

Approved 3-26-85
Date

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. on March 19, 1985 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Conferees appearing before the committee:

Dick Morrissey, Director of Bureau on Adult Care, Department of Health and Environment
Sylvia Hougland, Secretary, Department on Aging

Others Attending: See attached list

Dick Morrissey, Department of Health and Environment, testified and presented written testimony addressing SB-273. Attachment I

Lengthy discussion followed with the committee questioning Mr. Morrissey concerning how his department would handle those homes unable to comply with the 24 hour nursing requirements. Mr. Morrissey stated that he was hesitant to say that at no point would fines be used but two correctional opportunities to comply are available. It is not the intent to use that process in trying to fine a home.

When asked by Chairman Ehrlich if a shift of cost was going to occur, Mr. Morrissey replied it was not a shift, it would be additional costs. It would be passed on to all users of the service and that works out to be about half medicaid and half private pay patients.

Senator Hayden questioned Mr. Morrissey as to how the department would view rules and regulations due to the Attorney Generals opinion and he replied that they were still looking at it as though it were legislated since the authority is still there.

When asked by Senator Francisco whether or not the department would use rules and regulations if legislation were not implemented, Mr. Morrissey replied that they were now exploring the issue through the legislative process and he did not think the secretary was likely to provide that kind of legislative intent if the outcome were clearly negative.

Secretary Sylvia Hougland, Department on Aging, testified and presented written testimony on SB-273. It was stressed by Secretary Hougland that a shift in the disability level of patients in nursing homes result in patients needing more care and without supervisory personnel 24 hours a day it is difficult to give the needed care. Attachment II

Senator Mulich's pages were introduced to the committee.

Meeting adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE March 19, 1985

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Dick Hummel, Topeka

KHCA

John A. May Topeka

KHCA

Butch Eaton Topeka

KHCA

Elizabeth C. Taylor Topeka

Kolateral Hygienists Assn

Gary Pitt " "

KS coalition on Aging

Harold Pitts " "

TARTIA

Bert. Harden Topeka

SRS

John Grene " "

KS Assn Homes for Aging

Rosemary Goldberg

Deshaun U. S. San. & Police

Jim McBride Topeka

United Way of Topeka

Ruth Welton Topeka

Bill Doret

KEITH R LANDIS " "

CHRISTIAN SCIENCE COMMITTEE
ON PUBLICATION FOR KANSAS

Lynelle King " "

KS Off. Nurses' Assn.

Marilyn Bratt Lawrence

KINH

Bill Harper

KDOA

Sylvia Nardus Topeka

KDOA

BJS ABOL

CDH&S

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON SENATE BILL 273

PRESENTED TO THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

FEBRUARY 27, 1985

This is the official position taken by the Kansas Department of Health and Environment.

BACKGROUND INFORMATION:

In no health care setting, other than nursing homes, do we expect modern health care services to be delivered with so little professional care and supervision. We have known for a long time that over 90 percent of the care delivered in nursing homes is provided by unlicensed persons with minimal training and minimal supervision. In the vast majority of nursing homes in this state there is not even a licensed nurse in the building for 16 out of 24 hours each day.

This situation is becoming more acute by the day because of changes that are occurring in the long-term care marketplace. The resident population in nursing homes is changing. Changes in the Medicare and Medicaid reimbursement systems and the fact that our population is aging overall are resulting in more nursing home residents who are over 75 and suffer more severe conditions of ill health.

The present staffing requirements for nursing homes were first adopted in 1977 when many nursing home residents were capable of a higher level of self-care. Since then, the needs of residents for nursing care have increased and many homes have voluntarily increased their level of staffing by licensed nurses but the minimum requirements for licensed nurse staffing have not increased.

A 1983 national survey by the National Geriatric Society reveals that 13 other states already require 24-hour coverage by licensed nursing personnel in intermediate care homes. Here, in Kansas, nearly every organization, association, and agency associated with the provision of nursing home care agree that increasing the services provided by licensed nursing personnel in intermediate care homes is an idea whose time has come.

