

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 18, 1986 in room 423-S of the Capitol.

All members were present except:

Committee staff present:

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

Conferees appearing before the committee:

- Harold Riehm, Kansas Assoc. of Osteopathic Medicine
- Rep. Robert Wunch
- Ms. Anita Favor, Dept. of Social Rehabilitation Services
- Rep. Sandy Duncan
- Barbara Sabol, Secy. of Health and Environment
- George Puckett, Ks. Restaurant Association
- Connie Hubbell, State Board of Education
- Sabra Deihl, a Direct Service provider
- Margaret Wares, Developmental Services of Northwest Kansas
- Joan Wesselowski, Kansas Association of Rehabilitation Facilities

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

Chairman called meeting to order, and directed member's attention to Mr. Riehm who wished to make a bill request.

Mr. Harold Riehm, Ks. Association of Osteopathic Medicine gave hand-out to members, (see Attachment No. 2), for details. He stated they propose to amend the practice act for physical therapists by adding in 65-2914 (c), the following, If the physical therapist is not available for immediate contact, the physical therapist assistant may initiate treatment by the physician's orders, according to written protocol established by the physical therapist, with minimum weekly review of patient care by the physical therapist. He cited an example of delayed therapy care for a patient.

He stated this is a compromise so that in the absence of a Physical Therapist, treatment can begin by an assistant. This can help in many instances in rural areas.

Rep. Runnels made a motion to introduce such a bill, seconded by Rep. Buehler, motion carried.

Chair called member's attention to HCR 5031, saying if time permitted, action will be taken on this bill, so he asked members to think about it's content. Chair noted a request to delay action on this bill had been made until parties could get printed testimony in the mail to be considered and after a lengthy period of time has elapsed, such testimony has not been received.

Chair recognized Rep. Wunch, as sponsor of HB 2788, to testify on said bill.

Hearings began on HB 2788:--

Rep. Wunch explained why he had requested the bill, and gave specific instances why many in his area feel it vital to be notified when an adult care home is to be changed into a facility for care of mentally ill. This happened in Kingman, and it was disturbing to many. This bill asks that 10 day notice is given for a public hearing when such a change is to take place. He answered numerous questions from members, i.e., older patients already in place in the adult care homes are not moved out, the transition is done through attrition. He added, the bill addresses Mental Health Facilities only, and perhaps the committee would choose to add the provision for MR's as well, and he would be supportive of this.

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 h.m./p.m. on February 18, 19 86

Hearings continued on HB 2788:--

Anita Favor, Department of SRS, Division of Adult Services, and she spoke in the absence of Dr. Robert Harder. She gave hand-out, (see Attachment No.3), for details. Their Department is in favor of HB 2788, and feels public hearing is a good idea. It has not previously been required, but hearings had been held with County Commissioners, family members, and the general public. She stated there are 23 ICFMH's presently in operation, and told where they are located. It has been their experience she stated that most of these facilities have been well accepted in the communities they serve. She urged for passage of this bill.

Hearings closed on HB 2788.

Hearings began on HB 2808:--

Representative Sandy Duncan explained why this bill had been introduced by him. As a person who has breathing difficulties, he has long been interested in a smoke free environment in restaurants. He has watched the voluntary process to offer non-smoking areas in restaurants, and feels it isn't working, so urges for this legislation. The choices are not limited for a smoker, and he doesn't want his choices limited either. He asked the bill be amended to read, Sec. 1, (a), line 23 to strike "10", and insert "50". It is felt this larger number of customers will make the bill more flexible, and he further stressed he feels the sign should be placed conspicuously and not a tiny one placed in an unreadable place. He answered questions from members.

Secretary Sabol of SRS stated she is in full support of this bill, and had members note that Mr. Steve Paige was present this day from their Department and could answer any technical questions members may have on HB 2808.

Mr. George Puckett, Ks. Restaurant Association gave hand-out to members, (see Attachment No.4) for details. He stated that HB 2808 asks that non-smoking areas are required in restaurants that seat over 10 customers and required posting of availability of such areas is required. He feels it is not the smoking that is the problem, but the air-exchange is the problem if customers are disconted with the quality of the air in the restaurant. He feels this legislation would be enforceable. To summarize, he said this bill sounds great, and is a healthy thing to do, but it is impractical and would create a nightmare for the restaurateurs.

