

Approved _____ Date 4-2-86

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

1:30 1:30 p.m. on March 25, 1986 in room 423-S of the Capitol.

All members were present except:

Rep. Foster, excused

Committee staff present:

Sue Hill, Secretary to Committee

Conferees appearing before the committee:

- Phyllis West, interested consumer, wife of Alzheimer's patient.
- Wanda Blaser, RN, MSN, President Alzheimer's Chapter, Topeka, Ks.
- Patricia Taylor, Director of Lorraine Center, Day Health Program, Wichita Ks.
- Richard Harmon, American Family Life Assurance.
- Bob Foster, Consumer Wichita, Ks.
- Steve Robertson, Health Insurance Assn. of America, Des Plaines, Ill.
- Marvel Chambers, Board of Directors of Alzheimer's Ks. State Assoc.
- Marilyn Bradt, Kansans for Improvement of Nursing Homes
- Ron Harper, Department on Aging
- Edna Mae Evans, RN, Family Health & Wellness Specialist, American Red Cross, Topeka, Ks.
- Linda Carlson, Interested Consumer
- Robert Guthrie, Member of Alzheimer's Task Force

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

Chairman called meeting to order. He gave information to persons who would be testifying on bills in committee this date, in regard to the Task Force on Alzheimer's disease. The Task Force had worked extremely hard and made recommendations for legislation, however, they had not been informed their group could not initiate these recommendations into bill requests, and this created a delay. Ultimately the recommendations were made in the form of bill requests by the Department on Aging. Chair had talked with leadership in both the House and Senate, and it looks very much like the Alzheimer's bills will be sent for Interim Study. However, it is most important that we hold these hearings so there is adequate information available and committee learn as much as possible in this regard.

Chair invited conferees present to begin hearings on HB 3051 and SB 690.

Hearings began on HB 3051:

Phyllis West spoke in support of HB 3051, (see Attachment No.2), for details. She is an interested consumer in the respect to Alzheimer's disease, and related diseases. Her husband has been diagnosed, and she detailed the frustration they had gone through in trying to seek help for him. He is 51 years old, she only 47. They have a 12 year old daughter, and the family is greatly stressed because of his illness. She believes there are many others in Kansas who need various degrees of care, and feels there should be assistance to all phases of the caregivers, not only when it becomes totally unbearable for the patient and their families. Neurologists say, there is no treatment. The Social worker says there is nothing he can do. These patients need support and need to know someone cares. She urged for sincere consideration of HB 3051.

SB 690: - Ms. Wanda Blaser spoke to SB 690 at this point, (see attachment No.3), for details. She spoke in support of SB 690, saying there is a great need for a helpline. To make the helpline work as intended by the State Task Force, it would be necessary to have a full time resource person on Alzheimer's disease be funded. The KDOA 800 phone number and Kansas Aging Network currently do not have the resources to disseminate the needed information on Alzheimer's disease. This person would be available to 1) assist persons making inquiries, 2) work cooperatively with information and referral branches of Area Agencies, 3) research National, State, Local information and resources for the purpose of dissemination, 4) publicize phone lines existence and purposes, 5) develop

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 4:44/p.m. on March 25, 19 86

Hearings continue:

and update a resource file, 6) provide training to all staff of the information and referral network in the area of Alzheimer's disease and related disorders. She asked for support of SB 690.

Hearings continued back to HB 3051.

Ms. Patricia Taylor, Director of Lorraine center, gave hand-out, (see Attachment No.4) for details. She spoke in support of HB 3051, respite care. She spoke of the Lorraine Center in Wichita, saying it was initially developed as a model, focusing on rehabilitative therapies and health care. It was funded by a \$15,000 mill levy, so the cost is not high, and there are many benefits for those receiving care. Caregiving has become one of the most important personal and public policy issues of the 80's. While some policy makers feel it is the obligation of families to take care of their own, the number of older persons needing support and help is greater than ever before. There are cases where a patient with Alzheimer's disease has only the care that elder parents can give, and this is a nearly impossible situation. We feel, she said that they have at least two participants enrolled. The patient they care for each day at the Center, and the family member of that patient who stays home to get some rest, or do errands. These family member caregivers must be supported before they too, become dependent and in need of care themselves. We know from experience the health care provided is a real bargain and if computed by the hour, the cost is \$3.48. It has been demonstrated adult care can work in an urban or rural setting in churches, store fronts, senior centers, anywhere there are people who care about frail elders, care can be given. She urged for favorable consideration of HB 3051.

Ms. Taylor answered questions, i.e., they can care for 15 patients at their present site, and will have facilities to care for 60 at their new site. Yes, she said, we are presently developing a home help service. No, as far as she knew there were no statute restrictions keeping the Department on Aging, Health and Environment and Social Rehabilitation Services from implementing programs of this type now rather than study the needs further.

Richard Harmon, American family Life Assurance gave hand-out, see (Attachment No.5), for details. HB 3051, as presently written would require all health insurance policies to provide specified coverage for respite care services. We admire the intent behind HB 3051 he said, however, supplemental policies are inappropriate vehicles for mandated benefits of this type for several reasons, 1) cost, 2), since the bill applies to all health insurance policies, insureds would be eligible to receive duplicate benefits for the same service under both hospitalization or major medical coverage, and supplemental policies as well. They proposed an amendment that would speak to these concerns. Add on Page 5, line 165, between words "care" and "shall", the phrase, "except for policies which only provide coverage for specified diseases or other limited benefit coverage,". They believe, he said, that with this amendment to HB 3051, the intent of the bill may be preserved without unnecessary expense and duplication of benefits. They feel it might be more appropriate to refer this bill for Interim Study, and data received would be beneficial to help determine cost impact.

Mr. Steve Robertson, Health Insurance Association of America spoke, giving his credentials, and said he agreed with Mr. Harmon's comments. When benefits are increased, there is cost impact. It is difficult to determine costs when we have no claim data as yet. We feel, he said, it should go to Interim Study and he made suggestions, i.e., what is the cost of respite services to be, perhaps a model or law speaking to long-term care could be defined. they are concerned with section 10 of the bill. He answered questions, i.e., Sec. 10, (d) seems to refer to medicare, and third-party payors, however Sec. (e) language is much broader and causes concern to their Association. The expense is enormous and as incidents of Alzheimer's disease patient numbers increase, dollar limits may be necessary.

Mr. Robert Foster, member of Alzheimer's tAsk Force, gave hand-out to members, (see Attachment No.6), for details. His wife is an Alzheimer's patient, and he described trauma of seeing her health and mental capacity to function decline. He has been very active in forming and promoting support groups for families of victims of Alzheimer's. He said, he believes his personal experience will demonstrate the need for respite care for families victimized by this disease. He detailed search for help to care for his wife, and finally having to leave his job in order to care for her himself.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 423-S, Statehouse, at 1:30 a/m. on March 25, 1986

Hearings continue on HB 3051.

