

Approved _____

2/13/86
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

1:30 /a.m./p.m. on February 12, 1986 in room 423-S of the Capitol.

All members were present except:

Representative O'Neal, excused.

Committee staff present:

Bill Wolff, Research
Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Representative Homer Jarchow
Representative Sandy Duncan
Mary Ann Gabel, Executive Secy. Behavioral Sciences Regulatory Board
Carl Myers, Professional Social Worker Practitioner/Professor of Social Work/Washburn U.
V. L. Holsteen, Retired Chief Social Work Service/VA Medical Center, Topeka, Ks.
Peter Packard, Ks. Society for Clinical Social Work
Conrad M. Fisher, LBSW
Mr. William Albott, Psychologists Association
Dr. Robert C. Harder, Secy. Dept. SRS
Barbara Sabol, Secy. Health and Environment
Dick Hummel, Kansas Health Care Association

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

Chairman called meeting to order, then introduced Representative Homer Jarchow who asked to make a bill request.

Representative Jarchow gave hand-out to members, a bill draft, (see Attachment No.2), for details. He gave background for request, noting the danger of life-threatening illnesses, as meningitis or epiglottitis after very young children suffer from the bacterium, Hemophilus influenzae ("H. flu"). Letters from Drs' Ziegler and Sechin Cho state statistics and the need for such legislation. Cost-benefit analyses suggest that vaccination is cheaper in the long run than the treatment of the disease. This immunization is suggested for children 24 months and older, and would be for children 24 months and older, and would be for pre-school children. He asked this legislation be introduced.

Rep. Pottorff moved this bill be introduced, motion seconded by Rep. Branson. Motion carried.

Chairman had announcements for committee, i.e., General Counsel for Board of Healing Arts, Don Strole has resigned; Dr. Evans and Dr. McClelland who both testified at meeting yesterday have asked that written testimony on HCR 5031 from them be considered by members, and it will be forthcoming. Had committee note as well that a hand-out from K. C. Aviation, written by Mr. Martin needs also to be considered when action taken on HCR 5031. (Please see Attachment No. 3. today), for details.

Chair then recognized Rep. Duncan as past chairman of Rules and Regs. to give background on HB 2730, and HB 2731.

Rep. Duncan noted, beginning top of Page 2 speak to those engaging in private or independent practice of social work, the language clarifies the intent of what the original legislation was. First must become a licensed master social worker, second, you must have 2 years supervised experience approved by the Board. He then explained the changes of technical nature, changing words from "makes application" to "applied"; language dealing with renewal of licensing; fees being assessed for renewal after license lapses; and privileged information; and changes through the bill.

HB 2731 was given background by Rep. Duncan, and explained that when Rules and Regs. finds a question, it does not mean necessarily they have concerns with the bill, but that they want Rules and Regs. to reconcile with the statutes. In HB 2731, they found the Board had no authority to recognize specialities in the practice of psychology. This bill then will set down clear authority for that. There was a discussion and some

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 /a.m./p.m. on February 12, 1986.

HB 2731 continues:--

questions of representative Duncan.

Testimony began on HB 2730:--

Ms. Mary Ann Gabel, Executive Secretary of Behavioral Sciences Board gave hand-out to members, (see Attachment No.4), stating HB 2730 was introduced in response to their Board's concerns regarding private, independent practice of social workers and late license renewals. She stated the highest level of licensure available to persons in that of the specialist social worker. This level requires either a master's or a doctoral degree from an accredited social work program, two years post graduate supervised experience acceptable to their Board, and satisfactory completion of an examination. She then directed attention to lines 44-51, and line 47, neither includes these persons, nor does it require a review or approval of the supervision requirement. Hence their Board is requesting that line 47 be amended to read:--"(1) is licensed under this act as a specialist social worker; and".

She spoke then to the concern with the increasing number of licensees who permit their social work license to expire and continue to practice social work in violation of statutes. She cited statistics on lapsed licenses. She answered questions from members.

Mr. Carl Myers,, a professional social worker, however is speaking today as an individual, and his comments not necessarily reflect views of the professional association of which he is a member, or the University of Washburn. He stated the present law, in its attempt to differentiate the advanced level of social work practice, has confused the "method" of practice, with a "specialty". A loophole has been created through which social workers could and have avoided meeting minimum professional standards required for autonomous, private practice. Trying to correct this problem through legislating generic vs. clinical methods of practice would lead to confusion among the profession and lawmakers. Generic method of all the types of social work activity are similar, but have specific variations. The main point he said he would make is, we cannot legislate the forms and methodologies of social work practice, but we can provide for maximum consumer protection by specifying the minimum credentials of those who seek to provide independent (unsupervised) services. He urged for approval of changes in HB 2730. (See Attachment No.5), for details.

Mr. V. L. Holsteen, stated he supports the proposed changes in Sec. 2, (1), changing the word "master" to "specialist" social worker. He spoke to clean up language in Sec. 3, Sec. 4 changes clarifying issues relation to administration of renewal of license, Sec. 5, changes clarifying protection of client information. He asked for favorable support. He answered questions from committee. (See Attachment No. 6) for details.