Hearings closed on HB 2808.

Hearings began on HB 2756:--

Barbara Sabol, Secy. of Health and Environment gave hand-out, (see Attachment No.5), for details. She gave background, saying that Governor Carlin had formed a task force on preschool children with handicaps. One of their recommendations was for the development of a statewide strategy for early identification and follow-up of, at risk or developmentally delayed children. The purpose is to collect information concerning the numbers of preschool children within the state who are in this group so that the information can be used for planning, research, and service development for these youngsters so when they reach school age the state will be ready to offer the necessary service and programs for them. She urged for passage HB 2756. She answered numerous questions from members.

Connie Hubbel, State Board of Education gave hand-out, see (Attachment NO.6.) spoke in favor of HB 2756. She said their Board would benefit greatly from the data received from this system. It would enable them to better provide services for these children when they reach school age. She stressed the information would be used solely for planning and research purposes. It is well established she said, that the earlier a handicap is treated, the higher the probability of successful treatment. She urged for favorable consideration of HB 2756.

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 18, 1986

Hearings continue on HB 2756:--

Sabra Diehl, Director of Child Development, Topeka Assoc. for Retarded Children, gave hand-out to members, (see Attachment No.7). It is estimated, she said, that 5300 pre-school handicapped children in Kansas need special education. During the 1984-85 school year, only 24% of these children were served. Kansas Dept. of Health and Environment estimate 13,000 preschool children have, or are at risk for, developing handicapping conditions or chronic disease within the first five years of life. She stated this bill will serve to help prepare for the care and services needed for these children. Once a system is established, she said, local and state programs can begin more accurate planning to better meet needs of these children. A 1979 report by Mr. Burton White to Congress states that a child's experiences between 8 and 36 months have more influence on future success and well being than any other set of experiences for a similar period of time in life. It would be most helpful to their Dept. to have a system of identifying numbers and geographic locations of these children. She urged for support of HB 2756.

Margaret Wares, Developmental Services of NW Kansas gave hand-out, (see attachment No.8). It is a known fact that early intervention services for handicapped children and their families result in children growing up healthier, stronger, and more able to interact with their peers. Some funding for Project PE-EP in Colby is provided, Early Childhood Developmental Center in Hays, and home based services to handicapped children in 5 other counties in her area. Enactment of HB 2756 will enable more babies to receive needed services. She spoke to a child's right to privacy, and feels the bill has adequate safeguards to insure this. A central clearing point for this data is vital, and should help this program move forward effectively. She urged for passage of HB 2756.

Joan Wesselowski, Kansas Association of Rehabilitation facilities, gave hand-out, (see Attachments No. 9), for details. she stated currently there is no requirement for physicians to report children ages 0-5 who have conditions that indicate the existence of mental illness, mental retardation, a handicap or chronic disease. Thus, passage of HB 2756 would insure early identification of these conditions. If early intervention was available, some conditions could be reduced. Costs would also be reduced since many would need fewer or no special education services at all. This reporting system would provide needed information to assist in planning for necessary services. She urged for passage of HB 2756.

Chair asked Ms. Aileen Whitfill if she could possible return tomorrow to give her testimony on HB 2756, she agreed to do so.

Chair noted meeting tomorrow February 19th will be held in the Old Supreme Court Room 313-S, as well as February 20, 24, 2nd 25th.

Meeting adjourned at 3:14 p.m.

GUEST REGISTER

DATE 2-18-86

HOUSE

PUBLIC HEALTH AND WELFARE

NAME	ORGANIZATION	ADDRESS
B. J. Sabol	KDH+E	TOPEKA, KANSAS
R. J. Mearns	KDH+E	TOPEKA
M. B. Coburn	DSNWK	HAYS, KS
Janelle Mulverson	KDH+E	Topeka, KS
Celest Whitell	SLS	" "
Conita Taylor	SLS	" "
Starr Paige	KDHE	" "
Bessie Young	KDHE	" "
Lucile Paden	KSOE	Topeka
Sara Dillon	Student	"
SIM MULLINS	NONE	LAWRENCE, KS
John G. Shandor	Kansas of Kebab Food	Lawrence, KS
Sabra Diehl	Topeka Association for Retarded Citizens	Topeka, KS
Ruth Wieken	Hill School	Topeka
KEITH R. LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	"
Terri Rosselot	KSNA	Topeka
GEORGE RUCKETT	KANSAS RESTAURANT ASSOCIATION	WICHITA
AL WARD	Kansas Restaurant Assoc.	Topeka
Clyde L. Taylor	Kansas Occupational Therapy Assoc.	Topeka