Mr. Foster continued, and explained the great financial loss and frustration they felt. He made it clear families of these patients are not looking for a handout. However, there is a great deal of help needed and programs already in place are helping some. If HB 3051 were passed it would serve to greatly benefit many many Kansans. He then answered questions from members.

Mr. Foster stated when answering questions, persons who give care to Alzheimer's patients need to be specially trained. They are working on this training program in some of the support groups. Families who have experienced the trauma have a great deal of in-put into training programs.

Marvel Chambers, member of Board of Directors of Alzheimer's Ks. State Assn, gave hand-out, see (Attachment No.7), for details. She stated she had cared for her husband for the 9 years he lived after being diagnosed as having Alzheimer's disease. She knows first hand the desperate needs of the caregiver for respite care. The three or four hour care given to their family member gives them time to rest and recuperate and return again to feel able once again to give the attention to their family member that is needed. The victim of Alzheimer's can often be kept in their own home longer when this care is available. She stated she speaks for the hundreds of family caregivers in Kansas who cannot be here to state their views. She urged for favorable consideration of HB 3051.

Marilyn Bradt, Kansans for Improvement of Nursing Homes, Inc. gave hand-out, (see Attachment No. 8), for details. She stated the Attachment was submitted by the Executive Director of their Association, Mrs. Nehring, who has cared for her father, an Alzheimer's patient. The statement reads, the services for respite care are needed as a part-time and or intermittent full-time source of relief to family caregivers of Alzheimer's victims. Unrelieved stress on the caregiver and other family members shortens the time that they are able to cope with the physical, emotional, and financial problems they face. HB 3051 sets forth both the concept and need for respite services. There are concerns, however, with detailed provisions in the bill concerning how the services would be provided. Without a more carefully developed plan, their Association would be hesitant to give support to the bill as it now exists. It seems reasonable to them to begin more modestly on a financially supportable scale with a pilot project that might serve as a model for further development of respite services. They would be pleased to support a more limited program in the beginning than what is proposed in HB 3051.

Ron Harper, Department on Aging, gave hand-out, see (Attachment No.9), for details. Mr. Harper spoke in support of HB 3051, urging for respite care services this year. Fiscal note has estimated administrative costs at \$73,000, however their Department feels these administrative costs would not be necessary if Public Health and Welfare Committee were to endorse a smaller program. Our Department, he said, offers to implement such a program with current staff. Kansas Department On Aging, (KDOA) suggests a program could begin, for example, in one county. Unicare, a non-profit home health agency in Nemaha County, estimates it can provide 2,080 hours of respite care for only \$11,032 annually. He spoke to programs in Wisconsin and California. He stated that to date, the Kansas Legislature (Ways and Means in both House and Senate), has appropriated \$10,000 and \$35,000 respectively, for Helpline, and now this program is fully funded. He answered questions, i.e., how does he feel about Alzheimer's bills going for Interim Study, and he replied, some legislation would benefit from further study, however, some would not, and could be implemented now without further study. SB 690 for example, the help-line, could be implemented very quickly. Some pieces of HB 3051 respite care bill, could also go forward without further study.

Ms. Edna Mae Evans, RN, Family Health and Wellness Specialist, gave hand-out, (see Attachment No.10), for details. She stated that respite care would provide relief to family caregivers, and without these periods of relief of care for the Alzheimer's victim, they soon become totally drained and ill themselves, resulting in two patients in need of care. The well-being of the disabled persons depends on the well being of the caregiver. At their facility they provided trained volunteers to provide relief to family caregivers by going into the home, and staying with the disabled persons. Respite care services are desperately needed.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 /a.m./p.m. on March 25, 1986.

Chair asked Committee to direct attention to SB 690

Hearings began on SB 690.

Robert Foster, Wichita, Kansas gave hand-out, see (Attachment No.12), for details. He gave his credentials in the work he has done with Alzheimer's support groups, and spoke to the lack of available information in respect to Alzheimer's disease. A helpline would be an invaluable service to counselors, ministers, and citizens needing information and help. Family support organizations in Wichita receive many questions some of which cannot be answered for lack of information or resources to get answers. A central helpline would be very beneficial. A sample of questions are, where can I go for an accurate diagnosis, where can I get someone to help with care, where can I get financial help, which nursing homes take Alzheimer's patients, what Research is being done? He then answered question, i.e., yes, he had used the 800 phone number to Department on Aging about 9 years ago, but admitted he didn't know what questions to ask, was ill prepared when he called them. He did not wish to fault the information given at that time.

Marvel Chambers, Wichita, spoke to SB 690. See (Attachment No. 13), for details. She stressed the need for the helpline and stated that through efforts of all interested parties, dedication and education, Alzheimer's patients will be helped, and the disease will be conquered. She asked for supportive consideration.

Linda Carlson, an interested consumer, spoke to both HB 3051 and SB 690, see (Attachment No. 14), for details. Her Father is an Alzheimer's patient, and needs constant care, which is difficult, but they are trying to manage. Her mother, the main caregiver is unwell and need of medical treatment as well, but cannot leave her husband. Many Kansans are in this same situation and she asked for support of both HB 3051 and SB 690 to speak to programs that will indeed help many many Kansans.

Robert Guthrie, member of Kansas Alzheimer's Disease Task Force, Topeka, gave hand-out, see (Attachment No. 15), for details. He has a deep concern for the tragic problems brought about by Alzheimer's and related diseases. His wife is a patient of Alzheimer's and when she was diagnosed three years ago, he discovered that the disease was generally considered a mental disorder, not subject to the benefit of Medicare and health insurance. It now is considered an organic disease, just as cancer, cardio-vascular illness. During public hearings held by help groups, the data gathered indicates there is a lack of sources of help for the patient and family both. SB 690 would bring a valuable helpline to families facing these catastrophic problems. He urged for favorable consideration by this committee on SB 690.

May it be noted that several conferees at this time were asked if they had used the 800 telephone number for information. Few had.

Phyllis West, spoke to SB 690, saying 4 years ago she had searched and searched for help, trying to find out what the mental and or physical problems were that her husband suffered from. There is a need that is not being met, and if there were a place where people could call for information it would speed up the process of trying to help a loved family members. She stated, you legislators are all in position to help, and she asked for their favorable support of SB 690.

Chairman at this time asked if the remaining conferees could return to meeting scheduled for tomorrow, to present their testimony. They agreed to do so.

