

Approved 4-2-86  
Date ra

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 March 27, 1986 in room 423-S of the Capitol.

All members were present except:

Representative Mike O'Neal, excused.

Committee staff present:

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

Conferees appearing before the committee:

Dr. Patricia Schloesser, Dept. Health & Environment  
Nadine Burch, interested consumer, Topeka, Ks.  
Mark Intermill, Jayhawk Area Agency on Aging  
Martha Dodson, Coordinator of Ks. Coalition on Aging  
Marilyn Bradt, Kansans for Improvement of Nursing Homes  
Joyce Romero, Secretary, Department on Aging

Visitor's register, (NONE) (No attachment 1)

Chairman called meeting to order, noting there is a large number of bills that need to be discussed, some amended, and action taken on many this date, and he asked that conferees who would later speak to HCR 5052 be as brief as possible in making their point.

SB 670.

Rep. Hassler noted there were some changes necessary on SB 670. She explained reasons for technical changes and made a motion to amend SB 670 on line 15, to change the number on advisory committee from 15 to 14. Also amend by deleting language in line 33, the last word, "the", delete all of line 34, and to delete on line 35, "ministration or the executive director's designee;". Motion seconded by Rep. Blumenthal, vote taken, motion carried.

On the bill as a whole, Rep. Cribbs made a motion to pass SB 670 favorably as amended, seconded by Rep. Hassler, motion carried.

SB 549.

Chair brought attention to amendments suggested. Amend SB 549 on line 26, Sec.1, to have language read, "as used in Sec. 1 through 5 of this act". Also to amend in line 60, Sec. 2, (a), add after, "A patient", the words, "of a treatment facility". Rep. Green made a motion to amend as suggested, seconded by Rep. Cribbs, vote taken, motion carried.

Suggested to amend SB 549 by adding language in line 112, before the word, "medical", and insert the words, "treatment or". Rep. Cribbs made motion to amend as suggested, in line 112, seconded by Rep. Harder, motion carried.

Further discussion of the bill took place, the question was raised, why are institutions for the mentally ill excluded from the list indicated in lines 39-41 of SB 549? Discussion also in regard to language in lines 173-184 to respect of conflict in releasing records. At this point, Rep. Blumenthal made a conceptional motion to amend SB 549 by adding language at the end of (d) lines 30-41, "community mental retarded facilities". Motion seconded by Rep. Hassler. Discussion ensued, i.e., perhaps MRs aren't really necessary, to be included in language of this bill, Rep. Blumenthal stated, but he would like to include it now, and take a more thorough look as it is worked on the floor.

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 27, 1986

SB 549 continued.

Members were encouraged to look at the definition of "treatment personnel", as Ms. Correll suggested in how it relates to the mentally retarded patient treatment. There are patients who are dual/diagnosed, so perhaps this language would be appropriate. Vote taken, motion carried. Rep. Friedeman recorded as a NO vote.

Further discussion on SB 549.

Rep. Buehler noted he had had conversations in regard to language in line 60 where a patient has a privilege to refuse to disclose information. One of the sponsors of the bill did not realize this language was so broad, and that if the language could be amended so the employer would not be put to such a dis-advantage, it would be agreeable with Sen. Karr. There was discussion at this point about possibilities of language changes. Rep. Buehler made a conceptional motion to amend SB 549 in lines 60 and thereafter to read, the person applying for a job should be required to complete the application if asked for disclosure if being treated or had a record of being treated for mental illness. (He stated this issue had been addressed during discrimination of the handicapped in 1985 committee meetings). Rep. Friedeman seconded the motion. More discussion followed. Vote taken, division asked for, show of hands indicated vote was 5 in favor, 9 against, conceptional motion failed.

SB 549 as a Whole, Rep. Hassler made a motion to pass SB 549 out of committee as amended favorable for passage, seconded by Rep. Wagon.

