential Risk | 26 | 29 | 239 | 31 | Other | 3 | 5 | 23 | 4 | |
| Unconfirmed | 24 | 27 | 198 | 26 | Exploitation: | 11 | | 114 | | |
| | | | | | Self | 3 | 27 | 25 | 22 | |
| ABUSE * | | | | | Family/Relatives | 6 | 54 | 55 | 48 | |
| Total Reports | 23 | | 184 | | Guardian/Conservator | 0 | 0 | 2 | 2 | |
| Investigative Findings | Confirmed | 10 | 43 | 58 | 32 | Other | 2 | 18 | 32 | 28 |
| | Pot.Risk | 7 | 30 | 43 | 23 | REPORTERS | | | | |
| Spouse Abuse Reports | 1 | | 41 | | Self | 3 | 3 | 45 | 6 | |
| Investigative Findings | Confirmed | 0 | 0 | 20 | 49 | Family | 16 | 18 | 128 | 17 |
| | Pot.Risk | 1 | 100 | 12 | 29 | Neighbor/Friend | 16 | 18 | 160 | 21 |
| | | | | | | Guardian/Conservator | 1 | 1 | 2 | 0 |
| NEGLECT * | | | | | | Community Agencies | 8 | 9 | 74 | 10 |
| Total Reports | 60 | | 537 | | | SRS Staff | 5 | 6 | 96 | 12 |
| Investigative Findings | Confirmed | 28 | 47 | 246 | 46 | Medical Personnel (N.H.-M.D.-Health Dept. Hospital Staff) | 23 | 26 | 126 | 16 |
| | Pot.Risk | 18 | 30 | 174 | 32 | Police | 3 | 3 | 38 | 5 |
| EXPLOITATION * | | | | | | Lawyer/Court Services | 2 | 2 | 13 | 2 |
| Total Reports | 11 | | 114 | | | Anonymous | 3 | 3 | 31 | 4 |
| Investigative Findings | Confirmed | 3 | 27 | 34 | 30 | Other | 10 | 11 | 61 | 8 |
| | Pot.Risk | 4 | 36 | 38 | 33 | | | | | |

* Some cases are reported in more than one category (abuse, neglect, exploitation)

STATE OF KANSAS
 Department of Social and Rehabilitation Services
 Division of Children, Youth, and Adults

ADULT ABUSE/NEGLECT/EXPLOITATION REPORTING AND INVESTIGATION
 FISCAL YEAR 1982 (July, 1981 through June, 1982)

MEDICAL FACILITIES

| REPORTS RECEIVED | | June , 1982 | | Year to Date | | | | | | June, 1982 | | Year to Date | |
|------------------------|-----------|-------------|----|--------------|----|---|--|--|--|------------|----|--------------|----|
| Total | | 24 | | 384 | | PERPETRATORS | | | | # | % | # | % |
| Age Range | | 18-91 | | 17-98 | | Abuse: | | | | 13 | | 200 | |
| Average Age | | 43 | | 55 | | Self | | | | 1 | 8 | 6 | 3 |
| | | # | % | # | % | Spouse | | | | - | - | - | - |
| Male | | 13 | 54 | 133 | 35 | Family/Relatives | | | | 2 | 15 | 7 | 4 |
| Female | | 11 | 46 | 251 | 65 | Guardian/Conservator | | | | - | - | - | - |
| 60 years and older | | 9 | 38 | 209 | 54 | Other/Staff | | | | 10 | 77 | 187 | 93 |
| | | | | | | Neglect: | | | | 11 | | 171 | |
| INVESTIGATIVE FINDINGS | | | | | | Self | | | | 1 | 9 | 10 | 6 |
| Total Reports | | 24 | | 384 | | Family/Relatives | | | | 1 | 9 | 4 | 2 |
| Confirmed | | 5 | 21 | 126 | 33 | Guardian/Conservator | | | | - | - | - | - |
| Potential Risk | | 7 | 29 | 63 | 16 | Other/Staff | | | | 9 | 82 | 157 | 92 |
| Unconfirmed | | 12 | 50 | 195 | 51 | Exploitation: | | | | 0 | | 38 | |
| | | | | | | Self | | | | - | - | - | - |
| ABUSE * | | | | | | Family/Relatives | | | | - | - | 14 | 37 |
| Total Reports | | 13 | | 200 | | Guardian/Conservator | | | | - | - | 2 | 5 |
| Investigative Findings | Confirmed | 3 | 23 | 78 | 39 | Other / Staff | | | | - | - | 22 | 58 |
| | Pot.Risk | 4 | 31 | 37 | 19 | REPORTERS | | | | | | | |
| Spouse Abuse Reports | | 0 | | 0 | | Self | | | | - | - | 9 | 2 |
| Investigative Findings | Confirmed | - | - | - | - | Family | | | | 3 | 13 | 93 | 24 |
| | Pot.Risk | - | - | - | - | Neighbor/Friend | | | | 2 | .8 | 22 | 6 |
| | | | | | | Guardian/Conservator | | | | - | - | 1 | - |
| NEGLECT * | | | | | | Community Agencies | | | | 4 | 17 | 10 | 3 |
| Total Reports | | 11 | | 171 | | SRS Staff | | | | 1 | 4 | 11 | 3 |
| Investigative Findings | Confirmed | 2 | 18 | 45 | 26 | Medical Personnel (N.H.-M.D.-Health Dept. Hospital Staff) | | | | 12 | 50 | 192 | 50 |
| | Pot.Risk | 3 | 27 | 21 | 12 | Police | | | | - | - | 4 | 1 |
| EXPLOITATION * | | | | | | Lawyer/Court Services | | | | - | - | 4 | 1 |
| Total Reports | | 0 | | 38 | | Anonymous | | | | 2 | 8 | 17 | 4 |
| Investigative Findings | Confirmed | - | - | 14 | 37 | Other | | | | - | - | 21 | 5 |
| | Pot.Risk | - | - | 15 | 39 | | | | | | | | |