Meeting adjourned at 3:15 p.m.

GUEST REGISTER

DATE 3-25-86

HOUSE

PUBLIC HEALTH AND WELFARE

NAME	ORGANIZATION	ADDRESS
RONA L. HARPER	KDOA	610 W 10 th Topeka
Charlotte S. Lipton	Combined Ins.	Chicago, Ill.
Stephen W. Robertson	Health Insurance Assn. of America	Des Plaines, Ill.
LINDA CARLSON	PRIVATE CITIZEN	1018 LILLY CIRCLE 04
Edna Mae Evans	Am. Red. Cross	1221 W 17 th Topeka
Euclyn M. Cornick	Adult Services / SRS	Topeka 2700 W. 6 th Biddle Bldg.
Claire Conner	SHL + OWL	4718 W 66 th St PV 66208
Phyllis West	Private Citizen	430 NW Sunny Knoll Topeka KS 66617
Robert C. Guthrie	Private citizen - member Topeka ADRDA	
Robert E. Foster	PRIVATE CITIZEN BOARD MEMBER OF ALZHEIMERS & SIMILAR DISEASES	5317 S. KIRKLAND WICHITA KS 67218
Marcel Chambers	Private Citizen Alzheimer's + Similar Diseases	3023 Alma Wichita 67311
Selda Wright	ADRDA - Johnson County	5200 W 69 th St PV KS.
Wanda Blaser	ADRDA - Topeka	1517 Roswell Topeka 66604
Patricia Taylor	The Lorraine Center	656 S. Chautauqua Wichita 67211
Michele Hinds	KSNA	Topeka
John R. Grace	KS Home For Aging	Topeka
Harold Pitts	KCOA	Topeka
Marilyn Bradt	KINH	Lawrence
Sharon S. Cavens	East Topeka Sr. Center	1114 E 10 th Topeka, ks 66607
Grace L. Wilson	Active Aging (AAA)	Wichita 1623 W. 38 th Terr Topeka, Ko. 66611

Attachment 1

3-25-86

Hs. PHW

House Bill No. 3051 Respite Care

To: Chairman and Members of the House Public Health and Welfare Committee

Testimony by: Phyllis A. West
430 N. W. Sunny Knoll Rd.
Topeka, Kansas 66617

I support House Bill 3051 Respite Care

I am the wife of a 51 year old man and he has been diagnosed that his brain cells are dying and has Alzheimer's or a Related Disease. I think we need this bill passed to help family members and other caregivers. I am 47 years old and I have a daughter 12 years old and I cannot begin to put into words the stress, physical, psychological and financial that this disease has caused us.

We are faced with a man who is unable to hold a job, cannot complete simple chores such as dishes, laundry, washing car, changing oil, mowing, minor household repairs, etc. When he does the above things you never know at what point his mind will not function so he needs supervision. He has left jobs undone at various stages, he gets very confused and disorientated and for the most part has given up and sits and stares from his chair. This is very hard on all of us.

I have had to go to work, we have had to sell our home and our daughter has had to leave best friends and it has only just begun---

I believe that there are many people in the State of Kansas who need various degrees of care. At the present time my husband does not need constant care but there are many that do and the day is coming for us. I feel like there should be assistance to all phases of the caregivers not just when it becomes totally unbearable for all concerned.

I also see a need to the patient in the early stages of this disease. The Neurologist says he is sorry but there is no treatment, the social worker at the Mental Health Center says nothing he can do. The patient must know part of the time his limitations. I feel that the patient needs support and to know that someone cares and/or an activity that will keep them more alert for a bit longer.

I feel like this could better come from an outsider as family members are to close to the situation and suggestions are very much resented.

I want to thank you for your time and attention.

*Attn. #2
3-25-86
Hs. PHW*

Testimony in Support of HB 690

Speaker: Wanda Blaser RN, MSN
President Alzheimer's Chapter, Topeka
Member State Task Force on Alzheimer's Disease

As a representative of the State Task Force on Alzheimer's Disease and the Alzheimer's chapter of Topeka I would like to speak in favor of SB 690, the Alzheimer's helpline. To make the helpline work as intended by the state task force, it is necessary that a full time resource person on Alzheimer's Disease be funded. The KDOA 800 number and the Kansas Aging Network at this point do not have the resources to disseminate the needed information on Alzheimer's Disease.

As intended by the state task force, the Alzheimer's resource person would be available to (1) assist persons making inquiries, (2) work cooperatively with the information and referral branches of the Area Agencies on Aging and Local/County Agencies, (3) research national, state, and local information and resources for purpose of dissemination, (4) publicize the phone lines existence and purpose, (5) develop and update a resource file, and (6) provide training to all staff of the Information and Referral Network in the area of Alzheimer's Disease and Related Disorders.

The state currently has an 800 phone number to KDOA with networks to the Area Agencies. The problem with the network is that at this point those manning it are not knowledgeable about Alzheimers Disease and the reources available to help families. A resource person is needed to initially train the network participants and keep the network updated on new information and resources as well as himself being available as a resource person.

Topeka is fortunate in having a group of volunteers from the local Alzheimer's Chapter manning a phone line in our community. Although our intent was to serve the local community, our phone line has received numerous calls from many different areas of the state with many different requests. We are a group of volunteers and do not have ready access to information about services available in all the various communities of Kansas. We also do not have the resources to maintain an updated file of all the national and state resources on Alzheimer's Disease. We need a resource person on Alzheimer's Disease at the department of aging to fill this gap in requests for information.

People across the state of Kansas are seeking information about Alzheimer's Disease and not finding ready access to this information. It is not only Alzheimers families that are calling, but also nurses, social workers, students and other health and service providers. Requests vary from that of a man in western Kansas unable to find a diagnostic center for his mother, to a director of nursing from southeast Kansas seeking information about improving a nursing home environment for Alzheimer patients, to an area agency director asking for assistance in developing an educational program on Alzheimer's Disease.

The intent of the Kansas State Task Force recommendation for an Alzheimer's Helpline was to make information and resources concerning Alzheimer's Disease and Related Disorders available to the people of our state. We ask for your support of this concept and the provision of a resource person to implement the program.

attn #3
3-25-86

attn #3
3-25-86

Hs. PHW



The Lorraine Center

The Lorraine Center • 656 South Chautauqua • Wichita, Kansas 67211 • (316) 687-4088

attn #4
3-25-86

March 25, 1986
H.B. 3051--Respite Care

T E S T I M O N Y

Patricia Taylor, M.A.G., Director of The Lorraine Center - Day Health Program; Board Member of KASDA; President KADCA. My remarks will reflect those of a service provider. The Lorraine Center was initially developed as a restorative model focusing on rehabilitative therapies and health care; with the goal to improve functioning, avoid intensive nursing care, rehospitalization and to delay or prevent long-term institutional care.