Rep. Buehler made a substitute motion to table SB 549, motion seconded by Rep. Friedeman. Vote taken, motion failed.

Back to original motion by Rep. Hassler, and Rep. Wagon, vote taken, motion carried. Rep. Buehler, and Rep. Friedeman recorded as NO votes.

SB 672.

There was a suggested amendment to SB 672 to strike words, "not to exceed fee of \$5". Motion to amend SB 672 in this manner was made by Rep. Harder, seconded by Rep. Foster. Vote taken, motion carried.

On the bill as a whole, Rep. Foster moved to pass SB 672 out favorabale for passage as amended, seconded by Rep. Cribbs, vote taken, motion carried. Rep. Friedeman recorded as NO vote.

HB 3023.

Chair noted there were suggested amendments. Rep. Hassler made a motion to amend HB 3023 by deleting lines 180-184, on page 5. Rep. Cribbs seconded. No discussion, vote taken, motion carried.

Further proposed amendments, lines 116-119 on page 3. There was discussion in regard to language that speaks to allowing the PA to become more like an independent practitioner, or giving the Board of Healing Arts authority to remove the PA from the register, rather than the physician doing so. At this point, Rep. Foster made a motion to amend HB 3023 by striking the language in lines 116-119, motion seconded by Rep. Hassler.

Discussion ensued, i.e., Ms. Correll stated the law now says the physician who utilizes the services of a PA is responsible for the actions of that PA and liable therefore. There was discussion at this point on liability. PA's wanted this language left out. Mr. Furse was asked at this time to read the entire laundry list of grounds for removal of a PA's name from the register. It is the same as for revoking a license of a Physician.

Vote taken on motion by Rep. Foster and Rep. Hassler, motion failed.

On the bill as a whole, Rep. Pottorff made a motion to pass HB 3023 out of committee as amended, favorable for passage, seconded by Rep. Blumenthal. No discussion. Vote taken, motion carried.

HCR 5050.

Rep. Runnels made a motion to pass HCR 5050 favorable for passage, seconded by Rep. Harder. No discussion, vote taken, division requested, show of hands indicated 7 in favor and 8 against. Motion failed.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 423-S, Statehouse, at 1:30 4/4 p.m. on March 27, 19 86

HB 3124.

Chairman noted this bill was requested through Fed. & State Affairs Committee, and speaks to a problem in Rep. Neufeld's area. Rep. Neufeld then spoke to HB 3124, saying that hospital districts who cannot close their doors, will be authorized through the passage of this bill to go forward and change their facility from a hospital to an adult care center, thereby allowing them to be able to pay their debts and continue to serve the community. Rep. Neufeld made a motion to pass HB 3124 favorable for passage and have it placed on the consent calendar. Motion seconded by Rep. Pottorff, motion carried.

HCR 5038.

Chairman noted this bill had been introduced at the beginning of the session but had gotten lost from his bill book. He said he wished to apologize to Rep. Branson and Rep. Blumenthal for not having heard this bill sooner. The bill would speak to giving the Secretary of Health and Environment authority to make a study of possibility of damage done to eyes of persons operating video display terminals, (VDT's) and also musculo-skeletal fatigue and stress reactions of those persons.

Chair invited Dr. Patricia Schloesser to speak to HCR 5038 and the position of the Dept. of Health and Environment. (See Attachment No.2), for details of Department's position. She stated numerous studies have been documented and there is concern about the question of possible radiation emissions from VDT's that could cause reproductive problems, namely miscarriages, and birth defects. There is a research study on-going being conducted by the National Institute for Occupational Safety and Health. HCR 5038 calls on the Department of H & E and Human Resources to review the intent of VDT useage in Kansas and to monitor results of national research studies and determine need for additional educational efforts to lessen risks, and further, to report these findings to the 1988 Legislature. Their Department supports this Resolution. She answered questions, i.e., yes, the information could be obtained from national reports, but it would be costly to implement. We know there are problems. Some employers are saying to women of child-bearing age, if you have concerns about this we will place you in a different area of work within our company and not at a VDT.