* Some cases are reported in more than one category (abuse, neglect, exploitation)

Department of Social and Rehabilitation Services
Division of Children, Youth, and Adults

ADULT ABUSE/NEGLECT/EXPLOITATION REPORTING AND INVESTIGATION
FISCAL YEAR 1982 (July, 1981 through June, 1982)

NON-MEDICAL FACILITIES

| REPORTS RECEIVED | June, 1982 | | Year to Date | | PERPETRATORS | June, 1982 | | Year to Date | | |
|------------------------|------------|----|--------------|-----|---|-----------------------|----|--------------|-----|----|
| | # | % | # | % | | # | % | # | % | |
| Total | 82 | | 863 | | Abuse: | 17 | | 225 | | |
| Age Range | 18-93 | | 16-106 | | Self | 5 | 29 | 52 | 23 | |
| Average Age | 61 | | 55 | | Spouse | 6 | 35 | 64 | 28 | |
| | # | % | # | % | Family/Relatives | 6 | 35 | 68 | 30 | |
| Male | 32 | 39 | 308 | 36 | Guardian/Conservator | - | - | - | - | |
| Female | 50 | 61 | 555 | 64 | Other | - | - | 41 | 18 | |
| 60 years and older | 57 | 70 | 485 | 56 | Neglect: | 62 | | 581 | | |
| INVESTIGATIVE FINDINGS | | | | | Self | 49 | 79 | 455 | 78 | |
| Total Reports | 82 | | 863 | | Family/Relatives | 10 | 16 | 96 | 17 | |
| Confirmed | 31 | 38 | 414 | 48 | Guardian/Conservator | - | - | 3 | 1 | |
| Potential Risk | 35 | 43 | 274 | 32 | Other | 3 | 5 | 27 | 5 | |
| Unconfirmed | 16 | 19 | 175 | 20 | Exploitation: | 13 | | 131 | | |
| ABUSE * | | | | | Self | 1 | 8 | 24 | 18 | |
| Total Reports | 17 | | 225 | | Family/Relatives | 5 | 38 | 54 | 41 | |
| Investigative Findings | Confirmed | 3 | 18 | 84 | 37 | Guardian/Conservator | - | - | 2 | 2 |
| | Pot.Risk | 5 | 29 | 43 | 19 | Other | 7 | 54 | 51 | 39 |
| Spouse Abuse Reports | 6 | | 64 | | REPORTERS | | | | | |
| Investigative Findings | Confirmed | 5 | 83 | 46 | 72 | Self | 6 | 7 | 67 | 8 |
| | Pot.Risk | 1 | 17 | 10 | 16 | Family | 12 | 15 | 133 | 15 |
| NEGLECT * | | | | | Neighbor/Friend | 18 | 22 | 183 | 21 | |
| Total Reports | 62 | | 581 | | Guardian/Conservator | - | - | 3 | - | |
| Investigative Findings | Confirmed | 25 | 40 | 273 | 47 | Community Agencies | 3 | 4 | 121 | 14 |
| | Pot.Risk | 27 | 44 | 201 | 35 | SRS Staff | 8 | 10 | 99 | 11 |
| EXPLOITATION * | | | | | Medical Personnel (N.H.-M.D.-Health Dept. Hospital Staff) | 16 | 20 | 98 | 11 | |
| Total Reports | 13 | | 131 | | Police | 2 | 2 | 32 | 4 | |
| Investigative Findings | Confirmed | 1 | 8 | 43 | 33 | Lawyer/Court Services | 3 | 4 | 12 | 1 |
| | Pot.Risk | 8 | 62 | 43 | 33 | Anonymous | 1 | 1 | 29 | 3 |
| | | | | | | Other | 13 | 16 | 86 | 10 |

