

Approved 3-25-86
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. ~~pm~~ on March 20, 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:

- Mary Ann Gabel, Executive Secretary, Behavioral Sciences Board
- Dr. William Albott, Kansas Psychological Association
- Dr. Robert Harder, Secretary, SRS
- Dick Morrissey, Representative for Barbara Sabol, Secretary, KDHE
- Dick Hummell, Kansas Health Care Association

Others attending: See attached list

HB-2730 - An Act concerning the licensing of social workers;

Ms. Gabel testified that this bill was introduced by the joint committee on Administrative Rules and Regulations. The bill provides for 4 levels of recognizing licensed social workers. 1) licensed social work Associate (no new associate licenses are being issued as it licensed those persons who did not have a degree in social work; 2) licensed baccalaureate social worker; 3) licensed master social worker; 4) specialist clinical social worker. The bill provides that only "specialist social worker" may engage in private independent practice of social work. The provision for license renewal was set forth to make the renewal provisions conform with other state license renewal policies in that it must be renewed prior to expiration.

HB-2731 - An Act concerning psychologists; authorizing the establishment of specialties within the practice of psychology and providing for endorsement of psychologists in such specialties;

Mary Ann Gabel, Behavioral Sciences Board, testified in support of HB-2731. Ms. Gabel stated that at the present time the Behavioral Sciences Board does not have the authority to work with rules and regulations.

Dr. Albott testified and presented written testimony in support of HB-2731. Attachment I This bill would retain certification for licensure as it now operates in Kansas. The bill would provide specialty designation capabilities and allow the Behavioral Sciences Regulatory Board to better regulate the practice of professional psychology.

HB-2747 - An Act concerning the secretary of social and rehabilitation services; relating to the licensing of certain facilities in which one or more mentally ill, mentally retarded or other handicapped persons reside who need assistance in the taking of medication.

Dr. Harder testified in support of HB-2747. Attachment II This bill would allow SRS to set standards, inspect and license all facilities where mentally ill, mentally retarded, or other handicapped persons live who need limited assistance with the taking of medication. It would also allow SRS to regulate this type of facility. At the present time the states current regulatory categories do not cover this type of facility.

Dick Morrissey, representing Secretary Sabol, presented testimony in support of HB-2747. Attachment III This bill would allow facilities serving the

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 SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S Statehouse, at 10:00 a.m./~~p.m.~~ on March 20, 1986.

mentally ill to operate under a single license from SRS. However the Secretary of KDHE would continue to inspect and approve these facilities as to whether or not they meet the basic safety and sanitation standards established for boarding houses.

Dick Hummel testified and presented written testimony on HB-2747. Attachment IV Mr. Hummel voiced concern over the shift in policy by removing the oversight authority of health and environment and who will be involved in providing assistance to these people.

HB-2681 was brought before the committee for discussion. It was felt that this matter could presently be handled by rules and regulations. A federal law will take effect in June to deal with this situation.

Senator Hayden moved that HB-2681 be passed out favorable. The motion failed due to no second.

Senator Walker moved that HB-2681 be reported unfavorable. Senator Morris seconded the motion and the motion carried.

It was decided to send a letter to the Department of Health and Environment requesting that the problems with sulfites be handled through rules and regulations.

HB-2730 was brought before the committee for consideration. Senator Salisbury moved that HB-2730 be passed out favorable. Senator Vidricksen seconded the motion and the motion carried.

HB-2731 was brought before the committee for discussion. Senator Morris moved that HB-2731 be passed out favorable. Senator Reilly seconded the motion and the motion carried.

Meeting adjourned at 10:51 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 3-20-86

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

PAT SCHAFER

DIVISION OF BUDGET

DICK HUMMEL

KS HEALTH CARE ASSN

Anne Moriarty

KS Natl. Org. for Women

Richard Morrissey

KDA + E

KEITH RYLANDS

CHRISTIAN SCIENCE COMMITTEE
ON PUBLICATION FOR KANSAS

Tom Bell

KHA

Steven E. Curtis

Ks. Respiratory Therapy Soc

Mary Ann Habel

BSRB

John Peter

Ks Itcsu of Prof Psycholgy

William Albott Ph.D.

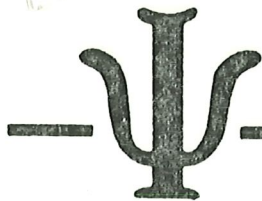
Ks. Psy. Association

SUSAN TANNENWALD-MIRINGOFF

Ks State Nurses Assn

Robert C. Huder

SRS



KANSAS PSYCHOLOGICAL ASSOCIATION

March 20, 1986

Mr. Chairman, members of the committee, I am Dr. William Albott. I am appearing before you today on behalf of the Kansas Psychological Association to offer support for H.B. 2731.