Attachment 1
2-18-86
Hs. PHW

REQUEST FROM THE KANSAS ASSOCIATION OF OSTEOPATHIC MEDICINE TO THE HOUSE PUBLIC HEALTH
COMMITTEE FOR INTRODUCTION OF A BILL AMENDING THE PRACTICE ACT
FOR PHYSICAL THERAPISTS

The Kansas Association of Osteopathic Medicine requests introduction of the following bill by the House Public Health Committee:

Amendment of KSZ 66-2914, as follows:

65-2914. Unlawful acts; misdemeanors.

- (c) A person certified under this act as a physical therapist assistant shall not treat ailments or other health conditions of human beings except under the direction of a physical therapist duly registered under this act. The word "direction" as used in this subsection (c) shall mean that the physical shall see all patients initially and evaluate them periodically. If the physical therapist is not available for immediate contact, the physical therapist assistant may initiate treatment by the physician's orders, according to written protocol established by the physical therapist, with minimum weekly review of patient care by the physical therapist.

*Attn. # 2
2-18-86
Hs. PHW*

House Bill No. 2788

Testimony by
Robert C. Harder, Secretary
Kansas Department of Social and Rehabilitation Services

February 18, 1986

The Department of Social & Rehabilitation Services supports and recommends the passage of this bill. We like very much the idea of a public hearing prior to the approval of an Intermediate Care Facility for Mental Health (ICF-MH). This would be a good public relations vehicle between the community, the ICF-MH and the Department of SRS. We have recommended public hearings to facilities applying for certification in this program, but we have not required it up to now. One example where the Department of SRS participated in several public hearings was with the Johnson County Nursing Center - Olathe. We met with the County Commissioners, family members and the general public.

We have twenty-three (23) Intermediate Care Facilities for Mental Health.

There are eleven dual facilities. This means that only a wing or wings are designated as the ICF-MH. The other wings serve geriatric residents. The other twelve facilities are fully designated as an ICF-MH. There are 1018 beds designated now as ICF-MH.

The rates of these ICF-MH's vary between \$26.35 a day to \$34.38 a day. The rates are not differentiated between a regular Intermediate Care Facility and an ICF-MH.

There are 544 recipients between the ages of 16-64 years of age being served in these facilities. There are 454 recipients over the age of 65 years of age. There are approximately 20 vacancies in this program.

These facilities are located in the following communities: Russell, Gardner, Haviland, Kingman, Cedar Vale, Chanute, Topeka, Edwardsville, Wichita, Eskridge, Olathe, Kinsley, Paola, Osawatomie, Protection, DeSoto, Florence, Waverly, Valley Falls, Junction City and Peabody.

We have two pending applications from facilities in Tribune and Kansas City.

It has been our experience that most of these facilities have been well accepted in the communities they serve.

I urge the passage of this bill.