* Some cases are reported in more than one category (abuse, neglect, exploitation)

Bill Brief:

Defines and mandates the provision of protective services to adults.

Bill Provisions:

- Defines abuse, neglect, and exploitation.
- Defines the extent of the protective services that can be given, the limits and procedures for investigations, and the time frame for evaluation.
- Provides that no protective services can be provided unless the person consents. If the person withdraws consent, no protective services can be given.
- Non-consenting adults, who lack capacity to consent, can be provided protective services only when the court is petitioned for a guardian.
- Provides for petitioning of the court when the caretaker refuses service but the adult gives consent.
- Provides that protective services be given in a manner least restrictive to an individuals liberty.
- Provides for a registry.

Testimony Summary:

The Kansas Department on Aging has consistently supported a Non-Institutionalized Elderly Abuse and Protective Services bill. Since 1980, Kansas law has required the reporting of abuse, neglect and exploitation of nursing home residents; but no law exists to provide protection for non-institutional elderly who are in far greater threat of abuse and neglect. Our concern has been that that specific group not in institutions be protected because of a great likelihood for abuse. We have also felt that non-institutionalized adults deserve the same protection as institutionalized elderly.

This bill is similar to last year's which passed this committee and the Senate 38-0. The bill was drafted to ensure the following:

1. Adequate protection for the non-institutional adult.
2. Insures that they can be adequately protected.
3. Provides that the civil liberties of the adult and the caretaker are protected.
4. Provides strict limitations on provision of service when there is no consent.
5. Explains what to do when there is no consent.
6. Provides service in the least restrictive environment.

Senior organizations, AARP, KCOA, and the Silver Haired Legislature supported the need for this bill and last year's 769. The major differences that we see are the following:

1. Non-institutional is not clearly spelled out, and we believe it should be.
2. The term "eligible adult" is not defined.
3. There was no provision for forwarding validated reports of abuse for a statewide register that is in this year's bill.

I believe the Committee can insure their intent by inserting "Non-Institutional" into the language or into the definition section. It was KDOA's intent with the bill last year to insure that non-institutional aged and disabled people were provided protective services. We support SB-89 and understand the intent is to provide protective services to needy adults in non-institutional settings. I have included a full summary.

Testimony:

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

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

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

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

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

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

Profile of the Abused:

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

Profile of the Abuser:

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

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

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

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

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

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

SB-769 was specifically drafted last year to insure and guard against the concerns expressed last year. We worked closely with this committee to work out a clearly drafted bill. SB-89 also provides the following:

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

It also defines specifically:

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

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

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

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

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

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

In developing SB-89 the intent, which I believe has been achieved, was to balance the interests and responsibility of government to protect vulnerable and dependent people who are victims of abuse and neglect, with society's interest in protective the civil liberties of individuals and families and to guard the rights of self-determination and alternate lifestyles.

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

SB-89 is a good, strong bill worked out among many people that clearly balances the need for protection with the civil liberties and protection of individual rights and self-determination.

DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding S.B. 91

Title

AN ACT relating to the Social and Rehabilitation Service; authorizing photograph identification cards for recipients of assistance.