It has been the position of our association and that of the American Psychological Association, that statutory regulation of professional psychology is best carried out through a generic certification/licensure process, such as is currently operational in Kansas. We support the current legislation because it will retain generic licensure/certification and supplement it with specialty designations. It is our belief that speciality designation capability, such as that provided for in H.B. 2731, will allow the Behavioral Sciences Regulatory Board to better regulate the practice of professional psychology.

We share the concerns of citizens and members of legislature that current practices of advertisement of services by professional psychologists are such that consumers may well be confused rather than informed. H.B. 2731 will facilitate regulations that enhance consumer/patient protection.

We would ask that you support and pass 2731. Thank you for your consideration of our testimony. If there are any questions I would be happy to attempt to answer them at this time.

William I. Albott, Ph.D.
3-20-86 10:00 AM

I

State Department of Social and Rehabilitation Services

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

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

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

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

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

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

Robert C. Harder
Secretary
Social and Rehabilitation Services
296-3271

March 20, 1986

RCH:KM:kr
6108C

3/20/86

Attachment II

S. PH&W

11

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

TESTIMONY ON HOUSE BILL 2747

PRESENTED TO THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

MARCH 20, 1986

This is the official position taken by the Kansas Department of Health and Environment on House Bill 2747.

BACKGROUND INFORMATION:

House Bill 2747 would amend KSA 1985 Supp. 75-3307b to clarify the authority of the Secretary of Social and Rehabilitation Services (SRS) to license community facilities serving the mentally retarded and would establish authority for the Secretary of SRS to license community facilities serving the mentally ill. The bill also amends KSA 36-501, the Food Service and Lodging Act, to specify that such facilities shall not be considered "boarding houses" under the Food Service and Lodging Act. At the same time, the bill specifies that the Secretary of Health and Environment will continue to inspect and approve these facilities as meeting the basic safety and sanitation standards established for boarding houses.

The amendments in House Bill 2747 will permit these facilities to hold a single license from SRS, with appropriate supervision of their programs by qualified SRS personnel, yet continue the sanitation and safety inspections by sanitarians in the Department of Health and Environment. These changes will also assure compliance with federal law (the "Keys" amendment) requiring states to regulate facilities where SSI recipients reside.

DEPARTMENT'S POSITION:

The Department of Health and Environment recommends that the committee report the bill as amended by the House favorably for passage.

Presented by: Barbara J. Sabol, Secretary
Kansas Department of Health
and Environment



**TESTIMONY PRESENTED BEFORE THE SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE**

By
Dick Hummel, Executive Director
Kansas Health Care Association

March 20, 1986

HOUSE BILL NO. 2747

"AN ACT concerning the Secretary of Social and Rehabilitation Services; relating to the licensing of certain facilities in which one or more mentally ill, mentally retarded or other handicapped persons reside who need assistance in the taking of medications."

Mr. Chairman and Committee Members:

The Kansas Health Care Association is a voluntary, non-profit organization which represents over 200 licensed adult care homes and 18,000 nursing home beds in Kansas. Our members include for-profit and not-for-profit facilities, large and small in both urban and rural areas.

Our members have a great deal of experience in caring for mentally ill and mentally retarded persons. We're here as neither a proponent nor opponent of the bill, but rather in the capacity of sharing some observations with you for your consideration.

The bill accomplishes another shift in public policy by repealing an oversight authority of Health and Environment and transferring it to the Department of Social and Rehabilitation Services.

A structure that is involved with the delivery of a health care service, be it called a boarding house or boarding care home, falls under the statutory responsibility of the Department of Health.

Attachment IV
3/20/86 S. PH&W

"We Care"

The bill permits the Department of SRS to establish rules and standards (is optional though in the bill - lines 0102 and 0126) for a structure to provide care, including assistance with the taking of medications, for mentally ill and retarded persons.

Our concern is for the health, welfare and safety of those persons who are now, or in the future may be, occupants of these structures.

MOTIVE AND TYPE OF CLIENTS? What are the reasons for this shifting in policy? One given is in order for the State to monitor the adequacy of the limited assistance these facilities provide. Another is that compared to other alternatives, this is the least costly alternative and the one which is less likely to cause displacement of clients.

We're certain that budgetary considerations are not a major force in this shift, although the Department of SRS has been under some strain to reduce the \$2 million plus in total State general revenue funds being expended for the care of 949 mentally ill persons in 21 intermediate care facilities for the mentally ill. (No federal match is allowed for mentally ill persons between the ages of 22-64.)