Mr. Peter Packard, representing the Ks. Society for Clinical Social Work, stated they endorse unreservedly all the changes proposed in HB 2730, and the most important needed change is lines 48-50 of the bill. Methods in social work are defined in three areas of practice, i.e., casework, group work, and community organization. Licensure for other specialties may be requested in the future, and they feel these should be subject to standards similar to and as rigorous as those now required for clinical speciality. He urged for favorable consideration of HB 2730. (See Attachment No. 7) for details of his testimony.) He answered questions from committee.

Mr. Conrad M. Fisher, Olathe, Kansas, gave hand-out to members, (see attachment No.8) for details. He is concerned with Sec. 4. (d), lines 151-161, and does not support the position the Behavioral sciences Board having the authorized power to levy"... a penalty equal to the renewal fee...". He outlined his concerns. He stated then, the Board does not provide its licensees with suitable documentation of relicensure. This past year, he said, it was a photocopied memorandum personalized only by name, license number, and expiration date. He urged for changes in HB 2730 to strike, "lines 151-161. His concern was there is too much room for what may be considered valid licensing hours and nothing to waive penalty if arbitration of hours is necessary. He answered questions.

At this point we show (Attachment No. 9). Chair asked if anyone else wished to be heard on HB 2730, and no one spoke, however this attachment had been given for distribution at the beginning of the meeting this date. Attachment is signed by Charles Lewis, with a Topeka phone number.

Hearings closed on HB 2730.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 a.m./p.m. on February 12, 19 86

Hearings began on HB 2731:--

Mary Ann Gabel, gave hand-out, (see Attachment No. 10), for details. She gave background on HB 2731, and stated their Board requests line 43 be amended as follows: "(b), the Board may fix by rule and regulation an application". She said this would permit them discretion in assessing a fee. Further, Sub. Sec. (c), lines 50-53 appear to address only persons who are advertising or holding themselves out to the public and does not include the practice issued. In line 51, the word "intentionally", they feel will place an added burden of proof on their Board. Thus, they would propose an amendment to lines 50-53 to read: "specialty. It shall be unlawful for any person not endorsed in a specialty within the practice of psychology to represent to the public that such person is endorsed in such specialty or to practice or offer to practice in such specialty."

Mr. William Albott spoke in support of Ms. Gabel's proposed amendments and of HB 2731. (See Attachment No. 11), for details. It has been the position of their Association, he said, that statutory regulation of professional psychology is best served through generic certification/licensure process. A process which is currently in place. Supplementing the generic process with specialty designations serves to strengthen the regulatory process and offer users/consumers of psychological services additional protection. With statutory authority allowed for in passage of HB 2731, the Board of Behavioral Sciences will be better able to insure service consistent with education and training and experience, and consumers will better understand what "clinical" as opposed to a "social" or "school", or "industrial" psychologist does.

Hearings closed on HB 2731.
Hearings began on HB 2747:--

Dr. Robert Harder, SRS gave hand-outs to members, (see Attachment No. 12, a balloon copy of proposed amendments on HB 2747, and Attachment No. 13, his testimony). He stated that SRS and H&E had joined forces since they both wish to amend HB 2747, and have made their proposed amendments in the balloon copy. SRS would be allowed to set standards, inspect and license all facilities where mentally ill, mentally retarded, or other handicapped persons live and who need limited assistance with the taking of medication. This act will allow SRS to regulate this type of facility. The balloon gives detailed, lengthy changes proposed, see Attachment No. 12.

Dr. Harder recommended favorable passage, saying SRS and H&E staff would be required to assess the need of facilities in question in order to determine whether they would need to be licensed under this act. Affected facilities would be required to meet the licensing standards. In return, Kansas would be in compliance with the Federal Keys Amendment.

Secretary Sabol concurred with Dr. Harder's comments and proposed amendment.

Dick Hummel, Director of Kansas Health care Association commented their basis concern is for the health, welfare, and safety for the persons that may be residing in this new category type of facility. Lines 127-133 of HB 2747 speak to administering of medication for certain types of patients, it's not with taking the cap off medication bottles, but perhaps what might happen later, if there is an adverse drug reaction. There have been good standards developed in the Keys Amendment, so perhaps it is an oversight not indicating supervision in administering medications. He said they would need language to protect them in this respect.

Chairman adjourned meeting at 3:03 p.m.

GUEST REGISTER

DATE 2/12/86

HOUSE

PUBLIC HEALTH AND WELFARE

Date 2/12/86

NAME	ORGANIZATION	ADDRESS
William L. Albott	Ks. Psy. Association	Lawrence, Ks.
Robert Harder	S R S	Topeka
Lila Paslany	ARC/Kansas	Topeka
Conrad Fisher	Self as a Social Worker	Olathe Kc
Charles Lewis	Self as a Social Worker	Topeka, KS
Nancy J. Fairfield	Behavioral Science Reg. Board	Topeka Ks
Mary Ann Galus	" "	" "
Dr. Pat. Ewalt	" "	" "
Marie Copeland	NASW	" "
J. L. Holsten	NASW	Topeka, Ks
Carl Myers	self as a social worker	Topeka Ks
Leslie Richard	KSCSW Kansas Society for Clinical Social Work	Topeka, Ks
IC Moussey	KDHE	Topeka, Ks.
Gae Fange	KDHE	Topeka, Ks.
Homer Jarchow	Rep. 95th Dist.	Wichita, Ks
Ann Hummel	KACA	TOPEKA
Luella Allen	KH&A	Topeka
Barb Powell	Planned Parenthood	"
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	"

Attachment 1
2/12/86
Hs. PHW

HOUSE BILL NO. _____

By Representative Jarchow

AN ACT concerning immunizations of preschool children in certain boarding homes for children; requiring such children to be inoculated with hemophilus influenzae type b vaccine.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) Except as otherwise provided in subsection (b), in addition to any other immunizations which may be required by law, no preschool child shall be admitted to any boarding home for children licensed by the secretary of health and environment under article 5 of chapter 65 of the Kansas Statutes Annotated unless such child has been inoculated with the hemophilus influenzae type b vaccine.