Purpose

Legislation is proposed requiring the issuance of photo ID cards for cash and medical assistance recipients where deemed necessary by the Secretary of the Department of Social and Rehabilitation Services.

Background

An average of 1,039 cash assistance warrants are reported as lost or stolen each year. A large portion of these warrants are eventually found to have been negotiated by individuals not authorized to do so. As the theft is reported to SRS, stop payments are generally issued, although many times the check has already been illegally cashed by an unauthorized person at a bank or grocery store. When the cashed warrant is returned through the banking system to the grocery or bank, a great deal of ill will is created. This has resulted in a decrease of the number of banks and stores willing to cash SRS cash assistance checks. The situation has created hardship on clients who need to have their checks cashed.

The use of the photo ID could assist the bank, or grocery store in determining if the client pictured on the card was the person trying to cash the warrant. It would also assist medical providers determine if the medical recipient pictured on the card was actually the person wanting to receive medical services.

An alternative to the proposed legislation would be to expend the existing Food Stamp non-photo I.D. system to include at the present time the Food Stamp Program requires the issuance of a simple ID card without the photograph. An alternative to the proposed legislation would be to expand the food stamp non-photo ID system to include cash assistance and medicaid recipients as well as food stamp recipients. This is only reissued if and when the client needs a replacement, not each time the individual makes application.

Effect of Passage

Passage of this legislation would permit the Secretary of the Department of Social and Rehabilitation Services to use discretionary authority to require the use of photograph ID's where it would be cost effective. Each recipient of assistance would be issued a photo ID and such ID would be required to be shown where welfare checks are cashed or medicaid services obtained.

SRS Recommendation

We recommend that discretionary authority be given to the Secretary to require photo ID cards where it is cost-effective to do so to combat fraud and theft. The use of non-photo ID cards will not remedy the problems. While most recipients of cash and medical assistance do hold a valid Kansas driver's license containing their photograph, we can in no way require an individual to hold such. If photo ID's were mandated, that identification would be required to be presented at the time of check cashing and food stamp usage and, more importantly, would be required to be presented to the physician or other medical provider in order to receive medical treatment. The initial results from a voluntary pilot project in Kansas City indicate 1) client acceptance, 2) financial institution acceptance, 3) easier client identification for fraud prevention and prosecution activities.

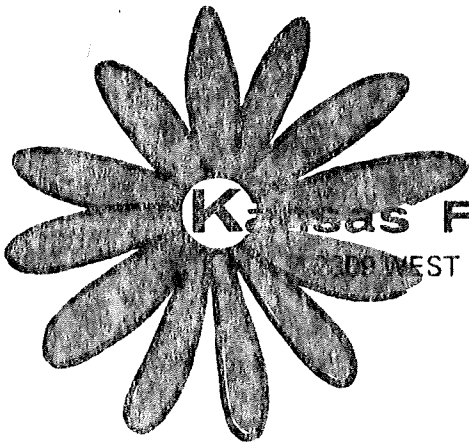
2/7/85
Attachment III

Fiscal Impact

Additional staff would be required to operate and maintain the photograph ID system in any area where it was implemented. The pilot project in Kansas City has required the time of one full-time staff member. These costs would, however, be defrayed by savings in the loss or theft of assistance payments and the reduction in staff time currently spend investigating the reported losses.

Robert C. Harder
Office of the Secretary
Social and Rehabilitation Services
296-3271
February 4, 1985

Frances Kastner
2-7-85
91



Kansas Food Dealers' Association, Inc.

108 WEST 47th STREET SHAWNEE MISSION, KANSAS 66205
PHONE: (913) 384-3838

February 4, 1985

SENATE PUBLIC HEALTH & WELFARE COMM.

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Winfield

DIRECTOR OF GOVERNMENTAL AFFAIRS

FRANCES KASTNER

EXECUTIVE DIRECTOR
JIM SHEEHAN
Shawnee Mission

I am Frances Kastner, Director of Governmental Affairs for the Kansas Food Dealers Association. Our membership consists of wholesalers, distributors and retailers of food products throughout Kansas.

This bill was called to our attention by the Department of SRS, and it does appear to be a tool in properly identifying those recipients of assistance.

Most of you have heard me speak in favor of any measure which would assist retailers in knowing that those in need of services or goods are actually the ones who receive them.