ISSUES:

Senate Bill 273 would establish authority for the Secretary of Health and Environment to require 24-hour coverage by licensed nursing personnel in intermediate care homes by rule and regulation, provided that a long laundry list of conditions was met. Only two of the issues addressed in those conditions appear to be directly relevant to implementing a requirement for 24-hour licensed nurse coverage in intermediate care homes. The requirement for 24-hour licensed nurse coverage should not be applied to intermediate care homes for the mentally retarded or to intermediate care homes for the mentally ill. In addition,

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Attachment I

authority should be provided to exempt some small and rural homes that may prove unable to comply with the requirements for increased coverage.

The Department of Health and Environment believes that the most effective means of implementing a requirement for 24-hour licensed nurse coverage with the necessary flexibility is through the adoption of appropriate rules and regulations.

DEPARTMENT'S POSITION:

The Department of Health and Environment fully supports the concept of requiring 24-hour licensed nurse coverage in all intermediate care homes. We believe that the most effective means of implementing such a requirement is through rules and regulations. However, should the committee decide to recommend a bill to establish a requirement for 24-hour licensed nurse coverage, we have attached a balloon showing amendments to Senate Bill 273 that would accomplish this goal.

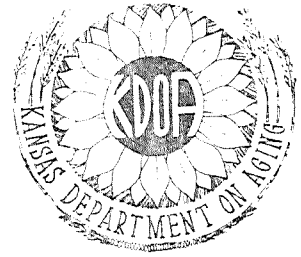
Presented by: Barbara J. Sabol, Secretary
Kansas Department of Health
and Environment

KANSAS DEPARTMENT ON AGING



JOHN CARLIN
Governor

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SYLVIA HOUGLAND
Secretary of Aging

SB-273

The Kansas Department on Aging continues to support the concept of 24 hour care as we have for the last several years because of the following reasons:

1. The increased disability level of nursing home residents and the changed mix toward heavier care patients that now exists.
2. The need for more complex medical care procedures for these heavier care patients.
3. On a 24 hour basis there is not supervised or qualified personnel to provide that needed level of care.

Several factors have contributed to the increased disability level:

1. Implementation and Impact of Medicare's DRG System

A February 1985, GAO study indicated that older persons are being discharged in poorer states of health after shorter stays in hospitals. The options are discharge to a nursing home or home in an increased disabled state.

2. Longevity and Increased Chronic Diseases

The average resident is 81, female, and widowed. Less than half of all residents can walk, almost half have a cognitive mental impairment, and most have two or more chronic or crippling diseases.

3. Increased Pre-Admission Screening which tends to "weed out" lighter care patients.

4. Home Health and In-Home Service Utilization

In a 1977 study by the GAO of adult care home residents, the residents were more dependent in five of six activities of daily living than residents were in 1973-74. A Minnesota study of adult care home admissions indicated that each year between 1976 and 1979, the admitants were increasingly more dependent. We know these trends have been exacerbated further by changes in the acute care system.

It is necessary for licensed personnel to provide or to supervise the type of care now given in ICF's. Currently ICF care may include tubal feeding, intravenous solutions, catheters, oxygen administration, etc. The ICF requirement is for a licensed nurse on the day shift only. It is potentially dangerous to have these complex procedures performed by minimally trained and unsupervised personnel.

According to a 1983 survey by the National Geriatric Society, 13 states require 24 hour care by licensed personnel.

There is no other health care situation where so little supervision or qualified care is allowed. Current staffing requirements are inadequate to meet today's changed situation. Regulations currently in force are 7 years old and no longer meet current conditions.

The cost issues have been or will be discussed by both SRS and H&E. The testimony in support of SB-273, I believe, grossly over-estimates costs because it implies additional new personnel for each shift, when, in reality, it is an upgrading of positions and differential in salaries.

In addition, cost savings and benefits should accrue because of better care.

KDOA supports the concept of 24 hour care, but does not support SB-273. SB-273 laundry list of conditions will preclude providing 24 hour care in reality.

KDOA believes that this can be accomplished through H&E. If a bill is recommended, we support a waiver for small and rural homes.

Sylvia Hougland
Secretary of Aging

SH:pal
3/19/85