(b) No child shall be required to be inoculated with the hemophilus influenzae type b vaccine under subsection (a) if the boarding home for children obtains:

(1) A certification from a person licensed to practice medicine or surgery stating that the physical condition of the child is such that immunization would endanger the child's life or health; or

(2) a written statement signed by the child's parent or guardian that the parent or guardian is an adherent of a religious denomination whose teachings are opposed to immunizations.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.

Attn. #2
2-12-86
Hs. PHW

Wesley Medical Center

550 North Hillside
Wichita, Kansas 67214-4076
Tel. (316) 688-2468

February 6, 1986

The Hon. Homer E. Jarchow
Representative, Ninety-fifth District
Sedgwick County
2121 West Douglas
Wichita, Kansas 67213

Dear Mr. Jarchow:

We are writing to solicit your support for implementing the recently released Hib vaccine as an integral part of well child care, particularly for those children covered under Title XIX. This vaccine induces immunity in children 24 months and older to the bacterium, Hemophilus influenzae ("H. flu").

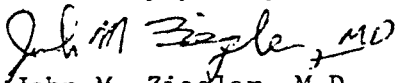
H. flu is a very common cause of illness in children. In the United States today, approximately 1 in every 1000 children suffers from systemic H. flu disease each year. By the age of 5, one child in every 200 contracts H. flu disease. This can cause life-threatening illnesses, such as meningitis or epiglottitis, which require prolonged hospitalization and may be associated with permanent brain damage.

It is estimated that the vaccine is 90% effective. Cost-benefit analyses suggest that vaccination is cheaper, in the long run, than is treatment of the disease. Of course, the value of preventing devastating illness in a young child is priceless.

The Centers for Disease Control, as well as the American Academy of Pediatrics, have recommended that all children be vaccinated at 24 months of age. We urge you to consider extension of Title XIX coverage to include the cost of this vaccine, in order to complete well child care for these children.

Thank you for your time. If you need more information, please feel free to contact us.

Sincerely yours,


John M. Ziegler, M.D.

Chief Resident in Pediatrics



Sechin Cho, M.D.

Director of Pediatric Education, WMC

Associate Professor of Pediatrics-UKSM-Wichita

JZ/SC/paw



Division of Perinatal Medicine

Dear Mr. Jarchow,

I have reviewed your draft
and found it excellent.

I believe the Dept of Health
will be positive for this bill.

I wish SRS covers this
vaccine expenses for
the children with Title IX.
Will send a letter regarding
that shortly.

Thanks. See later



W M

Attn. # 3
2-12-86

January 24, 1986

Mr. Olin Tapley
Bureau of Emergency Medical Services
Kansas Highway Patrol
111 West 6th Street
Topeka, Kansas 66603

Dear Mr. Tapley,

Pursuant to the Emergency Medical Services Council meeting on January 10, 1986, I would like to respond to the air ambulance regulations issue concerning the elimination of Type V and the dedication of aircraft.

As you know, I participated in the hearings of providers for the establishment of air ambulance regulations over the past year. At the conclusion of those hearings and numerous debates, I was completely satisfied with the air ambulance regulations as submitted to the Kansas Legislation for adoption. The original intent to revise the Kansas air ambulance regulations was to strengthen the Bureau of Emergency Medical Services role in an otherwise non-controlled service. As of today we are still confronted with unscrupulous suppliers of "air ambulance services" that simply throw a stretcher in a plane. It is impossible to be financially competitive with that kind of supplier, when their aircraft are undedicated and unequipped.

A Type V air ambulance service is distinguished from a type 1-A in that a Type V is a hospital based operation as opposed to a Fixed Base Operator operation. In my opinion, the medical control and medical staffing of a Type V operation exceeds the 1-A. When operating an advanced life support aeromedical unit supplying services to critically ill or injured patients on a twenty-four hour, seven day a week basis, I would strongly question any fixed base operators ability to do so without the medical control of a hospital which also operates and staffs twenty-four hours per day.

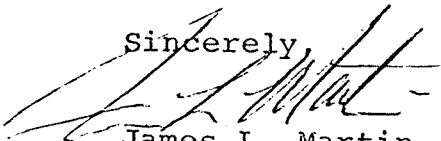
Finally, the question concerning the dedication of aircraft for use in air ambulance service should be addressed with perhaps another question. How can the Bureau of Emergency Medical Services certify an aircraft unless it is dedicated?