Our Association supports any method or tool which will assure the lowest cost to the consumer, or taxpayers.

We believed this was the case several years ago when we supported the mandatory color photo on driver's licenses, and the non-driver's I.D.

Those individuals who do not have either of the above identifications and who do receive public assistance would no doubt also benefit from having this type of identification to offer retailers.

We support SB 91 and join the Department of Social and Rehabilitation Services in asking your favorable consideration of this bill.

Thank you for the opportunity to appear before you on this measure.

Frances Kastner, Director
Governmental Affairs, KFPA

2/7/85
Attachment IV

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding S.B. 92

1. Title - This bill concerns an amendment to the membership of the Governor's Advisory Commission on Mental Health and Retardation Services as created by the provisions of K.S.A. 75-3302(d).
2. Purpose - The Governor's Advisory Commission on Mental Health and Retardation Services is created by the provisions of K.S.A. 75-3302(d). An amendment is being proposed which would increase the membership of the commission from 12 to 13 members so that the Governor may appoint to the Commission a member of the staff of the Kansas Department of Corrections.
3. Background - Within the past several years there has been increasing interaction between the Departments of Social and Rehabilitation Services and Corrections. Recent legislative sessions have resulted in the creation of pre-release centers within the Department of Corrections on the grounds of mental health facilities at the Topeka State Hospital and Winfield State Hospital. In addition, there has been an expansion of correctional beds at Larned State Security Hospital. The need for ever increasing cooperation between these two state agencies encourages the addition of a member from the Department of Corrections on the Governor's Advisory Commission on Mental Health and Retardation Services.
4. Effect of Passage - Passage of this bill would provide an additional policy link between the Departments of Social and Rehabilitation Services and Corrections.
5. SRS Recommendation - The Department of Social and Rehabilitation Services supports this bill in an effort to increase understanding and cooperation between it and the Department of Corrections.

Robert C. Harder
 Secretary
 Social and Rehabilitation Services
 296-3271
 February 4, 1985

2/7/85
 Attachment V

THE ASSOCIATION FOR
RETARDED CITIZENS OF KANSAS, INC.



11111 W. 59th TERRACE
SHAWNEE, KS 66203 • (913) 268-8200

Hope through understanding

BRENT GLAZIER
Executive Director

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Wichita

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WELDON CAMPBELL
Great Bend

MARIE LEACH
Wichita

BILL WARDS
Olathe

To: Senate Public Health & Welfare Comm. 2/4/85
Senator Roy Ehrlich, Chairman

From: ARC/Kansas Re: SB 92

It is my privilege to represent the ARC/Kansas, an association of some 5,500 parents and interested friends of persons who happen to be mentally retarded.

We would like to recommend an amendment to SB 92 by adding to the representation on the governor's advisory commission on mental health and retardation services a member to be appointed by the Governor who shall be associated with community mental retardation services. This would coincide with the fact that there is such a member on the commission representing community mental health services.

(Review of evolvement from original advisory commission.)

The following are a few summary statistics to indicate the scope of both community mental retardation facilities and state mental retardation institutions as of 1984:

1. Four State Mental Retardation Institutions with an average daily census of a total of 1,306. The 1984 total expenditures, excluding capital outlay, were approximately \$42,000,000. (Data from Governor's Report on The Budget, Fiscal Year 1986.)
2. Twenty Nine Community Mental Retardation Centers serving mentally retarded/developmentally disabled persons in over 100 different locations in the state. These Centers served the following number on a regularly enrolled basis:

| | |
|------------------------------------|-----------------|
| Adult Residential/Community Living | - 1,427 |
| Adult Day Training & Activities | - 3,696 |
| Children's Day Programs | - 1,451 |
| (Child Dev., Pre-Schools etc.) | 6,574 |
| | -1,427 in resi- |
| | dential) |
| Total unduplicated Count | 5,147 |

2/7/85
Attachment VI

The total expenditures of the Community Mental Retardation Centers in 1984 (excluding capital outlay) were over \$41,000,000. The sources of their funds were:

| | | | |
|---|---|----------------------|----------------|
| State General Fund | - | Approx. \$ 5,000,000 | - 12% of total |
| Federal Funds (Including Social Service Block Grants) | - | 13,000,000 | - 31½% |
| Local Funds | - | 18,000,000 | - 44% |
| Private Fees & Insurance | - | \$4,700,000 | |
| County Taxes | | 6,300,000 | |
| Misc., i.e. Donations, | | 7,000,000 | |
| United Way, Endowments, etc. | - | | |
| Production Income | - | <u>5,300,000</u> | <u>- 12½%</u> |
| | | \$41,300,000 | 100% |

(Data from SUMMARY OF MENTAL RETARDATION ACTIVITIES DURING FISCAL YEAR 1984 RELEVANT TO CHAPTER 460 OF THE 1982 SESSION LAWS OF KS., Mental Health & Retardation Services, Dept. of SRS., Feb. 1, 1985.)