Persons served at The Lorraine Center include those with CVA (stroke), Parkinson's Disease, Depression, Sensory impairment, chronic illness, degenerative disease, trauma, and dementia including the Alzheimer's type. It is to the devastating illness that we focus our attention.

"To drift into Alzheimer's Disease is to travel through a whirlpool of loss and frustration into a world of private agony. Both the individual and the family battle growing fear of changes they see taking place until, as the individual slips further into the disease, the family is left with total responsibility for care. The child becomes the parent, the spouse becomes the caretaker; roles are reversed or turned upside down. It is a lonely situation for family members who must cope every day with the individual's permanent, severe memory loss. This condition may also occur as a result of a stroke, with the individual unable to function as he or she once did. Family members experience, not only the loss of a full life for this person who has been so important to them, but also the loneliness of struggling with the day in and day out complete dependency of the parent or spouse."

(House of Welcome, Winnetka, IL)

Caregiving has become one of the most important personal and public policy issues of the 80's. With a greater percentage of the population living to old age and experiencing age-related impairments, more and more families will provide care and face varying degrees of strain on personal and financial resources.

attn: #4
3-25-86
Hs. PHW

While some policy makers state it is the families obligation to take care of their own, the number of older persons needing support and help is greater than ever before. At the same time, the traditional large family is disappearing and being replaced by smaller families--the problem is often compounded by geographic distance and two wage-earning families.

Traditionally, caregiving has been a woman's issue--raising young children is presumed; however, caring for the disabled and aging is not anticipated and most women are not conscious of this expectation until a crisis strikes. This, of course, adds to the families stress. Also, experience has shown that the bulk of care falls principally on a single caregiver and is not generally shared equally among all family members.

An additional concern is the spouse as a caregiver because this person is also dealing with aging issues. Accumulating research suggests that the major responsibility rests on the spouse. If the spouse is not present or is incapable of meeting extensive care needs, only then do adult children become the primary caregiver. Perhaps this explains the rapid growth of adult day care in this country--from fewer than 100 ten years ago to approximately 1,800 serving over 25,000 nationwide today.

~~Respite care offered in a day-care setting can allow that family member the needed rest and reserve needed to continue caring for a disabled family member.~~

While addressing the complex issues surrounding long-term care for the very frail, adult day care has emerged as a viable alternative in that continuum of care.

The ratio of older people that live in the community who are disabled, "homebound", and require assistance with even the basic activities of daily living is more than three to one (compared to the institutionalized population). It is becoming increasingly evident that the burden and strain of providing continuous care to a frail older person is often debilitating to the caregiver.

There is a growing consensus that we need to do a better job of meeting the needs of caregivers. Adult day care provides, in addition to day-care (one to five times per week), family/peer support groups, home visits, and links with other service providers.

At The Lorraine Center we feel that we have at least two participants enrolled--the one that comes each day to The Center and the one who stays home. These caregivers must be supported before they, too, become dependent and in need of care.

We know that, from our experience at The Lorraine Center, that we are providing health care at a real bargain (\$3,48 if computed by the hour). The majority of participants and families in our program are private pay. While Medicaid offers reimbursement for the low income person, it is the moderate-income family that is in greatest need.

At the present time, 26 percent of our participants are on some form of scholarship assistance. We have supported families who do not have the resources for nursing home care and at great sacrifice are providing the best care to their family member.

When caring for an individual who requires 24-hour supervision even the basic procedures of maintaining a household become difficult--grocery shopping, banking, doctor's visits for self, car maintenance, and informal support systems (church, friends). Respite provides the time for these activities and the vitally needed rest--particularly when the dependent person has disruptive sleep patterns (wandering, awake 10 to 12 times, and sleeping only two to three hours each night.)

Once when talking to a spouse of an Alzheimer's victim I asked if she had gotten any rest during the afternoon--she replied, "Oh yes, and I've just cleaned the refrigerator--something I can't do when George is around. You'll never know what you people have done for me." Adult day care is no longer considered an ancillary service but a vital support for caregiving families. As more support and funding is available and with this type of health care being mandated on the state level, more programs will develop to serve this underserved population.

As has been demonstrated, adult day care can work in an urban or rural setting, in churches, store fronts, senior centers--anywhere there are people who care about our frail elders.

Thank you for allowing me to speak to the issue of respite care.



**American
Family Life
Assurance**

Sandra S. Koning, Vice President, Regulatory Counsel

Attn. # 5
3-25-86

March 24, 1986

Representative Marvin Littlejohn
Chairman, Public Health and
Welfare Committee
State Capitol
Topeka, Kansas 66612

RE: House Bill 3051

Dear Mr. Chairman:

It is my understanding that your Committee will be considering this bill during your meeting tomorrow. I apologize for not being able to attend that meeting to offer testimony on behalf of my Company, and would therefore appreciate your consideration of these written remarks.

American Family Life Assurance Company of Columbus is a Georgia domestic insurer which has been authorized to transact life and health insurance in Kansas since 1969. We sell individual, guaranteed renewable health insurance policies which are designed and sold to provide supplemental benefits in the event of serious illness or hospitalization. Our specified disease policy provides supplemental benefits to help the insured and his or her family members meet the high medical and non-medical costs associated with the diagnosis of cancer. Our hospital intensive care policy provides similar benefits payable on an indemnity basis for intensive care confinement.

Unlike comprehensive, major medical or basic health insurance coverage, these supplemental policies provide limited benefits at a commensurately low premium. The benefits are payable in addition to and regardless of other coverage the insured may have.

House Bill 3051 as presently written would require these policies, as well as all health insurance policies, to provide specified coverage for respite care services. Although we recognize the admirable intent behind this bill, supplemental policies are inappropriate vehicles for mandated benefits of this type for the following reasons.

Under a supplemental, limited benefit policy, the cost for providing the additional benefit for respite care services

Attn. # 5
3-25-86
Hs. PHW

W

Representative Marvin Littlejohn
Page Two

will disproportionately increase the cost of the base policy (e.g., \$117.60 annual premium for an individual specified disease policy; \$168.00 for family coverage) to the point where it may no longer be deemed to be a supplemental policy.

Further, since House Bill 3051 currently applies to all health insurance policies, insureds would be eligible to receive duplicate benefits for the same service under both their basic hospitalization or major medical coverage and any supplemental policy they may have.