It was thought by some members, this situation is already being addressed by the private sector of business and that state interference is unnecessary.

At this point, Rep. Branson made a motion to report HCR 5038 favorable for passage, seconded by Rep. Hassler, vote taken, chair in doubt, show of hands indicated 9 in favor, 7 against, motion carried.

Chairman noted at this point there would be hearings held on HCR 5052.

Hearings began on HCR 5052:--

Ms. Nadine Burch, an interested consumer, gave hand-out to members, (See Attachment No. 3-A, proposed amendments to HCR 5052, and 3-B, her printed testimony). She stated the data and information that this Resolution addresses is vitally important, inasmuch as an appropriate bill can not be formulated without it. If the deadline for this Resolution is left as December 1987, it means that a Home Health Bill could not be introduced before 1988. She then directed attention to her proposed amendment, to insert in line 24, the words, "under the leadership of the Secretary On Aging", after the word, "develop". Also to amend in line 48, by changing the date "1987", to "1986".

Mark Intermill, Jayhawk Area Agency on Aging, spoke in support of HCR 5052. He agreed with Ms. Burch, the deadline of 1987 is too far away, and he urged members to take a look at changing the date to December 31, 1986. This Resolution is a step in the right direction, he said. Coordination by the three state agencies that have the most impact on our frail elderly, and having to report findings, will be a step forward. He answered questions, i.e., yes, he felt to include case management in language on lines 37-44 was a good point. It is a critical omission. He said the case management program being established currently in Shawnee county has grown by leaps and bounds in the last two years, and has been great for those who utilize the service, so yes, he felt it would be beneficial to include it.

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 27, 1986

Hearings continued on HCR 5052.

Martha Dodson, coordinator of Kansas Coalition On Aging, gave hand-out to members, (See Attachment No.4), for details. She spoke in support of HCR 5052, saying it is not yet possible to fully assess the impact of proposed state and federal budget cuts on the aging population of Kansas, and it is clear that deep cuts will greatly reduce vital services that currently enable elderly persons to remain in their own homes and maintain an adequate quality of life. The Department On Aging strives to be the voice and advocacy for quality life, and the older citizens of Kansas depend on this Department. She then urged for her recommended changes to HCR 5052, i.e., 1) to give a lead role to the Department On Aging in this Joint plan for long-term care services, and 2), to change effective date of reporting to December of 1986.

Marilyn Bradt, Kansans for Improvement of Nursing Homes, spoke in support of HCR 5052, saying their Association rarely strays from actually what happens within the confines of nursing homes, but they feel this is important legislation, and she urged for support. She drew attention to line 39 of HCR 5052 that (2) used in a broad sense as alternatives to nursing homes, and she was not sure this term belongs in this list. However, she did agree with other conferees that the reporting date should be much earlier than the bill reads.

Joyce Romero, Secretary of Department On Aging said their department supports the plan for the provision for non-institutional long term care services for older Kansans. Typically overlapping of services and funding occurs when there are several agencies that operate separate programs. Several states have established coordinating efforts. It has been determined that proper funding and adequate staffing is crucial to the effectiveness of such coordinating bodies.

She stated these 3 demonstration projects could take the state of Kansas substantially forward in providing for long term care for the frail elderly in our State, and she urged committee to give consideration to HCR 5052. She then answered questions, i.e., what was her view to have the Department On Aging serve as the leadership of this coordinating agency, and she stated, that often when there is a coordinating group, it is generally best served if one agency takes the leadership. It would be more administrative than procedural she said. (See Attachment No. 5), for details.

Hearings closed on HCR 5052.

Chairman asked wishes of members in regard to comments on HCR 5052.

Rep. Wagon made a motion to amend HCR 5052, in line 44 to change (13), to (14), and to add, "case management" to the language in that sentence as well. Motion seconded by Rep. Williams. No discussion, vote taken, motion carried.

