

Approved 3-18-86
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH at
Chairperson

10:00 a.m./~~p.m.~~ on March 3, 1986 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research
Bill Wolff, Legislative Research
Norman Furse, Revisors Office
Clarene Wilms, Committee Secretary

Conferees appearing before the committee:

Others Present: See Attached List

Staff briefing was presented on the following bills:

SB-639 - An Act concerning the health care provider insurance availability act; eliminating the mandatory coverage requirement under such act;

The basic thrust of SB-639 is to do away with mandatory character of participation in the health care stabilization fund.

SB-670 - An Act concerning the children and youth advisory committee; authorizing the employment of a coordinator;

This bill amends the statute that creates the children and youth advisory committee. The bill authorizes the committee to employ a coordinator for the committee to work on projects and provide staff assistance to the committee. At present the committee must rely on staff of SRS as it is unlawful to pay a salary from these funds. An employed coordinator could follow up and see that everything is handled properly.

SB-671 - An Act concerning proposals for mandating health coverages; establishing guidelines for assessing impact of mandating such coverages.

This legislation was developed as a way of providing specific guidelines for the legislature to consider, and for groups that are proposing mandated coverage or mandated offering to collect detailed information as specified, prior to proposing such legislation because it is felt that such guidelines should be established.

SB-672 - An Act relating to maternity hospitals or homes, and homes for children; concerning license and registration fees; providing grounds for denial of certificate of registration;

This is essentially a fee bill relating to the license of maternity hospitals, homes and homes for children. Section 3 changes the thrust to family day care homes.

SB-680 - An Act concerning the practice of psychology; relating to the registration of master's degree psychologists working in licensed community mental health centers or state institutions;

This bill sets out the definition of terms and regulations and also states that any person who is registered under the provisions of this act shall have the right to practice in a licensed community mental health center or one of its contracted affiliates or a state institution and use the title registered master's level psychologist and the abbreviation, RMLP. Section 3 provides for requirements to obtain certificate of registration.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10:00 a.m./~~10:00~~ on March 3, 1986

SB-690 - An Act concerning the department on aging; establishing an information and referral network to assist persons with Alzheimer's and related diseases.

SB-690 and SB-691 are companion bills from the Alzheimer's Task Force. This bill would establish a toll free information line available to anyone in the state. It would be tied in with the toll free system that now exists. It would make information and knowledge of services available to Alzheimers patients and families.

SB-691 - An Act establishing regional Alzheimer's disease assistance centers; providing for the designation of such centers; authorizing the development of a state Alzheimer's disease assistance plan; providing grants-in-aid to such regional centers.

This bill would establish regional Alzheimers Assistance centers and provide for certain research and grants-in-aid as available. Section 2 was included for informational purposes although ordinarily in Kansas practices it is not included. It would implement and establish a program for the conduct of education and training of caregivers and health care providers through the establishment of teaching and demonstration units in nursing homes and adult care centers. The Secretary of Health & Environment shall develop standards for the conduct of research and for the identification, evaluation, diagnosis, referrals and treatment of victims of Alzheimers Disease and related disorders and their families through the ADA network of at least three designated regional centers. The Secretary shall also prepare a report every three years on the program.

Written testimony was presented covering the "Status of Alzheimer's Disease Diagnostic and Treatment Centers and Alzheimer's Disease Research Grants in California." Attachment I

Late written testimony on SB-651 from Dr. Deloris W. Bell was handed to committee members. Attachment II

Meeting adjourned at 10:45 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 3-3-86

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Craig Grant	Lawrence	Self
John Peterson	Topeka	Ks Assn Prof Psychologists
Susan Neffly	Topeka	Budget
David O'Brien	Topeka	SRS - Youth Services
Bobbie Williams	Topeka	Ks. Committee - Prevention Child Abuse
DICK HUMMEL	TOPEKA	Ks. Health Care Assn
Marilyn Bradt	Lawrence	KINH
HAROLD C. PITTS	Topeka	TARTA
Lela Spelley	Topeka	APC/Kansas
Richard Morrissey	TOPEKA	NDH+E
Richard Harmon	Topeka	Ks Life Assn.
KEITH R LANDIS	"	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Kevin D. McFarland	TOPEKA	Ks ASSN OF HOMES FOR AGING
Ruth Wilbur	Topeka	Girl Scout Councils
BARBARA SABOL	TOPEKA	K D H + E
MARSHA HUTCHSON	TOPEKA	Ks MEDICAL SOCIETY
Tom Bell	Topeka	Ks. Hosp. Assn
Gary Robbins	Topeka	Ks Opt Assn
TERESA SHWELBY	Topeka	KANSAS NARAL
Lynden Drew	Topeka	K DOA
MARLENE HOGGLUND	TOPEKA	K DOA
JOYCE V. ROMERO	TOPEKA	K DOA
Elizabeth E. Taylor	"	Ks Assn for the Education of Young Children

STATUS OF ALZHEIMER'S DISEASE DIAGNOSTIC
AND TREATMENT CENTERS AND
ALZHEIMER'S DISEASE RESEARCH GRANTS IN CALIFORNIA

Patrick J. Fox, C.Phil.
David A. Lindeman, M.S.W.
A. E. Benjamin, Ph.D.

January 1986

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Attachment I
3/03/86 S. PH&W

Attachment I

EXECUTIVE SUMMARY

In 1984, prompted by the burgeoning interest in Alzheimer's disease and the realization that this neglected, but devastating, illness is a public health problem of great importance, the California Legislature introduced bills to address the needs of Alzheimer's disease victims, their families, and society. In doing so, California established itself as the leader among states in the development of both a statewide program for research and for Alzheimer's disease diagnostic and treatment centers. As part of this legislative initiative, the California Department of Health Services (DHS) was given the responsibility for implementing Chapter 1601, Statutes of 1984 (Assembly Bill 2225-Felando), which authorizes the establishment of the Alzheimer's Disease Program.