Attachment 3
2-12-86
Hs. PHW

Does this mean that one day we will have the aircraft in a heated hangar because we're going to play air ambulance and the next day we park it outside in the cold because we're going to play Charter? How does the Bureau of Emergency Medical Services assure quality control?

In conclusion, it is my opinion that the air ambulance regulations presented to the Kansas State Legislation should be adopted as proposed. If not, we just took one giant step backwards.

Sincerely,

A handwritten signature in cursive script, appearing to read "J. L. Martin".

James L. Martin
Administrator

BARBARA L. KOVAROVIC, *Chairperson*
MARY ANN GABEL, *Executive Secretary*



214 W. 6th, Room 201
Topeka, Kansas 66603-3789
913/296-3240 KANS-A-N 561-3240

BOARD MEMBERS:

Public Members

BARBARA L. KOVAROVIC
KAY METTNER
ROBERT M. SMITH, Ph.D.

Psychology

NANCY J. GARFIELD, Ph.D.
WILLIAM H. SMITH, Ph.D.

Social Work

PATRICIA L. EWALT, Ph.D.
MARY ROGGE, LBSW

BEHAVIORAL SCIENCES REGULATORY BOARD

TESTIMONY ON H.B. 2730

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

February 12, 1986

Chairman Littlejohn and Committee Members:

I am Mary Ann Gabel, Executive Secretary of the Behavioral Sciences Regulatory Board appearing before you today on behalf of the board and in support of H.B. 2730. Also attending with me is Dr. Pat Ewalt, Dean of the School of Social Welfare, KU, and Vice-Chairperson of the board.

This bill was introduced in response to the board's expressed concerns regarding the private, independent practice of social workers and late license renewals.

The highest level of licensure available to persons is that of the specialist social worker. This level of licensure requires either a master's or a doctoral degree from an accredited social work program, two years, post-graduate supervised experience acceptable to the board, and satisfactory completion of an examination. Persons who attain this level of licensure are considered to be competent to engage in private, independent practice and are recognized as such within the professional and educational community.

Given this background information, I now wish to call your attention to Sec. 2. K.S.A. 75-5353, lines 44-51, and in particular line 47. You will note that the statute in its current form and prior to this proposed amendment, neither includes these persons, nor does it require a review or approval of the supervision requirement.

*Attn. # 4
2-12-86
Hs. PHW*

The board is requesting that line 47 be amended to read as follows:

"(1) is licensed under this act as a ~~master~~ ^{IC} specialist social worker;
and"

The board believes that these individuals who have demonstrated a level of competence greater than all other levels of licensure should be the group of persons permitted to practice independently. It would appear that this omission may be an oversight rather than a legislative policy position.

Sec. 4. K.S.A. 75-5358 addresses the board's concern with the increasing number of licensees who permit their social work license to expire and yet continue to practice social work which is clearly in violation of the statute. During the past two years, 121 renewals were received 8 or more days late, while 89 renewals were received 7 or less days late. Based on approximately 2,800 licensed social workers, this total number represents approximately 8% of the licensees who failed to renew their licenses on or prior to the expiration date.

Since July 1, 1985, 58 licensees have sought and been issued temporary permits to practice. These permits were issued on the basis of the persons having failed to complete 60 hours of continuing education required for renewal of their biennial license.

Thank you for your consideration of this bill and the amendment to line 47 as proposed by the board.

Either I or Dr. Ewalt will be happy to answer any questions you may have at this time.

TESTIMONY TO THE HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

RE: HB 2730

Carl S. Myers, ACSW

February 12, 1986

I am Carl Myers, a professional social worker practitioner, and assistant professor of social work at Washburn University. I speak to you out of my long interest and involvement in the social work community regarding professional standards in social work. I've been actively involved in licensing issues with various social work groups, but today am speaking only as an individual, and do not necessarily reflect the views of the professional associations of which I am a member, or of my university.

From the early 1970's the intent of the state and national professional organizations has been to develop a licensing law that appropriately recognizes the multi-level nature of the provision of social work services. The levels relate to standards of professional education, supervision, and experience at the baccalaureate, masters, and advanced level of social work practice.

The present law, in its attempt to differentiate the advanced level of social work practice, has tended to confuse the "method" of practice, with a "specialty". It has created a loophole through which social workers could (and have) avoided meeting the minimum professional standards required for autonomous, private practice.

Because of the confusion of terms, it is possible to circumvent the intent of the law by saying that what one is doing in unsupervised private practice is simply "not" clinical.

Trying to correct this problem through legislating generic vs clinical methods of practice would lead to mass confusion among the profession, and lawmakers. Drawing distinctions between types of helping such as "psychotherapy", "counseling", "stress management", "consulting", "family assessment", "family work", "family therapy", "casework", "parenting education", "marital counseling," etc. would not only be impossible, but would fail to appropriately protect the public.

In reality, the generic method of all of these descriptions of social work practice activity are similar, but have specific variations and strategies which in all cases should be individualized in order to be appropriate to the particular client situation.

The point of this is, we cannot legislate the forms and methodologies of social work practice. We can, however provide for maximum consumer protection by specifying at least the minimum credentials of those who seek to provide independent (unsupervised) services.

I urge your approval of the changes in HB 2730. The changes represent a more precise way to insure the original intent of the social work licensing law, in the interest of the public.