Robert C. Harder
Secretary of SRS

6764C

*Attn. #3
2-18-86
Hs. PHW*

INTERMEDIATE CARE FACILITIES FOR MENTAL HEALTH
IN THE MEDICAID/MEDIKID PROGRAM

<u>PROVIDER#</u>	<u>PROVIDER NAME</u>	<u>LOCATION</u>	<u># OF BEDS</u>	<u>#16-64 yrs. olds</u>	<u>RATE</u>
420794	Ala Fern Nursing Home	Russell	46	29	32.69
419579	Bedford Manor	Gardner	29	6	31.54
420120	Cedar Crest - Haviland	Haviland	50	38	33.35
419668	Cedar Crest - Kingman	Kingman	47	18	33.97
420569	Cedar Vale Manor	Cedar Vale	25	9	34.06
420941	Chanute Care Center	Chanute	50	34	31.19
419692	Countryside Health Center	Topeka	60	28	31.22
420636	Edwardsville Manor	Edwardsville	46	17	31.71
420928	Heartland Rehab. Ctr.	Wichita	81	50	34.38
420715	Heritage Village	Eskridge	32	14	34.16
420963	Howe Care Center	Topeka	34	17	30.91
415675	Johnson Co. Nursing Center	Olathe	49	2	34.85
418432	Medicalodge of Kinsley	Kinsley	31	22	33.03
418713	Medicalodge of Paola	Paola	96	63	31.74
419444	The Oaks	Topeka	50	17	31.55
418566	Osawatomie Rest Home	Osawatomie	26	11	31.25
417587	Protection Valley Manor	Protection	20	11	26.35
420491	Regency Health Care Center	DeSoto	50	20	29.29
420344	Regency Health Care Center	Florence	60	27	29.86
420074	Sunset Manor	Waverly	25	9	31.78
418465	Valley View Nursing Home	Valley Falls	50	42	31.17
418746	Valley Vista Care Center	Junction City	51	40	32.10
420751	Westview Manor	Peabody	<u>20</u>	<u>20</u>	34.28
TOTALS	23		1028	544	

MY NAME IS GEORGE PUCKETT, AND I REPRESENT THE KANSAS RESTAURANT ASSOCIATION, A STATEWIDE GROUP OF FOODSERVICE MANAGERS AND OWNERS REPRESENTING THE FOODSERVICE INDUSTRY.

HOUSE BILL 2808 WOULD REQUIRE NON-SMOKING AREAS IN RESTAURANTS THAT SEAT OVER TEN CUSTOMERS AND WOULD REQUIRE POSTING NOTICE OF THE AVAILABILITY OF SUCH AREAS. THE KANSAS RESTAURANT ASSOCIATION OPPOSES HB 2808, AND THE ENACTMENT OF ANY LAW OR ORDINANCES THAT WOULD COMPEL THE ESTABLISHMENT OF NO-SMOKING AREAS IN RESTAURANTS FOR THE FOLLOWING REASONS:

"WE BELIEVE THAT GOVERNMENT IMPOSED RESTRICTIONS ON SMOKING IN THE SOCIAL ATMOSPHERE OF A RESTAURANT OR DINING ROOM WOULD BE UNENFORCEABLE, AND THAT ANY ATTEMPTS TO TRY AND ENFORCE THEM WILL INVITE DISORDER AND ECONOMIC SANCTIONS WHICH THE RESTAURATEUR AND HIS EMPLOYEES SHOULD NOT HAVE TO BEAR."

"WE ALSO BELIEVE THE ESTABLISHMENT OF AREAS WHERE SMOKING IS PROHIBITED MAY BE FEASIBLE AND DESIRABLE IN MANY RESTAURANTS, BUT THE DECISION TO ESTABLISH SUCH AREAS IN ANY RESTAURANTS MUST BE LEFT TO THE INDIVIDUAL RESTAURATEUR WHO, AFTER ALL, IS IN THE BUSINESS OF PLEASING THE PUBLIC. IF THE PUBLIC IS NOT PLEASED, THEY DON'T COME BACK. CONSEQUENTLY, IF THERE IS AN AIR EXCHANGE PROBLEM, THE OWNER IS FORCED TO DEAL WITH THE PROBLEM, OR WILL LOSE CUSTOMERS.

TO IMPOSE SANCTIONS WILL PENALIZE THE RESTAURATEUR ^{who} HAS INSTALLED EXPENSIVE, SOPHISTICATED AIR EXCHANGE SYSTEMS, THUS ELIMINATING A VENTILATION PROBLEM IN THAT RESTAURANT. WE CONTEND THE CUSTOMER WILL DETERMINE WHAT IS COMFORTABLE, AND THAT WILL HAVE A DIRECT IMPACT ON THE RETURN BUSINESS TO THAT RESTAURANT."

"THE UNENFORCEABILITY OF SUCH A MEASURE IS A VERY DISTURBING FACTOR THAT WILL CREATE ALL KINDS OF BURDENS FOR THE INDIVIDUAL RESTAURATEUR. IT SIMPLY IS NOT ENFORCABLE IN A PRACTICAL MANNER, NOR ARE WE AWARE OF ANY SEMBLANCE OF A LOGICAL MANNER TO POLICE RESTAURANTS WHICH WILL BE NECESSARY TO ASSURE THE RESTAURANTS ARE ABIDING BY THE LAW. THIS WILL ALSO ENTAIL RESTAURATEURS CALLING THE POLICE ON CUSTOMERS WHO REFUSE TO ABIDE BY THE SIGNS, ... NOT USUALLY WITHIN THE REALM OF THE HOSPITALITY INDUSTRY."