There was discussion in regard to the deadline date being changed, and at this point, Rep. Branson made a motion to amend HCR 5052 to change the reporting date in line 48, to "December 31, 1986". No discussion, vote taken, chair in doubt, show of hands indicated clearly the motion carried.

Discussion continued on HCR 5052 as a whole, and long-term care language specifically.

Rep. Blumenthal made a motion to pass HCR 5052 favorable as amended, favorable for passage, seconded by Rep. Green, question called, vote taken, motion carried.

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 27, 1986

HCR 5049.

Chair explained the Resolution as requested by Rep. Sprague is a request for liver transplants with relation to Medicaid and Medikan programs. He asked wishes of committee. Rep. Friedeman made a motion to report HCR 5049 favorable for passage, seconded by Rep. Buehler, no discussion, vote taken, motion carried.

Rep. Wagnon asked to make some remarks regarding respite care. She had talked with many people about this phase of health care. She has had a long time interest in respite care, has attended many functions sponsored by health agencies in support of the concept of respite care. However, she feels concern about drafting problems with HB 3051. She feels the issue is far too important to perhaps lose it on the floor of the House if these problems have not been worked out. At this point, Rep. Wagnon made a motion that Public Health and Welfare Committee request a study during the summer Interim, of the feasibility of establishing a respite care demonstration project in three locations. One urban, one rural, in the State. The report should include recommendation as to program design, funding, community need. The motion seconded by Rep. Bideau. No discussion. Vote taken, motion carried.

Chairman asked committe to note minutes of March 17, 18, 19, 20, in need of approval. Rep. Buehler made a motion to revise minutes of March 18th, on a motion he made for SB 179 on page 3 to delete language, "to include all technical changes necessary as explained by Revisor". (Rep. Buehler noted this motion was not made by him this date, but January 30th, technical changes were approved by others).

After this change is made, all minutes to be approved. Motion seconded by Rep. Friedeman, motion carried.

There was brief discussion in regard to Alzheimer's bills, and Chairman stated he plans to write a letter of recommendation to the Speaker to have these bills referred for Interim Study that have been in our committee. The Judiciary Committee and Senate Public Health and Welfare Committee have also requested Interim Study for the Alzheimer's bills that were in those Committees as well.

Meeting adjourned at 3:00 p.m. Next meeting will be on call of the Chairman one day next week. (The week of March 31st).

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON HCR 5038

PRESENTED TO HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE ON MARCH 27, 1986

This is the official position taken by the Kansas Department of Health and Environment on HCR 5038.

BACKGROUND INFORMATION

As increasing numbers of video display terminals (VDT's) are in use in American workplaces, there is growing public concern about health problems associated with their use.

Numerous studies have documented increased health complaints by VDT operators of eye and musculo-skeletal fatigue and stress reactions. Through applied biotechnology (biological and engineering data applied to problems relating to man and the machine) improvements are being made by employers in the worksite to alleviate some of these symptoms.

Of greatest concern is the question of possible radiation emissions from VDT's that could cause reproductive problems, namely, miscarriages and birth defects. There have been several clusters investigated by the Centers for Disease Control, which appear to have occurred by chance, however, the numbers are too few to reach any final conclusion. An extensive prospective research study to answer this question is being conducted by the National Institute for Occupational Safety and Health and involves women in the child bearing years who are VDT users and non-users. Preliminary results of this study will be available in late 1987.

In 1985 the Subcommittee on Health and Safety Committee on Education and Labor, House of Representatives, conducted hearings and issued a report on VDT's and their findings are attached.

The House Concurrent Resolution No. 5038 calls on the Departments of Health and Environment and Human Resources to review the extent of VDT usage in Kansas, to monitor results of national research studies and determine the need for additional educational efforts to lessen risks and to report these findings to the 1988 Legislature.