*Attn: #5
2-12-86
Hs. PHW*

TESTIMONY

ON

AN ACT CONCERNING THE LICENSING OF SOCIAL WORKERS

PRESENTED TO

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

KANSAS HOUSE OF REPRESENTATIVES

BY

V. L. Holsteen, LSCSW
Retired Chief, Social Work Service
VA Medical Center, Topeka, Kansas

ON BEHALF OF THE

NATIONAL ASSOCIATION OF SOCIAL WORKERS

KANSAS CHAPTER

Topeka, Kansas

February 12, 1986

*Attn. #6
2-12-86
Hs. PHW*

Chairman Littlejohn and members of the committee; I am V. L. Holsteen, retired Chief, Social Work Service of the Topeka VA Medical Center where I served for 16 years. During that period I was active in NASW on many committees, including Chairman of Professional Standards and Chapter Vice President.

My interest in promoting delivery of quality social work to the public by establishing licensure spans two decades. I was a member of the NASW committee in Oklahoma that developed their registration law in the middle sixties. In the early seventies I was a member and sometimes Chair of the NASW committee that developed the Kansas Social Work licensure law requiring specified education and training for practice. I have been asked by the NASW Kansas Chapter President, Fred Zang, and the Executive Board to represent their views on this bill.

The present law was first passed in 1974. It has been modified and adjusted later to simplify administration of the law, and to smooth out the wording, grammar and interpretation of the law. It was first assigned to SRS for administration. Later the legislature combined the regulation of social work and psychology under the present Behavioral Sciences Regulatory Board. The Board suggests these changes for consistent administration.

NASW supports the proposed changes in HB 2730. Sec. ²₁(1) changes the word master to specialist social worker. Sec. 2 (2) will clarify required educational and supervised experience standards for social workers entering private practice. We think those in private practice should be among the most qualified, experienced, and capable members of the profession. This change will help assure it. Sec. 3 changes clean up the grammar and clarify guidelines for issuing temporary licenses. Sec. 4 changes clarify issues relating to administration of license renewal. Sec. 5 changes clarify protection of client information and the legal exceptions to the rule. NASW supports these changes and we ask the House Public Health and Welfare Committee to approve them.

My name is Peter Packard, LSCSW #29 and I represent the Kansas Society for Clinical Social Work, the society which helped develop the first examination for the Licensed Specialist in Clinical Social Work, the LSCSW.

We in the Society believe that the present licensing law has functioned well in providing protection for consumers of mental health services, protecting them from unqualified practitioners of clinical social work, the only specialty now eligible for the private practice license under Kansas law. We also believe that House Bill 2730, if passed, will provide even better protection for consumers of mental health services in Kansas. While we endorse unreservedly all the changes proposed in the bill now before this committee, the most important and needed change, we believe, is in lines 48 to 50 of the Bill.

Methods in social work are defined as the three broad areas of practice, specifically, casework, group work and community organization. There is only one specialty, namely clinical social work. To become a qualified private practitioner in that specialty, a social worker with a Master's Degree from an accredited graduate program must receive two years of special training under a qualified supervisor and must pass an examination. Licensure for other specialties may in future be requested. It is our position that such proposed specialties should be subject to standards similar to, and just as rigorous as, those now required for the clinical specialty. The decision to license such specialists, and the standards they must meet should, we submit, be made by the licensing board, so that consumers of those special services may receive adequate protection.

For these reasons we urge favorable consideration of House Bill 2730.

*Attm # 7
2/12/86*

Hs. PHW

Testimony presented to The House Committee
for Public Health and Welfare

Representative Marvin L. Littlejohn, Chairman
February 12, 1986

By: Conrad M. Fisher, LBSW
HOR: 2111 E. Santa Fe, #160
P.O. Box 4000
Olathe, Kansas 66062-1606
Office telephone number (913) 267-4900
Home (913) 782-6240
or (913) 286-1886

I am here today to express my concern regarding a bill before this committee. House Bill No. 2730, AN ACT concerning the licensing of social workers; amending K. S. A. 75-5348, 75-5353, 75-5354, 75-5358 and 75-5360 and repealing existing sections.

My concern is with Sec. 4 amending K. S. A. 75-5358 paragraph (d), lines 0151 through 0161. I do not support the position the Behavioral Sciences Regulatory Board should have the authorized power to levy "...a penalty equal to the renewal fee....".

My objection is based on several concerns.

1) Although the Regulatory Board has published a document setting fourth guidelines for obtaining licensing credit the Board maintains the authority to not grant credit for continuing education such as conferences, workshops, or seminars not previously authorized licensing credit or academic classes the Board chooses not to acknowledge as acceptable, therefor the licensee could be unwarrantedly put in jeopardy on the basis of honest disagreement with the Board over what may or may not be valuable to the individual licensee(s) situation.

attm. #8
2-12-86
Hs. PHW

My own experiences have been favorable in receiving licensing credit for courses not directly allied with social work practice, however I have no current hard evidence the Board would allow credit for course work in contrasting or competing disciplines.

2) The difficulty is compounded by the position so stated by the Board that they will not grant prior approval for continuing education. This is per correspondance dated March 19.1984. This means one must send forward his/her relicensing packet with the hope that your educated guess that any continuing education done by the licensee will be rated in a like manner by the Board.