For these reasons, we would respectfully request that this bill be amended to exclude supplemental forms of coverage by the addition of the following phrase between "care" and "shall" on line 0165 on page five: ",except for policies which only provide coverage for specified diseases or other limited benefit coverage,". In this way, we believe the intent of House Bill 3051 may be preserved without the unnecessary expense and duplication of benefits that would otherwise occur.

We thank you for your consideration of our comments.

Sincerely,

Sandra Koning

Sandra S. Koning

HOUSE BILL NO. 3051

*Attn. 6
3-25-86*

MR. CHAIRMAN, MEMBERS OF THE COMMITTEE.

I AM BOB FOSTER FROM WICHITA. I WANT TO THANK YOU FOR THE OPPORTUNITY TO SPEAK TO YOU TODAY.

I FEEL QUALIFIED TO GIVE TESTIMONY BEFORE YOU CONCERNING THIS BILL FOR THREE REASONS. FIRST, MY WIFE HAS HAD ALZHEIMER'S DISEASE FOR OVER 16 YEARS AND HAS SLOWLY BUT PROGRESSIVELY GOTTEN WORSE. SECOND, I HAVE BEEN A MEMBER OF THE KANSAS ALZHEIMER'S AND RELATED DISEASES TASK FORCE. AND THIRD, I HAVE BEEN AN ACTIVE MEMBER AND PAST PRESIDENT OF THE BOARD OF ALZHEIMER'S AND SIMILAR DISEASES-KANSAS STATE ASSOCIATION. IN THIS LAST CAPACITY I HELPED FORM THE ORGANIZATION AND HAVE BEEN QUITE ACTIVE, SPEAKING TO MANY GROUPS, INTERVIEWING WITH TELEVISION AND NEWSPAPERS, AND PROMOTING THE ORGANIZATIONS MAIN PURPOSE OF PROVIDING SUPPORT GROUPS FOR FAMILIES OF VICTIMS OF THE DISEASE.

I BELIEVE THAT MY PERSONAL EXPERIENCE, WHICH IS REPRESENTATIVE OF HUNDREDS PERHAPS THOUSANDS OF OTHER KANSANS, WILL DEMONSTRATE THE NEED FOR RESPITE CARE FOR FAMILIES VICTIMIZED BY THIS DISEASE.

FOR SIX YEARS I HAD NOTICED A DECLINE IN MY WIFE'S ABILITY TO REMEMBER AND FUNCTION NORMALLY. AFTER MANY VISITS TO DIFFERENT DOCTORS AND SEVERAL DEAD ENDS, I RECEIVED A DIAGNOSIS OF "IRREVERSIBLE PROGRESSIVE DEMENTIA, PROBABLY ALZHEIMER'S DISEASE". A SECOND OPINION FROM MAYO CLINIC CONFIRMED OUR WORST FEARS, SHE HAD CONTRACTED ALZHEIMER'S DISEASE.

IN APRIL OF 1976 SHORTLY AFTER THE DIAGNOSIS WAS CONFIRMED IT BECAME DRAMATICALLY APPARENT TO ME THAT MY WIFE NEEDED CONSTANT ATTENTION AT HOME. I WAS AT WORK ONE DAY IN APRIL WHEN MY WIFE SHOWED UP AT OUR NEXT DOOR NEIGHBORS HOUSE AND ASK FOR HELP IN GETTING HER STOVE LIT. UPON CHECKING, MY NEIGHBOR FOUND THE HOUSE FULL OF GAS FUMES. THE PILOT LIGHT HAD GONE OUT AND THE BURNER WAS LEFT ON. ONE SPARK WOULD HAVE TRIGGERED AND ENORMOUS EXPLOSION AND CAUSED UNTOLD DAMAGE AND PROBABLY DEATH.

AT THIS POINT I TOOK LEAVE FROM MY JOB IN ORDER TO FIND SUITABLE HELP TO STAY WITH MY WIFE DURING THE DAY. I EXPECTED TO FIND AFFORDABLE HELP IN A TWO TO FOUR WEEK TIME FRAME. HOWEVER, I WAS UNABLE TO FIND ANY RELIABLE HELP THAT WAS WITHIN MY FINANCIAL MEANS TO SUPPORT. THIS FORCED ME TO TAKE EARLY RETIREMENT IN ORDER TO PROVIDE THE CARE MYSELF. I WAS ABLE TO PROVIDE THIS CARE FOR FIVE YEARS UNTIL SHE REQUIRED NURSING CARE. SHE HAS BEEN IN A NURSING HOME NOW FOR FIVE YEARS.

ALTHOUGH I WAS FORCED INTO EARLY RETIREMENT AND SUFFERED GREAT FINANCIAL AND EMOTIONAL LOSS, I WAS LUCKY TO BE IN A POSITION TO RETIRE EARLY. OTHERS HAVE NOT BEEN SO LUCKY. THIS EXPERIENCE HAS DEFINITELY POINTED OUT THE GREAT NEED FOR RESPITE CARE. YOU LITERALLY BECOME "A PRISONER IN YOUR

*Attn. 6
3-25-86
Hs. PHW*

OWN HOME". YOU CANNOT LEAVE THE ALZHEIMER'S VICTIM ALONE AT ANY TIME. WHEN I WENT SHOPPING IT WAS NOT UNUSUAL FOR MY WIFE TO BECOME CONFUSED, VERY UPSET, AND AGITATED SAYING SUCH THINGS AS "WE DON'T BELONG HERE". GETTING A HAIRCUT, BUYING GROCERIES, GOING TO CHURCH, OR JUST STEPPING OUT TO CUT THE GRASS ALL BECAME SERIOUS PROBLEMS. LIKE OTHERS IN THIS STRESSFUL SITUATION, IT BEGAN TO AFFECT MY OWN HEALTH AND WELL BEING.

IN MY OWN CASE I FEEL THAT HAD I BEEN ABLE TO HAVE A PERSON TO CARE FOR MY WIFE AT HOME OR A PLACE TO TAKE HER DURING THE DAY THAT WAS AFFORDABLE, I WOULD HAVE BEEN ABLE TO CARE FOR HER AT HOME FOR A LONGER PERIOD OF TIME. I WOULD ALSO HAVE BEEN ABLE TO CONTINUE WORKING UNTIL NORMAL RETIREMENT WHICH WOULD HAVE HELPED FINANCIALLY. THE TIME I WOULD HAVE SPENT AT WORK WOULD HAVE GIVEN ME RELIEF FROM THE EMOTIONAL STRAIN OF CONSTANT CARE GIVING, THUS ALLOWING ME TO STAY HEALTHIER AND PROVIDE CARE AT HOME FOR MY WIFE FOR A LONGER PERIOD OF TIME.