A second key to this shift is the definition, yet unknown, of the type of client to be served, particularly in the mentally ill population, and to question "who, what and where" will be involved "in the assistance with the taking of medications?"

Attached testimonials from two of our ICF-MH member homes explain what this entails in their facilities.

SAFEGUARDS: As the agency spokesman mentioned, boarding houses as defined in H.B. 2747, trigger provisions of some federal standards. The Keys Amendment was passed by Congress in 1976 in an attempt to address a perceived nationwide problem of lack of standards in board and care facilities. At the time, a series of fires in board and care homes throughout the nation had taken their toll in deaths and injuries to the often elderly and/or mentally disturbed residents.

Also, in 1981 the Older Americans Act was amended to expressly include Keys facilities in the definition of "long term care facilities," making the inclusion of board and care homes in State's Ombudsman program mandatory.

Senate PH&W
HB 2747, 3/20/86
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Perhaps the Kansas Department on Aging will be addressing this latter point.

CONCLUSION: Our observations are not made, nor should be construed to be in an anti-competitive or anti-"alternative to nursing care home and services" vein. Rather, they are to raise the specter of a subtle shifting in public policy, but more importantly to present our concern for the health and safety of mentally ill and retarded Kansans.

Thank you for this opportunity.

MAR 13 1986

March 10, 1986

Ann Briggs, Chairman
Facility Standards Committee
KHCA
221 Southwest 33rd St.
Topeka, KS 66611

RE: MH PROGRAM
H.B. 2747

Dear Ann,

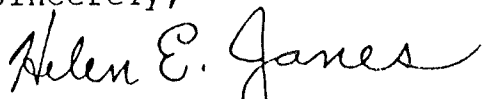
I am responding to your letter of March 4 which I have just received. I discussed our resident population today with our clinical specialist in light of going out to independent living. Very few of my residents could survive for very long without supervision on a regular 24 hour basis. Most have been in a psychiatric hospital three to four times in their life and have bounced back at a lower level each time. Their illness has exhausted them. Many still have active delusions, thought disorders and poor memory inspite of the fact that they are able to maintain themselves here with supervision of ADL's.

In the past year we have been able to place only two residents in the community and we presently have one resident who may qualify. In contrast we have had to return five residents for further long term treatment to Larned State Hospital. We hope to have these residents back again with us in the distant future.

Eighty percent of my residents are under the age of 65. This is the population that the SRS pretends can live on their own with attendant care. The attendant would never be available to assist because the problems often arise so quickly that my staff has to move fast to be with the resident at their time of need. Prompt care make our residents look and act well and many members of the community ask me why they need to stay here. They do well because we are here, all of the time. Five of my residents were sent to geriatric ICF's last year because their physical problems were becoming the predominant problem. They surely needed more than attendant care as their families could no longer care for them.

Larned State Hospital has the choice of sending individuals to independent living of various types. However, they send residents to us who do not need attendant care in a hospital and may live here with less supervision, although it must remain constant.

Sincerely,



Helen E. Janes, EDD
Administrator

MAR 14 1986

HEARTLAND CARE CENTER, INC.

316-431-7300

302 SOUTH DENMAN
CHANUTE, KANSAS 66720

March 11, 1986

We are opposed to repeal of Section 3 KSA 36-501 and KSA 1985 Supp. 75-33073 in the house of the State of Kansas because of the following facts.

I. The mentally ill, mentally retarded and other handicapped persons have special needs and requirements not easily recognized or administered to by the general public.

II. Most of the mentally ill, mentally retarded and handicapped persons are prescribed very potent medications by their physician and psychristists. Untrained personnel are inadequate to recognize and report to the medicalpractitioner the serious or potentially fatal side effects associated with taking these potent medications when they occur.

III. The chronic mentally ill have, for the most cases, a lack of interest in self care. Unless properly encouraged and helped to care for activities of daily living, physical illness occur from poor hygiene practices.

Many we have received from boarding homes have had to have a bath and their clothing laundered immediately on admission with utmost necessity of preventing contagion or infestation of pediculosis.

Perhaps Kansas is expecting to become a contributing member in the "Greyhound Express" as outlined on 20-20 program recently where chronic mentally ill are given a bus ticket and literally shipped to another state.

We know the State has a problem with cost. Nursing homes are cost effective for the chronic mentally ill. Nearly all mentally ill persons receive medications. One of the universal side effects of these medications is hypotension and without adequately trained persons administering these medications a potentially fatal situation can and will develop on many occasions.

HEARTLAND CARE CENTER STAFF AND OWNERS
302 S. Denman
Chanute, Kansas 66720
316-431-7300

Churf Berger, Adm.