3) My third objection to the proposed bill is that of a general dissatisfaction with the Board and how it operates. In the last session of this legislature they successfully lobbied for and received authority to raise licensing/relicensing fees with no explanation of need to those subject to regulation. Of course this was done in public but that piece of legislation, not unlike this bill, so often goes unacknowledged by the public, the press, the people regulated, that the peoples imput for or against never gets heard. It is only by chance, and that I am reviewing legislation for another organization did I learn of H. B. 2730.

The Board for whatever reason(s) does not even provide its licensees with suitable documentation of relicensure. This past year, it was a photocopied memorandum personalized only by name, license number, and expiration date.

In sumation, the particular lines 0151 through 0161 should be struck or ammended from H. B. 2730. There is too much room for contention of what may be considered valid licensing hours and there is nothing in the bill to waive the penalty if arbitration of hours if necessary.

I appreciate the opportunity to present my concerns regarding this bill before this House Committee; Thank you.

Thank you.

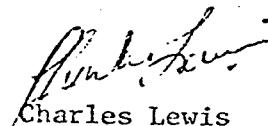
HB 2730 as amended in this proposal would do no more than to create additional harrassment for people the board is set up to supervise. Covered by this law are about 700 social workers in SRS offices and institutions. Many of these do work that is very close to that of income maintenance workers in the agency. The requirements for a social worker are higher in education, continuing education, and requirement of a license for which they must pay a fee for examination as well as renewal each two years.

In my own case and the cases of others I know, this board has never provided any service other than to renew the license. At the end of last year I applied for renewal of my license. The board cashed my check prior to notifying me of a discrepancy in the continuing education hours I submitted. About a week after that they issued a letter informing me I was not authorized to "practice social work" in Kansas.

On the day I received that second letter I took verification of completion of 13 hours of continuing education to that office. I needed 9.25 hours for 1985. It was only after a confrontation there that I was allowed to keep the other hours to use for continuing education in 1986 when I attended the workshop.

I feel that this board is so overworked that they cannot cope or they are so calloused as not to care.

I therefore contend that to amend this bill as shown would only serve to further harrass the clientele the board is to serve.



Charles Lewis
LBSW 1579
Office: 295-9521, ext. 261
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Attn. # 9
2-12-86
Hs. PHW

BARBARA L. KOVAROVIC, *Chairperson*
MARY ANN GABEL, *Executive Secretary*



214 W. 6th, Room 201
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BEHAVIORAL SCIENCES REGULATORY BOARD

TESTIMONY ON H.B. 2731

HOUSE PUBLIC HEALTH AND WELFARE

February 12, 1986

*Attn. #10
2-12-86*

Chairman Littlejohn and Committee Members:

I am Mary Ann Gabel, Executive Secretary of the Behavioral Sciences Regulatory Board appearing before you today on behalf of the board and in support of H.B. 2731.

This bill was introduced in response to the board's expressed concern regarding psychologists practicing outside their area of emphasis or "specialty" and the potential for harm to the public.

It is not the board's intent or desire at this time to assess a fee for endorsement in a specialty. Therefore, the board requests that line 43 be amended as follows:

"(b) The board shall may fix by rule and regulation an application" This amendment would permit the board discretion in assessing a fee.

I now wish to call your attention to subsection (c), lines 50-53, of this bill. This subsection appears to address only those persons who are advertising or holding themselves out to the public and does not include the practice issue. It has been my experience that the board deals with more issues and complaints involving practice than it does with issues involving advertising. Persons practicing outside their area of emphasis, as demonstrated by their education and training, do so quietly without calling attention to themselves. It is only when a complaint is filed with the board, and during the course of the investigation, it is discovered

*Attn. #10
2-12-86
Hs. PHW*

that the individual is practicing outside his or her area of emphasis, that it is brought to the board's attention.

I might point out that the specialty statutes of the Board of Nursing contain language which addresses practice as well as advertising or holding oneself out to the public.

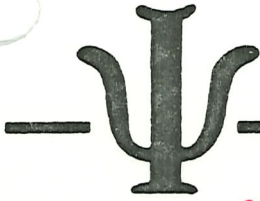
I have discussed the inclusion of the word "intentionally", as contained on line 51, with the board's legal counsel. Legal counsel concurs that the word appears to place an added burden of proof on the board.

Given these concerns, the board wishes to propose amendments to lines 50-53 to read as follows:

"specialty. It shall be unlawful for any person not endorsed in a specialty within the practice of psychology to intentionally represent to the public that such person is endorsed in such specialty or to practice or offer to practice in such specialty."

The board currently has 438 certified psychologists. Of these certificands, 14 persons were grandfathered and therefore would have no specialty designation and 11 appear to have a non-recognized area of emphasis. Therefore, 94% of the certified psychologists appear to have an area of emphasis or a specialty area recognized by the board at this time.

Thank you for your consideration of these proposed amendments.



KANSAS PSYCHOLOGICAL ASSOCIATION

Mr. Wm. Albott

February 12, 1986

Mr. Chairman, members of the committee, I am Dr. William Albott. I am here today on behalf of the Kansas Psychological Association, its president Dr. John Helton, and the association's Board of Governors, to offer support for H.B. 2731.