DEPARTMENT'S POSITION

The Department of Health and Environment supports this resolution.

*Attn. #2  
3-27-86  
Hs. P.H. & W*

[COMMITTEE PRINT]

A STAFF REPORT  
ON THE  
OVERSIGHT OF OSHA WITH RESPECT  
TO VIDEO DISPLAY TERMINALS  
IN THE WORKPLACE

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SUBCOMMITTEE ON HEALTH AND SAFETY  
COMMITTEE ON EDUCATION AND LABOR  
HOUSE OF REPRESENTATIVES  
NINETY-NINTH CONGRESS  
FIRST SESSION



AUGUST 1985

THIS REPORT HAS NOT BEEN OFFICIALLY ADOPTED BY THE COMMITTEE ON EDUCATION AND LABOR (OR THE SUBCOMMITTEE ON HEALTH AND SAFETY) AND MAY NOT THEREFORE NECESSARILY REFLECT THE VIEWS OF ITS MEMBERS

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**Serial No. 99-A**

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Printed for the use of the House Committee on Education and Labor

AUGUSTUS F. HAWKINS, *Chairman*

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tions. Channelling funds into useless items simply raises the cost of products.

Mr. Henriques stressed that with education, people have the freedom to choose solutions to problems that are best for them as individuals, while legislative mandates force citizens to conform to a legislator's best guess.

#### FINDINGS AND CONCLUSIONS

The rapid expansion of video display terminals in the workplace clearly suggests that employers and employees must work together to resolve many of the stress-caused problems. It is unlikely that legislative action at any level will do more than provide contradictory and, perhaps, more restrictive limits rather than encouraging the flexibility that is both desirable and necessary for worker health and safety in offices and other locales where VDTs are in prevalent use.

As noted, all witnesses agree there are some workplaces where comfort is a real issue. Physical comfort, though, will be difficult to legislate. Providing the right kinds of equipment, furniture and fixtures, lighting and window coverings, and so forth, are ideally and realistically issues that must be resolved in each individual place of employment.

If one reviews even briefly the variations in screen color of VDTs as prescribed by European standard setters, one finds a wide range. This clearly implies that there are no single "best" or "better" standards, at least insofar as video screen color backgrounds are concerned.

The same seems to be a reasonable conclusion in terms of office furniture and fixtures. A chair that is adjustable in terms of height, back position, arm rests, and other elements is not going to be comfortable for everyone. There are some workers who would rather have a hard-backed, straight chair. Others would rather have a standard secretarial chair. To attempt to force a standard system on everyone seems excessively restrictive.

There is a real question when it comes to determining the physical stress of using a VDT for a long period of time. This stress often manifests itself in the form of headaches, eye strain and other ailments. There is little doubt that, as many witnesses testified, more frequent breaks may reduce the ailments caused by this stress.

As many of those witnesses indicated, it is not so much the need for a clear break from work that is important as much as it would be a change in activity. Here again, it would be difficult at best to set in legislatively mandated terms a standard for breaks. If workers feel rest breaks are necessary, what constitutes a reasonable break—a 15-minute break for each hour spent using a VDT? Should there be a 15-minute break for every two hours in front of the VDT screen?

Is the Congress or any other legislative body prepared to tell an employer that an employee must be given other tasks to do as a form of respite from VDT work?

After reviewing the broad range of testimony presented to the Subcommittee during the course of its hearings, it appears that

these ergonomic factors are not the kind that could be legislatively standardized. Rather, it is an issue that must be resolved in the workplace itself between employers and employees.

Reasonable employers will recognize the value of coming to terms with the realities of the situation. In workplaces where employees are organized into some form of bargaining unit, the employees can more easily encourage the employer to adapt a more flexible approach to the introduction and usage of VDTs.

Although it was not a particular subject of the hearings, it is apparent that some of the stress connected with the use of VDTs has to do with the way the video display terminals were introduced into the workplace and the kinds and amounts of training provided by employers for those who would be using the equipment.