WE THE FAMILIES OF THE ALZHEIMER'S DISEASE VICTIMS ARE NOT LOOKING FOR A HANDOUT. WE WANT TO CARE FOR OUR LOVED ONES AT HOME AS LONG AS POSSIBLE. WITHOUT RESPITE CARE THIS TRULY BECOMES "THE 36 HOUR DAY" FOR THE CARE GIVER. WE ARE FORCED TO PLACE THEM IN A NURSING HOME MUCH SOONER BECAUSE OF THE AFFECT ON OUR OWN HEALTH. UNDER THESE CONDITIONS, WE ARE UNABLE TO PROVIDE THE SAFETY AND CARE NEEDED. IF THE CARE GIVER IS UNABLE TO RETIRE AND MUST CONTINUE TO WORK THEN THEY ARE FORCED TO PUT THE VICTIM IN A NURSING HOME SOONER WITHOUT RESPITE CARE AVAILABLE. I BELIEVE HOUSE BILL 3051, WITH PROVISIONS FOR A SLIDING FEE SCALE, WILL ENABLE US TO PROVIDE THE CARE NEEDED AT HOME FOR THE ALZHEIMER'S VICTIM MUCH LONGER THAN WOULD OTHERWISE BE POSSIBLE. NOT ONLY WOULD THE AVAILABILITY OF LOW COST RESPITE CARE BENEFIT THE FAMILY, IT WOULD ALSO RESULT IN A LOWER OVERALL COST TO THE STATE SINCE THE RESPITE CARE IS FAR LESS COSTLY THAN NURSING HOME CARE.

I REALIZE THAT WE ARE COMPETING FOR SCARCE STATE BUDGET DOLLARS. HOWEVER, I DO FEEL THAT THE MAGNITUDE OF THE PROBLEMS CAUSED BY ALZHEIMER'S DISEASE ARE SUCH THAT THEY HAVE TO BE ADDRESSED NOW. THESE PROBLEMS WILL NOT GO AWAY, THEY WILL ONLY GET WORSE. BY THE YEAR 2000 NEARLY TWO THIRDS OF THE UNITED STATES POPULATION WILL BE OVER 50 AND AT RISK OF BEING STRICKEN WITH ALZHEIMER'S DISEASE. I WOULD SUGGEST THAT YOU CONSIDER EARMARKING MONEY FROM A SALES TAX INCREASE OR A STATE LOTTERY FOR THESE PROGRAMS.

I RECOMMEND AND URGE YOU TO RECOMMEND PASSAGE OF HOUSE BILL 3051 NOT ONLY FOR THOSE OF US NOW BUT FOR THE COUNTLESS NUMBERS TO FOLLOW.

ROBERT E. FOSTER
5317 E. KINKAID
WICHITA, KANSAS 67218
316-684-2662

HB 3051 (Respite Care)

Attn: 7
3-25-86

Mr. Chairman and members of the committee.
Thank you for the opportunity to speak on behalf of
HB 3051.

I am Marvel Chambers of Wichita. I am a member of
the Board of Directors of Alzheimer's and Similar
Diseases Kansas State Association.

As a former caregiver, my husband was diagnosed in
1971 as having Alzheimer's disease and died in 1980.
I fully understand the urgent need for the passage of
of this bill.

I know all too well the desperate needs of the
caregiver for respite care. The emotional impact is
tremendous and devastating to see a loved one deteriorate
from an intelligent productive person to someone who
sees but can no longer recognize family members.

Our days soon become the 36 hour day! Their needs for
supervision increases as the disease progresses. We become
physically and emotionally drained.

Respite care will enable the caregiver to recuperate
and return to again giving the loving care the Alzheimer's
victim needs. The victim may also be kept in the home
for a longer time thus avoiding the great expense of a
nursing home.

I speak for those caregivers who cannot be here
today and there are hundreds in Kansas. Please, I urge
you to give this bill the utmost consideration.

Thank you.

Marvel Chambers

Marvel Chambers
3023 Aloma
Wichita, KS 67211

Attn: #7
3-25-86
Hs. PHW



KINH Kansans for Improvement of Nursing Homes, Inc.

913 Tennessee, suite 2 Lawrence, Kansas 66044 (913) 842 3088

March 25, 1986

STATEMENT REGARDING HB 3051: PROVISION OF RESPITE CARE SERVICES FOR CAREGIVERS

KINH is also very supportive of the concept in HB 3051, and its purpose of providing respite service options in the home, community, and institutions. The services are needed as a part-time and/or intermittent full-time source of relief to family caregivers of Alzheimer's victims. Unrelieved stress on the caregiver and other family members shortens the time that they are able to cope with the physical, emotional, and financial problems they face. A variety of respite services will preserve the family's ability to cope, thereby prolonging the period that the patient will be able to remain at home. HB 3051 sets forth both the concept and the need for respite services very well.

However, we have some difficulty with the detailed provisions in the bill concerning how the services would be provided. Without a more carefully developed plan, we would be hesitant to give our support to the bill as it exists now. At the same time, it is clear that the services would provide financial relief to both the victims and the state in delayed institutionalizations, and thus should not be overlooked from a strictly dollars and cents perspective.

It seems reasonable to us to begin more modestly on a financially supportable scale with a pilot project that would serve as a model for further development of respite services. We hope that the Committee will be able to recommend that much. We would be pleased to support a more limited program in the beginning than what is proposed in HB 3051.

*Attn. #8
3-25-86
Hs. PHW*

*Attn. #8
3-25-86*

Testimony Regarding
H.B. 3051 - Respite Care

*Attn # 9
3-25-86*

Before the
Public Health and Welfare Committee
Kansas State House
March 25, 1986

Presented by
Ronald L. Harper
Kansas Department on Aging

Rep. Littlejohn and members of the Public Health and Welfare Committee, you have heard today convincing testimony that a need exists in Kansas for respite care.

The Kansas Department on Aging supports H.B. 3051 and urges this committee to begin a respite care service this year.

The fiscal note estimates the administrative costs of the program at \$73,400. The estimate assumes a statewide program in 105 counties. These administrative costs will not be necessary if the committee were to endorse a smaller program. The Department offers to implement such a program with current staff.

KDOA suggest that a program could begin, for example, in one county. Unicare, a non-profit home health agency in Nemaha County, estimates that it can provide 2,080 hours of respite care for \$11,032 annually.

A somewhat more ambitious way to start is to fund a finite number of projects across the state rather than total implementation. Wisconsin, for example, authorized \$300,000 a year for five years to fund 16 respite projects. California authorized \$300,000 a year for three years for eight Alzheimer's day care resource centers. The Kansas Department on Aging is willing to implement a similar program with current staff.