It has been the position of our association and that of the American Psychological Association, that statutory regulation of professional psychology is best served through a generic certification/licensure process--a process which is currently that in place in Kansas. Supplementing the generic process with specialty designations--along the lines advocated by the American Psychological Association in its publication "Specialty Guidelines for the Delivery of Services"--serves to strengthen the regulatory process and offer users/consumers of psychological services additional protection. With the statutory authority allowed for with the passage of HB 2731, the Behavioral Sciences Regulatory Board will be better able to insure practitioners offer services consistent with their education, training and experience and consumers will be able to better understand what it means when a practitioner identifies themselves as a "clinical" psychologist as opposed to a "social" or "school" or "industrial" psychologist.

Attn. #11

2-12-86

Hs. PHW

HOUSE BILL No. 2747

By Committee on Public Health and Welfare

1-27

0017 AN ACT concerning the secretary of social and rehabilitation
0018 services; relating to the licensing of certain facilities in which
0019 one or more mentally ill, mentally retarded or other handi-
0020 capped persons reside who need assistance in the taking of
0021 medication; amending K.S.A. 36-501 and K.S.A. 1985 Supp.
0022 75-3307b and repealing the existing sections.

0023 *Be it enacted by the Legislature of the State of Kansas:*

0024 Section 1. K.S.A. 36-501 is hereby amended to read as fol-
0025 lows: 36-501. As used in ~~K.S.A. 36-501 to 36-515~~, inclusive the
0026 *food service and lodging act*, the following words and phrases
0027 shall have the meanings respectively ascribed to them herein:

0028 (a) "Hotel" means every building or other structure which is
0029 kept, used, maintained, advertised or held out to the public as a
0030 place where sleeping accommodations are offered for pay pri-
0031 marily to transient guests and in which four (4) or more rooms are
0032 used for the accommodation of such guests, regardless of
0033 whether such building or structure is designated as a cabin
0034 camp, tourist cabin, motel or other type of lodging unit.

0035 (b) "Rooming house" means every building or other struc-
0036 ture which is kept, used, maintained, advertised or held out to
0037 the public to be a place where sleeping accommodations are
0038 furnished for pay to transient or permanent guests and in which
0039 eight (8) or more guests may be accommodated, but which does
0040 not maintain common facilities for the serving or preparation of
0041 food for such guests.

0042 (c) "Boarding house" means every building or other struc-
0043 ture which is kept, maintained, advertised or held out to the
0044 public to be a place where sleeping accommodations are fur-
0045 nished for pay to transient or permanent guests and in which
0046 eight (8) or more guests may be accommodated, and which

Attn. #12

2-12-86

Hs. PHW

0047 maintains common facilities for the serving or preparation of
0048 food for such guests. *The term "boarding house" shall not* (5)
0049 *include facilities licensed under paragraph ~~(7)~~ of subsection (a)*
0050 *of K.S.A. 1985 Supp. 75-3307b and amendments thereto.*

0051 (d) "Lodging establishment" means a hotel, rooming house
0052 or boarding house.

0053 (e) "Food service establishment" means any place in which
0054 food is served or is prepared for sale or service on the premises or
0055 elsewhere. Such term shall include, but not be limited to, fixed
0056 or mobile restaurant, coffee shop, cafeteria, short-order cafe,
0057 luncheonette, grill, tea room, sandwich shop, soda fountain,
0058 tavern, private club, roadside stand, industrial-feeding estab-
0059 lishment, catering kitchen, commissary and any other private,
0060 public or nonprofit organization or institution routinely serving
0061 food and any other eating or drinking establishment or operation
0062 where food is served or provided for the public with or without
0063 charge.

0064 (f) "Food" means any raw, cooked or processed edible sub-
0065 stance, beverage or ingredient used or intended for use or for
0066 sale, in whole or in part, for human consumption.

0067 (g) "Food vending machine" means any self-service device
0068 which, upon insertion of a coin, coins or tokens, or by other
0069 similar means, dispenses unit servings of food, either in bulk or
0070 in packages without the necessity of replenishing the device
0071 between each vending operation but shall not include any
0072 vending machine dispensing only bottled or canned soft drinks,
0073 or prepackaged and nonpotentially hazardous food, chewing
0074 gum, nuts or candies.

0075 (h) "Food vending machine company" means any person
0076 who is in the business of operating and servicing food vending
0077 machines.

0078 (i) "Food vending machine dealer" means any manufacturer,
0079 remanufacturer or distributor of food vending machines who
0080 sells food vending machines to food vending machine compa-
0081 nies.

0082 (j) "Person" means an individual, partnership, corporation or
0083 other association of persons.

0084 (k) "Municipality" means any city or county of this state.

0085 (l) "Secretary" means the secretary of health and environ-
0086 ment.

0087 (m) "Department" means the department of health and en-
0088 vironment.