It seems reasonable to expect that employers would make every effort to have employees understand the reason for either introducing VDTs into the workplace or for expanding the use of VDTs so that employees would not feel threatened, fearing excessive production standards would be in place or the possibility of more monitoring of their work.

Much of the testimony presented during the Subcommittee hearings focused on potential and possible hazards posed by radiation emissions from VDTs. Clearly, the overwhelming body of scientific evidence at this point in time gives little credence to the radiation concerns expressed. This is especially true in respect to the effects of radiation from VDTs in connection with reproductive problems and eye problems such as cataracts.

The body of research indicates that there are no emissions which can cause cataracts. The American Academy of Ophthalmologists went so far as to say that regularly mandated eye examinations are not necessary for VDT operators. Regular eye examinations had been recommended by NIOSH and labor organizations. However, the issue of regular eye examinations, too, would be something for discussion between employer and employees.

Of more concern to most witnesses than the issue of causing cataracts was the question of possible radiation emissions from VDTs that could cause reproductive problems, most notably spontaneous abortions and birth defects.

In 1979, four women who had worked at VDTs at a Canadian newspaper office had babies with birth defects. Several other confirmed clusters of birth defects or spontaneous abortions associated with VDT work during pregnancy have also been reported. All of the reported clusters have been small; the largest consisting of 13 problem pregnancies. Of more import; many different types of birth defects have been reported, suggesting that these problems did not have a common cause.

Canadian and U.S. government agencies have studied several individual clusters in detail and concluded that there was no indication that VDTs were at fault. Experts from the Food and Drug Administration's Center for Devices and Radiological Health also viewed several clusters and reached the same conclusion.

Medical researchers indicate that if there were any emissions that might be of a level to cause harm, the tendency would be for a strong similarity in birth defects. This, those researchers say, has



been the most traditional way of isolating a single source as the casual element.

Researchers from the Centers for Disease Control, for example, who investigated a cluster in which eight pregnancies had adverse outcomes, estimated that the likelihood of such a cluster was six in 1,000.

The National Institute for Occupational Safety and Health is currently undertaking an epidemiological study on the effects of VDT use on reproductive health. The study will involve both VDT users and non-users over a three- to four-year period. This kind of study is vital and its results could have far-reaching effects in reducing the fears of pregnant women using VDTs.

One suggestion offered during testimony was that pregnant women who use VDTs on a regular basis should be allowed to transfer to other duties during the course of their pregnancy. This issue, again, is one to be decided in each individual workplace, between employer and employee.

Another area in which additional study is needed is on the possible effects of low-frequency non-ionizing radiation. Current scientific knowledge seems weakest in terms of the effects of very low and extra low frequency radio waves that emanate from VDTs. Laboratory and other research studies are needed in this area to further examine any possible effects.

This additional research, like the NIOSH epidemiological study, is necessary to provide that body of knowledge which, if it indicates no hazard, will reduce or eliminate the stress on VDT operators who fear for their health.