The Department makes this commitment because the need is great and the resources are scarce. Administrative costs for an initial phased in program should not be a barrier.

Yesterday, a woman from Great Bend called the Department to request information on Alzheimer's disease. Her husband is a victim. She said, "I'm afraid to leave him at home alone because I'm afraid I'll come home and find him dead."

She called us because she said, "You can't find anything here."

As Reps. Hassler and Branson can verify, this expression of need was common across the state when the Alzheimer's and Related Diseases Task Force held its hearings.

*Attn. # 9
3-25-86
Hs. PHW*

Page 2

At a minimum, the Department believes that the state needs S.B. 690, the helpline bill, so that people like the woman in Great Bend can find the help that is available.

But when help is unavailable, an information service will not be sufficient. Southwest Kansas and the rest of the state has a shortage of help for Alzheimer's victims and their families. H.B. 3051 is a way to relieve family caregivers of the debilitating burdens of the "36-hour" day by providing respite care services.

LD:rd
3/24/86

Attn # 10
3-25-86

March 25, 1986

Testimony on Respite Care Legislation

Respite Care - House Bill 3051

Presentation by: Edna Mae Evans, RN
Family Health and Wellness Specialist
American Red Cross
Kansas Capital Area Chapter
Topeka, Kansas

Position - Favor Respite Care House Bill 3051

Background - Registered Nurse involved in community nursing at Red Cross. Since 1982, co-ordinator of a Respite Program for the elderly which utilizes trained volunteers to provide relief to family caregivers by going into the home and staying with the impaired persons enabling the caregiver to take "time-off" for short periods of time. Due to a 25% budget cut, staff time devoted to the program has been decreased to 17 hours per week.

The task of 24 hour care for a chronically disabled person is emotionally, physically and financially exhausting. The burden of this care many times falls on the shoulders of an aged, frail spouse. Unless these caregivers are provided periods of relief, they become totally drained and ill themselves resulting in two patients in need of care. The well-being of the disabled person depends directly on the well-being of the person who is taking care of them. If the caregiver is in poor health, the care of the impaired person is in jeopardy. If the caregiver is overcome by the burden, institutionalization results.

One example of the most devastating and dehumanizing of chronic diseases is Alzheimers' Disease. Its impact on the lives of its victims and their families is tragic. Anyone who has become acquainted with the once dynamic individuals who have had their lives turned inside out, will understand the importance of providing support and help to these families.

The caretakers drive themselves to physical and emotional exhaustion while rendering continuous care. They experience the anguish of seeing their loved one turn into a stranger who no longer remembers who they are, but requires constant attention to meet their basic needs and assure their safety. Without help, it is very possible for the caregiver to collapse under this enormous demanding task.

In my experience I have witnessed the anguish caregivers are experiencing and have seen some become totally exhausted and physically ill themselves. In one case, a 65 year old caregiver who provided continuous care for her stroke-victim husband for two years, died before her invalid spouse. There is little doubt that the enormous load she carried as a caregiver contributed to her pre-mature death. In other cases by the time the impaired person was institutionalized, the caregivers physical and emotional health was severely impaired, sometimes permanently.

Respite care services are desperately needed to help these heroic caregivers who are providing 80% of the care of chronically disabled adults. For the persons now afflicted, as well as the rest of us who may someday develop a chronic debilitating disease, supportive services mean we do not have to fear becoming an overwhelming burden to our families, nor be subjected to dehumanizing institutional care.

Attn # 10
3-25-86
Hs. PHW



Kansans for Improvement of Nursing Homes, Inc.

913 Tennessee, suite 2 Lawrence, Kansas 66044 (913) 842 3088

March 25, 1986

STATEMENT REGARDING SB 690: ESTABLISHMENT OF AN INFORMATION AND REFERRAL NETWORK

KINH is a statewide consumer advocacy organization with about 900 members. According to the Alzheimer's Task Force Report, Alzheimer's victims make up about 50% of the nursing home resident population in Kansas. Relatives and friends of both institutionalized and non-institutionalized Alzheimer's patients need the help of the information and referral program that would be provided in SB 690.

After hearing the diagnosis of "probable Alzheimer's Disease" from the physician, many family members are faced with the difficult task of providing care with very little information, assistance or support from any source. They are overwhelmed by a feeling of helplessness; most have no idea where to get the information, help, and support that they need. That experience, however, is gradually changing as family support groups are organized and community services are beginning to be provided.

The need now is to link individuals who need services and information to their providers: the toll free line in the Department on Aging's information and referral network is the necessary link. In addition to the existing hotline services, information about the disease, and data and information on support services needs to be gathered so that help can be made available to those who need it. Effective publicity will also be needed so that those who need answers will find them accessible.

KINH supports funding of SB 690 to make these additional functions of the statewide telephone network accessible. The new information and referral services would greatly reduce the burden and worries of family caregivers and allow them to care more effectively for their loved ones. KINH requests that SB 690 receive a favorable report by the Committee.

*Attn. #11
3-25*

*Attn. #11
3-25-86
Hs. PHW*

SENATE BILL NO. 690

MR. CHAIRMAN, MEMBERS OF THE COMMITTEE.

I AM BOB FOSTER FROM WICHITA. I WANT TO THANK YOU FOR THE OPPORTUNITY TO SPEAK TO YOU TODAY.

I FEEL QUALIFIED TO GIVE TESTIMONY BEFORE YOU CONCERNING THIS BILL FOR THREE REASONS. FIRST, MY WIFE HAS HAD ALZHEIMER'S DISEASE FOR OVER 16 YEARS AND HAS SLOWLY BUT PROGRESSIVELY GOTTEN WORSE. SECOND, I HAVE BEEN A MEMBER OF THE KANSAS ALZHEIMER'S AND RELATED DISEASES TASK FORCE. AND THIRD, I HAVE BEEN AN ACTIVE MEMBER AND PAST PRESIDENT OF THE BOARD OF ALZHEIMER'S AND SIMILAR DISEASES-KANSAS STATE ASSOCIATION. IN THIS LAST CAPACITY I HELPED FORM THE ORGANIZATION AND HAVE BEEN QUITE ACTIVE, SPEAKING TO MANY GROUPS, INTERVIEWING WITH TELEVISION AND NEWSPAPERS, AND PROMOTING THE ORGANIZATIONS MAIN PURPOSE OF PROVIDING SUPPORT GROUPS FOR FAMILIES OF VICTIMS OF THE DISEASE.