We believe that community mental retardation services are a strong and viable addition to the state mental retardation system, a representative from which would offer valuable insight into the function and services of the overall Mental Health and Retardation Services Advisory Commission.

We urge your inclusion of an amendment to SB 92 for such an addition.

Respectfully submitted

Ethel May Miller

Ethel May Miller
State Legislative Affairs Chr.
ARC/Kansas

JOHN PETERSON 2-7-85
SB 92

TESTOMONY OF JOHN PETERSON

KANSAS ASSOCIATION OF PROFESSIONAL PSYCHOLOGISTS

SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

February 4, 1985

RE: SENATE BILL 92

Chairman Ehrlich, Members of the Committee:

My name is John Peterson and I am appearing on behalf of the Kansas Association of Professional Psychologists.

We support SB-92 and would recommend that the attached amendment be adopted which would include a representative on the Governors Advisory Commission from the Kansas Psychological Association.

The Governors Advisory Commission on Mental Health and Retardation Services and Community Mental Health Programs is intended to be a broad based advisory commission. Its current membership includes representatives from ten organizations, including the Kansas Psychiatric Association, KU Medical School and the Kansas Medical Society. We believe that inclusion of a representative both for the staff of the Secretary of Corrections and well as the Kansas Psychological Association would enhance the objective of achieving input from the full spectrum of agencies and organizations directly related to mental health programs.

Thank you for your time and consideration.

RRP020450-12dk

Attachment VII
2/7/85

PROPOSED AMENDMENT TO SENATE BILL 92

An act concerning the governors advisory commission on mental health and retardation services and community mental health programs.

In line 26, by striking "13" and inserting "14"

In line 30, by striking "11" and insterting "12"

In Line 34 after "medical society;" by inserting "one from the Kansas psychological association;"

In line 45 by striking "member" and inserting "members"

Prepared by: John Peterson
Kansas Association of Professional Psychologists

Kansas Association of Professional Psychologists

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February 4, 1985

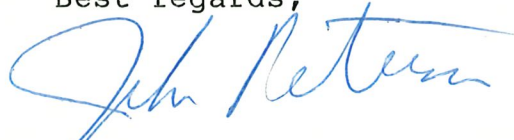
Senator Roy Ehrlich, Chairman
Senate Public Health & Welfare Committee
Statehouse
Topeka, KS 66612

Dear Senator:

As the Committee ran out of time on Monday, I did not make these brief remarks on a proposed amendment to Senate Bill 92.

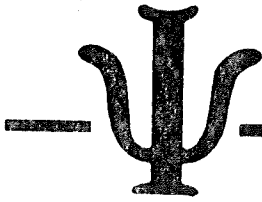
I can either make these remarks on Thursday or merely distribute them, in accordance with your wishes.

Best regards,



John Peterson
Kansas Association of
Professional Psychologists

2-7-85
S.P.A.



KANSAS PSYCHOLOGICAL ASSOCIATION

Feburary 7, 1985

Mr. Chairman, members of the committee, my name is Dr. William Albott. I am appearing before you on behalf the Kansas Psychological Association and its President, Dr. Harriet Barrish. The Kansas Psychological Association is the state association affiliate of the American Psychological Association.

We would request that in regard to Senate Bill No. 92, that you consider adding one additional member to the Governor's advisory commission on mental health and retardation services and community mental health programs and that the new member be from the Kansas Psychological Association. To this end we would suggest the specific changes in SB No. 92 to be:

- line 0030 "~~11~~ 12 of whom..."
- line 0034 "psychiatric association; one from the Kansas psychological association;...."

Thank you for your consideration of our request. If I may answer any questions I would be happy to do so.

2/7/85
Attachment VIII