0089 Sec. 2. K.S.A. 1985 Supp. 75-3307b is hereby amended to
0090 read as follows: 75-3307b. (a) The enforcement of the laws
0091 relating to the hospitalization of mentally ill persons of this state
0092 in a psychiatric hospital and the diagnosis, care, training or
0093 treatment of persons in community mental health centers or
0094 facilities for the ~~mentally retarded and facilities serving~~ other
0095 handicapped persons receiving assistance through the depart-
0096 ment of social and rehabilitation services is entrusted to the
0097 secretary of social and rehabilitation services. The secretary may
0098 adopt rules and regulations on the following matters, so far as the
0099 same are not inconsistent with any laws of this state:

0100 (1) The licensing, certification or accrediting of private hos-
0101 pitals as suitable for the detention, care or treatment of mentally
0102 ill persons; and the withdrawal of licenses granted for causes
0103 shown;

0104 (2) the forms to be observed relating to the hospitalization,
0105 admission, transfer, custody and discharge of patients;

0106 (3) the visitation and inspection of psychiatric hospitals and
0107 of all persons detained therein;

0108 (4) the setting of standards, the inspection and the licensing
0109 of all community mental health centers which receive or have
0110 received any state or federal funds, and the withdrawal of li-
0111 censes granted for causes shown;

0112 (5) the setting of standards, the inspection and licensing of all
0113 facilities for the ~~mentally retarded and facilities serving~~ other
0114 handicapped persons receiving assistance through the depart-
0115 ment of social and rehabilitation services which receive or have
0116 received after June 30, 1967, any state or federal funds, and the
0117 withdrawal of licenses granted for causes shown;

0118 (6) reports and information to be furnished to the secretary by
0119 the superintendents or other executive officers of all psychiatric
0120 hospitals, community mental health centers or facilities for the

mentally ill,

or

mentally ill,

or

or in which one or more persons reside who require supervision or require limited assistance with the taking of medication,

. The secretary may adopt rules and regulations that allow the facility to assist a resident with the taking of medication when the medication is in a labeled container dispensed by a pharmacist. No license for a residential facility may be issued under this paragraph unless the secretary of health and environment has approved the facility as meeting the licensing standards for a lodging establishment under the food service and lodging act;

0121 mentally retarded and facilities serving other handicapped per-
0122 sons receiving assistance through the department of social and
0123 rehabilitation services.

0124 ~~(7) the setting of standards, the inspection and licensing of~~
0125 ~~all facilities that would otherwise be licensed under the food~~
0126 ~~service and lodging act as a boarding house except that residing~~
0127 ~~in such facility are one or more mentally ill, mentally retarded~~
0128 ~~or other handicapped persons who require limited assistance~~
0129 ~~with the taking of medication, and the withdrawal of licenses~~
0130 ~~granted for causes shown. The secretary may adopt rules and~~
0131 ~~regulations that allow the facility to assist a resident with the~~
0132 ~~taking of medication when the medication is in a labeled bottle~~
0133 ~~which clearly shows a physician's orders. No license may be~~
0134 ~~issued under this paragraph unless the secretary of health and~~
0135 ~~environment has approved the facility as meeting the licensing~~
0136 ~~standards for a lodging establishment under the food service~~
0137 ~~and lodging act.~~

0138 (b) An entity holding a license as a community mental health
0139 center under paragraph (4) of subsection (a) on the day immedi-
0140 ately preceding the effective date of this act, but which does not
0141 meet the definition of a community mental health center set forth
0142 in this act, shall continue to be licensed as a community mental
0143 health center as long as the entity remains affiliated with a
0144 licensed community mental health center and continues to meet
0145 the licensing standards established by the secretary.

0146 Sec. 3. K.S.A. 36-501 and K.S.A. 1985 Supp. 75-3307b are
0147 hereby repealed.

0148 Sec. 4. This act shall take effect and be in force from and
0149 after its publication in the statute book.

State Department of Social and Rehabilitation Services

Statement Regarding a Proposed Amendment to
K.S.A. 75-3307b
House Bill 2747

1. Title -- An act amending K.S.A. 75-3307b which would allow SRS to set standards, inspect, and license all facilities where mentally ill, mentally retarded, or other handicapped persons live who need limited assistance with the taking of medication.
2. Purpose -- This act will allow SRS to regulate this type of facility.
3. Background -- This act is needed in order for the state to monitor the adequacy of the limited assistance these facilities provide and in order for the state to comply with Public Laws 94-566 and 97-35, commonly known as the Keys Amendment.

The Keys Amendment requires every state to regulate all residential care-providing facilities where SSI recipients reside or are likely to reside. Late in 1985, it became apparent that Kansas' current regulatory categories did not adequately cover the type of facility that is the focus of this act. There are an estimated 17 such facilities in Kansas which serve from 5 to 39 clients

The current regulatory categories of the Department of Health and Environment do not cover non-medical residential facilities with a capacity exceeding four clients and do not generally deal with mentally ill, mentally retarded, or other handicapped clients.

The current regulatory categories of the Department of Social and Rehabilitation Services do not cover residential facilities which have not received state or federal funds. Also, SRS regulations are generally more extensive and thorough than what is needed to regulate adequately the type of facilities addressed in this act.

4. Effect of Passage -- SRS and H&E staff would be required to assess the need of facilities in question in order to determine whether they would need to be licensed under this act. Affected facilities would be required to meet the licensing standards. In return, Kansas would be in compliance with the federal Keys Amendment.
5. SRS Recommendation -- Favor passage.

Robert C. Harder
Secretary
Social and Rehabilitation Services
296-3271
February-12, 1986

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6108C

*Attn. #13
2-12-86
Hs. PHW*