## APPENDIX A

### WITNESS LIST

- Ms. Jackie Ruff, Executive Director, District 925, Service Employees International Union, AFL-CIO/CLC
- Ms. Rebecca Alford, Representative of District 925, Service Employees International Union, AFL-CIO/CLC
- Mr. Charles A. Perlik, Jr., President, The Newspaper Guild, AFL-CIO
- Mr. David J. Eisen, Research and Information Director, The Newspaper Guild, AFL-CIO
- Dr. Arthur L. Frank, M.D., Ph.D., Professor and Chairman, Department of Preventive Medicine and Environmental Health, University of Kentucky College of Medicine
- Mr. David LeGrande, Occupational Safety and Health Department, Communications Workers of America, AFL-CIO
- Mr. Stephen D. Channer, Executive Director, Business and Institutional Furniture Manufacturer's Association (BIFMA)
- Dr. Charles N. Abernethy, Manager of Human Factors, Digital Equipment Corp., on behalf of The American Electronics Association
- Dr. Max M. Weiss, Group Supervisor, Radiation Protection Group, AT&T Bell Laboratories, on behalf of the American Electronics Association
- Dr. Marcus B. Bond, on behalf of the American College of Obstetricians and Gynecologists
- Dr. William L. Rich,
- Dr. Martin Mainster, and
- Dr. Alfred Sommer, all on behalf of the American Academy of Ophthalmology
- Dr. J. Donald Millar, Director, National Institute for Occupational Safety and Health (NIOSH)
- Dr. Philip Landrigan, Director, Division of Surveillance, Hazardous Evaluation and Field Studies, NIOSH
- Dr. Barry Johnson, Director of Biomedical and Behavioral Studies, NIOSH
- Dr. Howard Brown, Medical Director, New York Times; Chairman, American Newspaper Publishers Association (ANPA) Environmental Committee
- Mr. George Cashau, Director of Technical/Research, ANPA
- Mr. Richard Neergaard, Assistant Environmental Coordinator, ANPA
- Mr. Frank Romano, Associate Publisher, Typeworld; Chairman of Printing Industries of American National Composition Association
- Mr. Mark Killmon, Technical Director, National Composition Association

*Attmt #*  
*3-A*  
*3-27-86*

Proposed Amendment  
HCR 5052 - Plan for Long Term Care

Presented by  
Nadine Burch

Before the  
Public Health & Welfare Committee  
Kansas House of Representatives  
March 27, 1986

Rep. Littlejohn and members of the committee, I propose the following amendment to HCR 5052:

Insert in line 24 the words "under the leadership of the Secretary of Aging" after the word "develop."

Amend line 48 by changing 1987 to 1986.

*Attm. #3-A*  
*3-27-86*  
*Hs. PHW*



# KCOA

## KANSAS COALITION ON AGING

1195 S.W. Buchanan, Topeka, Ks 66604

Telephone: (913) 232-1456

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DEDICATED TO THE IMPROVEMENT IN QUALITY OF LIFE FOR ALL KANSANS

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MEMBERS OF THE COMMITTEE: I AM NADINE BURCH

Resolution 5052 is actually a fall back position on the issue of home health care. We realize that the funding situation at the present can not really address the home health needs. However, we hope these budget strictures are not permanent. The data and information that this resolution addresses is vitally important in as much as an appropriate bill can not be formulated without it. If the deadline for this resolution is December 1987 this means that a Home Health Bill could not be introduced before 1988. Many other states have in place state administered and funded comprehensive home health programs. Last year in Oklahoma a million two hundred thousand was allocated for a home health program. The savings have been very apparent. We know services are out there but where.

We need to know gaps and duplications and have them compiled.

We request that these amendments be placed in the resolution.

*Attn. #3-B  
3-27-86  
Hs. PHW*



# KCOA

## KANSAS COALITION ON AGING

1195 S.W. Buchanan, Topeka, Ks 66604

Telephone: (913) 232-1456

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DEDICATED TO THE IMPROVEMENT IN QUALITY OF LIFE FOR ALL KANSANS

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TESTIMONY: HOUSE HEALTH AND WELFARE COMMITTEE  
March 27, 1986

BY: Martha Dodson, Coordinator -- The Kansas Coalition on Aging

Representative Littlejohn and members of the Health and Welfare Committee

I am Martha Dodson, Coordinator of the Kansas Coalition on Aging. I appreciate your courtesy in giving me the opportunity to appear before you requesting two amendments to House Concurrent Resolution 5052.