The overall goal of the Alzheimer's Disease Program authorized by Assembly Bill 2225 is to reduce the human burden and economic cost of Alzheimer's disease to families. The methods by which the goal is being accomplished are by: 1) providing diagnostic and treatment services and improving the quality of care to victims of Alzheimer's disease; 2) increasing research to discover the cause of, and treatment for, Alzheimer's disease; 3) providing training, consultation, and education to the families of those who are afflicted with Alzheimer's disease; 4) increasing the training of health care professionals with respect to Alzheimer's disease; and 5) collecting and analyzing more accurate and standardized information relative to Alzheimer's disease patients. To implement these activities, DHS funded the establishment of six ADDTCs and four research projects in 1985.

The Institute for Health & Aging, University of California, San Francisco received a contract from the Department of Health Services to provide a comprehensive evaluation of the six Alzheimer Disease Diagnostic and Treatment Center (ADDTC) demonstration projects. This evaluation includes collection of monthly program and patient data, as well as a qualitative analysis of the ADDTCs through program site visits. As part of the evaluation, the Institute for Health & Aging has worked closely with the Department of Health Services and the six ADDTCs in the development of a Minimum Uniform Basic Data Set that will provide vitally needed demographic, medical and supportive service utilization, and programmatic data for each patient seen at the respective Centers.

The evaluation of the first program year was based on data collected during site visits of the six ADDTCs during September

of 1985. The program and patient data collection processes were still being developed at that time. Data gathered from the initial site visits suggest several conclusions and related recommendations:

1. Budget cutbacks have seriously impaired the ability of the ADDTCs to provide services and the situation will be more acute in the upcoming budget period. (See page 24)
 - o Increased funding from the State is needed if the Centers are to begin to minimally meet the demand for their services.
 - o Future funding should be concerned with supplementing existing Centers before funding consideration is given to starting new programs in this area.
2. The State funds have bought considerably more in services than their actual dollar value. (See page 24)

However, due to budgetary limitations, specific program areas have been cutback. These program areas include: patient management; training and education; information dissemination; and research.

- o Increased support is needed for professional education activities.
 - o Increased support is needed for community education activities.
 - o Increased support is needed for dissemination of information regarding the various service delivery structures and approaches utilized in each Center.
3. The emphasis on diagnostic activities is an essential part of the services provided by the Centers. However this emphasis may mean that more attention will be paid to diagnosis than to treatment and follow-up. There is no evidence yet that this is so, but it is an area that should be monitored. (See page 25)
 - o Patient management and treatment interventions after the diagnosis is made should receive attention equal to the Centers' diagnostic activities.
 - o The State should be especially concerned with monitoring the follow-up activities of Centers to insure that patients and families that are seen receive appropriate assistance in terms of treatment

and problem management.

4. The Centers have effectively begun to coordinate with other State agencies as well as with Federal efforts in the area of Alzheimer's disease services, training and research.
(See page 26)
 - o The State should actively encourage the continued development of coordination and interorganizational collaboration among these groups to insure that Alzheimer's-related services which can benefit the general public are integrated in as comprehensive a system as is feasible.
 - o The State should actively encourage coordination and collaboration of research activities among the Centers so that research findings which can benefit all of the Centers is disseminated in a timely fashion.

5. The development of standardized diagnostic and treatment information for Alzheimer's disease is currently being addressed by the Centers through the development of a Minimum Uniform Basic Data Base. (See page 27)
 - o The State should insure the continuation of data collection and analysis activities for Alzheimer's disease patients and these programs.
 - o The State should encourage the utilization of standardized diagnostic and treatment data throughout all state programs, including those under the auspice of the Department of Health, the Department of Mental Health, the Department of Aging, and the Department of Social Services.

6. The research efforts funded under this legislation are a significant contribution to the knowledge base related to Alzheimer's disease. However, due to budgetary limitations the existing studies are facing budget cutbacks. Additionally, other approved research studies go unfunded.
(See page 27)
 - o The State should increase funding for research activities related to the causes and treatment of the disease.

Testimony of Deloris W. Bell, M.D.
on Senate Bill 651

Chairman Ehrlich and members of the Senate Public Health and Welfare Committee. Thank you for allowing me to testify in opposition to SB 651. My name is Dee Bell. I am an Ophthalmologist in Overland Park, Kansas. I am President of the Ophthalmology Section of the Kansas Medical Society.

I would like to summarize our remarks:

1. Optometric therapeutic drug legislation has been introduced 39 times; it has passed in 7 states. This legislation is a brand new idea without a proven track record.

2. There are 15 optometry schools in the US; only one state with an optometric school has passed this legislation (Oklahoma).

3. The legislation has been considered in Pennsylvania 4 times and turned down 4 times. I would like to read 3 sentences from their summary from the last time in 1985:

"The committee has not been presented with any credible evidence which indicates that the current limitation upon the use of therapeutic drugs of optometrists are in any way improving the visual health of the people of Pennsylvania." The committee received no evidence of any substantial need for expanded practice, nor did it receive any substantial evidence of increased public benefit which would result from such an expanded scope of practice."

4. Since it was brought up yesterday, let me report on the optometric therapeutic drug experience in West Virginia. There are a number of documented incidences of optometric misadventure and I would like to give you a handout of a few examples.

5. Indeed, physicians of Kansas are ready to discuss any issue on its merits. Ophthalmology sought out and asked Optometry in Dec. 1985 to discuss the issue. We were told we would be sent the bill later. We received the final draft of SB 651 on Saturday, February 22, 1986.

Thank you very much for your time and attention.

Attachment II
3/03/86 S. PH&W

Attachment II