IN SUMMARY, THE IDEA SOUNDS GREAT, ITS THE HEALTHY THING TO DO, MANY OF US, INCLUDING MYSELF HAVE KICKED THE HABIT AND FEEL IF WE HAVE, ANYONE CAN AND SHOULD. BUT, MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE, I ASK YOU TO REALIZE THE IMPRACTICALITY OF HB 2808, AND THE NIGHTMARE IT WILL CREATE FOR THOSE OF US WHO DON'T HAVE TO WORRY ABOUT THAT PART, ... THE RESTAURATEURS OF KANSAS.

attm. #4
2-18-86
Hs. PHW

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON HB 2756

PRESENTED TO House Public Health & Welfare, February 18, 1986

BACKGROUND INFORMATION:

In June, 1983 Governor John Carlin formed a task force on preschool children with handicaps. The thirteen appointees received testimony from citizens and service providers across the state and conducted other research on the needs of preschool children with handicaps and their families. Based on information received, the task force submitted its recommendations to the Governor in March, 1984. In April, 1984 the Governor appointed a Cabinet Subcommittee on Early Childhood Developmental Services that was instructed to implement the recommendations of the task force.

One of the recommendations of the task force was for the development of a statewide strategy for the early identification and follow-up of at risk or developmentally delayed children. The concept of early identification and follow-up was also endorsed by members of the general public who attended six town meetings held throughout the state in September, 1985.

The purpose of HB 2756 is to require primary care physicians to report conditions in preschool children who are under six years of age that are likely to lead to, or that indicate the existence of mental illness, mental retardation, a handicap or chronic disease. The purpose of this reporting is to collect information concerning the number of preschool children within the state who are at risk for, or who have, handicapping conditions in order to plan for and make available services to these children and their families. This information will be used only as aggregate data for research and statistical purposes and may not be used to identify a child without permission from the child's parent or guardian.

This bill provides for the reporting of information to be used for planning, research and service development by requiring primary care physicians to identify children who are at risk for or who have handicaps. Proper planning for preschool children with handicaps can result in a more cost effective service delivery system.

DEPARTMENT'S POSITION:

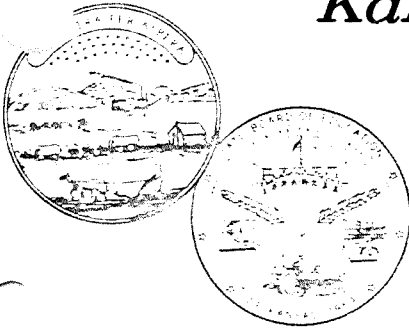
The Department supports H.B. 2756 as does the Governor's Cabinet Subcommittee on Early Childhood Developmental Services which is comprised of the Departments of Health and Environment, Social and Rehabilitation Services, Education, and Administration.

*Attn # 5
2-18-86
Hs. PHW*

Kansas State Board of Education

Kansas State Education Building

120 East 10th Street Topeka, Kansas 66612-1103



Kay M. Groneman
District 1

Connie Hubbell
District 4

Bill Musick
District 6

Evelyn Whitcomb
District 8

Kathleen White
District 2

Sheila Frahm
District 5

Theodore R. Von Fange
District 7

Robert J. Clemons
District 9

Dale Louis Carey
District 3

February 18, 1986

Marion (Mick) Stevens
District 10

TO: House Public Health and Welfare Committee
FROM: State Board of Education
SUBJECT: House Bill 2756

My name is Connie Hubbell, Legislative Chairman of the State Board of Education. I appreciate the opportunity to appear before the Committee on behalf of the State Board.

Since April of 1984, the Commissioner of Education has served on a Cabinet Subcommittee established by Governor Carlin's Executive Order 84-104. This Subcommittee was charged with responsibility for planning and coordinating a statewide interagency system of developmental services for preschool children with handicaps. The Plan developed by the Subcommittee has been reviewed by the State Board and was approved by the Board in January.