I speak for the Kansas Coalition on Aging -- a Coalition of 29 leading organizations concerned with improvement of the quality of life for older Kansans. KCOA has always strongly supported improved Health Care. Others have spoken or will speak of the grim picture of the future graphically illustrated of untold human suffering across our state for older citizens. According to the Coalition's Legislative Strategy Committee which works closely with the Department on Aging it is not yet possible to fully assess the impact of proposed state and federal budget cuts on the aging population of Kansas. It is clear that deep cuts as projected will greatly reduce vital services that enable elderly persons to remain in their own homes and maintain an adequate quality of life.

The Department on Aging strives to be the voice and advocacy for a quality of life that all Kansans should have. We depend upon the Department on Aging and to be effective it must have a leading role in issues concerning older Kansans.

The resolution before you has two vital flaws: one, it omits any lead role for the Department on Aging; and two it delays for two years any effective legislative action. It is already difficult to explain to the members of the Coalition why Health Care has such a low priority. I would like to report to the members of the Coalition that House Concurrent Resolution 5052 passed with these two amendments:

1. Inclusion of the Department on Aging under the leadership of the Secretary and
2. A definitive report mandated by December of 1986.

Thank you.

*Attn #4  
3-27-86  
Hs. PHW*

Respite Care Demonstration Projects  
Kansas Department on Aging-March 27, 1986

Intent

The intent is to fund three respite care demonstration projects, one in a large city, one in a mid-size city, and one in a small city.

Definition

Respite care is defined in the Final Report of the Kansas Alzheimer's and Related Diseases Task Force as: "temporary care given to a disabled individual for the purpose of providing an interval of relief to the individual's primary caregiver" (p. 22).

As the final report stated, there are several forms of respite care: "Respite is a form of relief for the caregiver which can be gained through programs that occur out of the home or in the home."

The Department proposes to fund programs that occur out of the home and/or programs that occur in the home. These are authorized in Sec. 4(a) & (b).

Priorities

Priority will be given to proposals which:

- A. Develop new, or expand existing, respite care projects to provide care to victims of Alzheimer's and related diseases.
- B. Provide for respite care in a geographical area of the state that currently is without community based respite care services and in which a high percentage of the population is composed of individuals who are elderly, low income or minority persons, or any combination thereof.
- C. Provide for respite care:
  1. in the home of the dependent person; or
  2. in a community setting (i.e., day care).
- D. Serve the greatest number of the target population.
- E. Provide services that are responsive to the individual's needs and circumstances.

*Attn. #5  
3-27-86  
Hs. PHW*

- F. Show coordination of services with other agencies/ resources and indicate the project's relationship to existing services and service systems.
- G. Establish programs to provide training for persons 50 years of age and older who wish to become home health aides or coordinators of caregiver support services.

Budget

A sample budget and action plan is attached. Unicare of Nemaha County proposed last year to operate a respite care program for \$11,032. The proposal was a part of a comprehensive long term care system development grant prepared by the Department.

Patricia Taylor of the Lorraine Center testified on March 25 that her day care program began with a grant of \$15,000.

The Department proposes to build on this successful model.

LD:rd

UNICARE SERVICES, INC.  
P.O. BOX 203  
SABETHA, KS 66534  
(913) 284-2288

Lack of respite care and companion: sitter services results in premature institutionalization in many instances. Some are fortunate enough to find someone to hire, many cannot even if they can afford it. The greatest percent cannot afford to hire someone even if they were available.

PLAN:

Provide respite and companion servies to residents of Nemaha County.

ACTION STEPS:

1. Hire and train an individual that can provide this service on an as needed basis.
2. Market the program to the community through newspaper and community presentations.
3. Develop a volunteer program to provide this service to those who merely require a sitter to keep the cost of the program to a minimum.

RESPIRE CARE AND COMPANION SITTER

Salaries

Companion 2080 at 3.35/hr \$ 6,968

Adminsitrator and/or Supervisor  
8 hrs/mo. at \$11/hr 1,056

FICA 566

Workers Comp. 138

Unemployment 304

Travel .20/mile for 5000 miles 1000

Public Relations 500

Supplies 500

TOTAL PROGRAM EXPENSES \$11,032