THERE IS CURRENTLY A REAL LACK OF INFORMATION AVAILABLE TO ANYONE INTERESTED IN INFORMATION ON ALZHEIMER'S AND SIMILAR DISEASES IN KANSAS. FAMILIES OF VICTIMS STRICKEN WITH THIS TERRIBLE DISEASE ARE OFTEN STRUGGLING WITH MANY PROBLEMS INCLUDING A LACK OF UP-TO-DATE RELIABLE INFORMATION THAT WILL HELP THEM TO OVERCOME SOME OF THEIR FEARS AND TO ENABLE THEM TO BETTER CARE FOR THEIR LOVED ONE. IN ADDITION, THE PUBLIC IN GENERAL HAS A NEED TO KNOW MORE ABOUT ALZHEIMER'S IN ORDER TO UNDERSTAND THE CHANGES IN THE VICTIMS AND THE NEEDS OF FAMILY MEMBERS. A HELPLINE WOULD BE AN INVALUABLE SERVICE TO COUNSELORS, MINISTERS, AND OTHER CITIZENS NEEDING A SINGLE SOURCE OF INFORMATION. IN ADDITION, LEGISLATORS CONSIDERING FUTURE NEEDS IN THIS AREA WOULD HAVE A READY SOURCE OF INPUT ON WHICH TO RELY.

THE FAMILY SUPPORT ORGANIZATION IN WICHITA RECEIVES MANY QUESTIONS, SOME OF WHICH CANNOT BE ANSWERED FOR LACK OF INFORMATION OR THE RESOURCES TO GET THE ANSWERS. AREAS OF THE STATE THAT DO NOT HAVE ANY FAMILY SUPPORT GROUP HAVE EVEN MORE TROUBLE GETTING ANSWERS TO QUESTIONS.

A SAMPLE OF THE QUESTIONS WE HAVE RECEIVED ARE:

WHERE CAN I GO FOR AN ACCURATE DIAGNOSIS?
WHERE CAN I GET SOMEONE TO HELP WITH THE CARE?
WHERE CAN I GET FINANCIAL HELP?
WHICH NURSING HOMES TAKE ALZHEIMER'S PATIENTS?
WHAT RESEARCH IS BEING DONE?

*Attn. #12
3-25-86*

Hs. PHW

THERE ARE OF COURSE A GREAT MANY MORE QUESTIONS ASKED AT OUR FAMILY SUPPORT GROUPS.

TO HELP THIS SITUATION, VALID UP-TO-DATE INFORMATION ON ALZHEIMER'S AND RELATED DISEASES GATHERED FROM RELIABLE SOURCES THROUGHOUT THE UNITED STATES ALONG WITH RELIABLE REFERRALS TO SERVICES SHOULD BE MADE AVAILABLE TO ALL KANSAS CITIZENS UTILIZING EXISTING TOLL FREE TELEPHONE NETWORK.

GATHERING, ORGANIZING, UP-DATING, MAINTAINING, AND MAKING THIS INFORMATION AVAILABLE THROUGH A HELPLINE WILL REQUIRE THE ADDITION OF ONE FULL TIME POSITION UNDER THE SECRETARY OF AGING.

I RECOMMEND AND URGE YOU TO RECOMMEND PASSAGE OF SENATE BILL 690.

ROBERT E. FOSTER
5317 E. KINKAID
WICHITA, KANSAS 67218
316-684-2662

13
3-25-86

HB 690 (Helpline)

Mr. Chairman and members of the committee.
Thank you for the opportunity to speak on behalf of
HB 690.

I am Marvel Chambers of Wichita, I am a member of
the Board of Directors of Alzheimer's and Similar
Diseases Kansas State Association and presently serving
as secretary.

We receive numerous calls for information for which
we do not have answers. When we have to say "I don't
know" to someone who desperately needs help this is
disappointing to both--for we want to ease their burden
if at all possible.

Through the efforts of all in interest, dedication
and education Alzheimer's disease will be conquered!

We appreciate the considerations and assistance you
have given to assist us in attaining this goal.

Thank you.

Marvel Chambers

Marvel Chambers
3023 Aloma
Wichita, KS 67211

Attn # 13
3-25-86

Hs. PHW

#14
3-25-86

I am in favor of HB 3051 and SB 690. My name is Linda Carlson. My Father has Alzheimer's or Pick's disease--the only certain diagnosis is by autopsy. Dad is 69 years old and in good physical condition except for the brain deterioration of which the first symptoms began appearing twenty-four years ago. The past five years have seen his condition worsen drastically. He no longer can understand the meaning of a checking or savings account, let alone manage the family finances.

My sixty-five year old mother is now taking care of a man very different from the one she has been married to for forty-three years. Her task is like taking care of a small child but a person can reason with a child--not with an advanced Alzheimer's victim.

I have lost the rational father who used to take such good care of things. My mother is afraid of the future--living a thirty-six hour day constantly watching over my father, worrying about running out of money for his current & future care. It won't be long before he is totally unable to care for himself. Alzheimer's victims don't get better.

I am as much concerned with my mother's mental and physical state as with my father's condition. She is an arthritic and has had one hip replacement. She needs to have both knees replaced but dares not. There would be nobody to look after my father during the day while I and my husband are at work. Mom and Dad need help.

Autm.
#14
3-25-86
Hs. PHW

Attn
15
3-25-86

SENATE BILL NO. 690
PUBLIC HEALTH AND WELFARE COMMITTEE
March 25, 1986

Chairperson Littlejohn and Fellow Committee Members;

My brief remarks are made as a member of the Kansas Alzheimer's Disease Task Force and of the Alzheimer's Disease and Related Disorders Association, Topeka Chapter; as a native Kansan with a deep concern for the tragic problems brought about by this malady; and finally and most sadly, as the husband of a bright, vivacious woman, active in many community, church and civic affairs, who in her sixties has been stricken with Alzheimer's Disease.

When my wife's organic illness was diagnosed about three years ago, I found that Alzheimer's disease was generally considered a mental disorder, not subject to the benefit of Medicare and health insurance. As is now emphatically agreed by medical specialists and research authorities, it is an organic disease just as cancer, cardio-vascular illness, arthritis, diabetes or many other maladies are diseases.

In holding public hearings over the State, the Task Force found much confusion about dementia, its diagnosis and lack of sources of help for the patient and family. Senate Bill No. 690, which would establish an information and referral network through the Department on Aging combined with a toll free telephone information system, would bring a valuable Helpline to families facing the catastrophic problems of Alzheimer's disease and related disorders.

As a concerned citizen, who has served on many Boards for the health and welfare of the less fortunate over the years, I urge favorable consideration by this Committee on Senate Bill No. 690.

Thank you sincerely,

Robert C. Guthrie
Robert C. Guthrie
3000 West 19th Street
Topeka, KS 66604

Attn. #15
3-25-86
Hs. PHW