One Goal included in the State Plan for Early Childhood Developmental Services is to "establish a system to provide for early identification and follow-up of handicapped and at-risk children and provide information for planning and evaluation." House Bill 2756 would facilitate achievement of this Goal by requiring primary care physicians to report children ages zero through five who have, or are at risk of having a handicapping condition that might require special services from health, education or social services agencies. The information would be aggregated and used solely for planning and research purposes.

Staff from the Departments of Education, Social and Rehabilitation Services, Health and Environment, and Administration have been working together on activities related to early identification. It is well established that the earlier a handicap is treated, the higher the probability of successful treatment. The availability of information from physicians, usually the first professionals to have contact with children with handicaps, would help all of the human service agencies plan for early intervention programs.

In summary, the State Board of Education supports House Bill 2756.



Topeka Association For Retarded Citizens, Inc.

February 18, 1986

The Ethel May Miller Community Center
For The Mentally Handicapped

2701 Randolph, Topeka, Kansas 66611
(913) 232-0597

Executive Director, Donald E. Jernberg

*Attn. #7
2-18-86*

To: Representative Marvin Littlejohn, Chairman
House Public Health and Welfare Committee

From: Sabra Diehl, Director
Child Development
Topeka Association for Retarded Citizens

RE: HB 2756

It is a privilege to come before you today in support of HB 2756.

The Kansas State Department of Education has estimated that 5300 preschool handicapped children in Kansas need special education. During the 1984-85 school year, only 24% of these children were served. The Kansas Department of Health and Environment estimates that as many as 13,000 preschool children have, or are at risk for, developing handicapping conditions or chronic disease within the first five years of life.

In 1984-85, a Task Force was established by Governor John Carlin to study the needs of these young children.

The guiding principle for development of this plan is that comprehensive developmental services should be accessible and available to all preschool children with handicapping conditions.

But we need to establish a centralized system to collect and compile complete and accurate information concerning the number of preschool children within the state who are at risk for, or who have handicapping conditions, in order to plan fiscally for and make available services to these children and their families. As is stated in the bill, this information will be used only as aggregate data for research and statistical purposes, and may not be used to identify a child without permission from that child's parent or guardian.

Once this system is established, local and state programs can begin more accurate planning to better meet these children's needs.

There is a multitude of research proving the importance of intervention during the preschool years. Burton White, a noted author and researcher in child development, stated in the 1979 Report to Congress of Early Childhood and Family Development Programs that a child's experiences between 8 and 36 months have more influence on future success and well being than any other set of



Member
Agency

Information and Referral, Infant-Early Childhood Education, Work Activity/Training, Outreach and Advocacy.

Member of the Kansas and National Associations for Retarded Citizens.

A nonprofit corporation—contributions are tax-deductible.

The
Work
Center

~~experiences for a similar period of time in life. But it would be most helpful to have a system of identifying numbers and geographic locations of these children in the first place.~~ Please, support this bill, which will provide the foundation necessary to plan for the futures of these handicapped children.

Margaret Bonds Wares
Developmental Services of
Northwest Kansas (913) 625-5678

Mr. Chairman, members of the committee, Secretary Sables and guests,
it is my pleasure to testify before this committee on behalf of HB 2756.

In my capacity as Director of Independent Living Programs for Developmental Services of Northwest Kansas, I am responsible for our children's service division. This is because we know that early intervention services for handicapped children and their families results in a child who grows up healthier, stronger, more able to interact with his peers...a more independent person than he might have been. We provide some funding for Project PE-EP based in Colby, the Early Childhood Developmental Center in Hays, and provide home based services to the handicapped children in Rooks, Phillips, Norton, Smith and Osburn Counties. I am very aware of the problems involved in the early identification of rural handicapped children.

This piece of legislation is especially valuable to people in rural areas, since it enables services to be offered to parents as soon as a child's problem is detected. It will further provide aggregate data to Health and Environment which will enable that Department to notify local school districts so that they may plan for those children with special needs that are likely to enter their schools. In addition, it will provide the State Department of Education with needed information for research and statistics generation that is desperately needed to assist that department in its long range planning.

Enactment of this legislation will enable more babies to receive needed services. There are 5,300 children under the age of five who need infant stimulation and early intervention services. However, under current statutes, 80% of those children are not receiving the services that they need to grow up as strong and healthy as they can become. These children, 4,240, of then, are simply not brought to anyone's attention before they register for kindergarten.

Using estimations based upon national data, there are at least 13,000 children here in Kansas who may be identified as in need of services during their first five years of life. The problem is, there is no central clearing point where these children may be identified. Therefore, there is no central source for information and referral for the parents of these youngsters. Many times, parents are isolated, and do not know where to turn when they suspect that their child is not developing as he should.

#8
2-18-86
Hs. PHW

Wares, p.2

Sure, the child will be identified at school age--but the cost will be greater then--both in terms of dollars and the waste of human potential.

In Kansas, it costs the taxpayers \$7595. per year to provide special education for a handicapped child in school. The average cost of early intervention program in Kansas is only \$3816. per year per child. If early intervention services are provided from birth, the savings--resulting from a decreased need for special services in the classroom, until the age of eighteen would be \$8630. If service delivery is delayed until that child reaches the age of three, the savings drops to \$7507. per child. But that is only a small part of the issue.

At this point in time, more and more dollars are spent, simply because parents do not know that serivces are available, and the child has not been "officially" identified as an individual who would benefit from a preschool program. A Colorado study showed that approximately 1/3 of the children who had early intervention services no longer needed special education by the time they started to school. In our program, in Northwest Kansas, that percentage last year was 50%. Fifty percent of the children we served last year entered school, with their peers in regualr classrooms of Northwest Kansas.

We admit that some children cannot enter regualr school rooms and thrive. If school districts have information concerning numbers of handicapped children; the nature of their disabilities, they can plan for providing for these youngsters well in advance. This will be especially useful for the large, rural cooperatives which provide special education services to children in sparsely populated areas.

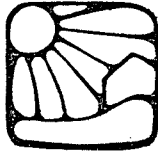
It is true that some physicians do report and refer children who are in need of help. In our area, however, many physicians are reluctant to "label" a child. Even if they think that a problem may exist. With the help of this bill, the reporting physicaian would have immunity from any liability. Physicians then could routinely identify children who may have a developmental problem and thereby provide a point of contact with a helping source for the family .

As a mother, I am especially concerned that a child's right to privacy not be ignored. The bill has several safeguards against this, including a provision that a parent may have his child's name removed from the list, if he so desires. But I believe that the large majority of parents of handicapped children will welcome this opportunity to identify sources of help for their child, to assist them in helping him to grow into a fine, healthy, independent individual.

Wares, P.3

Passage of this legislation would ensure that no child could "drop through the cracks" in the system and that every handicapped child in Kansas will have the opportunity to get needed services designed to allow him or her to grow into the strongest, healthiest Kansan that he can possibly become.

Thank you.



Kansas Association of Rehabilitation Facilities

TownCenter Building 120 West Sixth, Suite 110
Newton, KS 67114 316-284-2330

TO: HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

FROM: KANSAS ASSOCIATION OF REHABILITATION FACILITIES

RE: H.B. 2756 - REPORTING OF CERTAIN HEALTH CONDITIONS OF
PRESCHOOL CHILDREN TO SECRETARY OF HEALTH AND ENVIRON-
MENT

DATE: FEBRUARY 18, 1986

Currently there is no requirement for physicians to report children ages 0 - 5 who have conditions that indicate the existence of mental illness, mental retardation, a handicap or chronic disease. Therefore there is no systematic way to collect information or plan for and make available services to these children and their families.

Recommendation

Kansas Association of Rehabilitation Facilities supports and recommends that H.B. 2756, Reporting of Certain Health Conditions of Preschool Children to Secretary of Health and Environment, be passed.

Justification

- The system would insure early identification of conditions. If early intervention was available some conditions could be reduced.
- Early identification and intervention would also reduce costs of long term programs or services. Many preschool children would need fewer or perhaps no special education services.
- It would initiate followup for children who are at risk and do not need services initially but could benefit from services at a later date.
- The reporting system would provide needed information to assist in planning for services.
- Data and information gathered would also be useful for research purposes.

Attn #9
2-18-86
Hs. PHW