

Approved 4-1-86  
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 25, 1986 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research  
Clarene Wilms, committee secretary

Conferees appearing before the committee:

Susan Hanrahan, Kansas Physical Therapy Association  
Ken Schafermeyer, Kansas Pharmacists Association  
Written Testimony, Kansas Dental Association  
Joan Wesselowski, Kansas Association of Rehabilitation Facilities  
Secretary Barbara Sabol, Kansas Department of Health and Environment  
Written testimony by Dennis M. Cooley, M.D., Pediatric Associates, Topeka, KS  
Connie Hubbell, Kansas State Board of Education  
Aileen Whitfill, Assistant to Secretary, SRS  
Sabra Diehl, TARC  
Written Testimony by R. H. Scott Weber, M.D., Kansas Academy of Pediatrics  
Written Testimony by Marla J. Mack  
Written Testimony by Margaret Bonds Ware, Developmental Services of NW Kansas

Others Attending: See attached list

Minutes of March 17, 18, 19, 20 and 21 were presented for correction or approval. Senator Anderson moved to accept the minutes as presented with a second by Senator Walker. Motion carried.

SUB HB-2496 - An Act concerning certain health care providers;

Susan Hanrahan testified and presented an amendment to SUB HB-2496.

Attachment I This amendment would include the physical therapists in the professions covered in SUB HB-2496. It was stated that this had been discussed with other professions included in the bill and there appeared to be no problems including the physical therapists.

Ken Schafermeyer testified and presented written testimony on SUB HB-2496. Attachment II It was stated that this bill was originally introduced to allow the dental board to take action against certain misrepresentations concerning insurance contracts. The house insurance committee felt that this bill should apply to all professions. Staff noted that the medical malpractice bill does essentially the same thing.

Written testimony by the Kansas Dental Association was presented. Attachment III

Joan Wesselowski testified and presented written testimony in support of SUB HB-2756. Attachment IV It was stated that this bill would provide needed information to assist in planning for services. The system would insure early identification, provide reduction in costs and gather data and information for research purposes.

Secretary Sabol testified in support of SUB HB-2756. The Secretary stated that the purpose of SUB HB-2756 was to accomplish two things, 1) to provide methodology, where with parents consent, those parents can be connected to the system that does exist as soon as possible. Early identification of the 0-5 age group can lower the need for special services. KDHE supports SUB HB-2756 as amended by the House on final action. Secretary Sabol

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. ~~pm~~ on March 25, 1986

presented committee members with written testimony from Dennis M. Cooley, M.D. of Pediatric Associates, Topeka, KS. Attachment V

Connie Hubbel testified and presented written testimony in support of SUB HB-2756. Attachment VI Ms. Hubbell stated SUB HB-2756 would facilitate achievement of one of the goals in the state plan for early child developmental services.

Aileen Whitfill testified and presented written testimony of Robert E. Harder, Secretary, SRS, in support of SUB HB-2756. Attachment VII It was stated that this data would, with parents permission, be used to track and provide services to children. The measure is supported as a preventative approach.

R. H. Scott Weber, M.D. testified and presented written testimony in support of SUB HB-2756. Attachment VIII Dr. Weber stated that this bill would promote the early identification of either possible or recognized handicapping conditions and provides a mechanism to obtain services to meet individual needs of the reported infant or child within the community or region of the state in which the family resides.

Sabra Diehl testified and presented written testimony in support of SUB HB-2756. Attachment IX Ms. Diehl stated that as the only preschool in Topeka handling retarded children it was felt a better plan to deliver earlier services was needed as their organization's waiting list was rapidly increasing.

Written testimony was submitted by Marla J. Mack in support of SUB HB-2756. Attachment X

Margaret Bonds Ware presented written testimony in support of SUB HB-2756. Attachment XI

HB-2788 - An Act relating to the certification of adult care homes for participation in the state medical assistance program as intermediate care facilities for mental health

HB-2788 was presented for review by the chairman. Representative Wunch, author of the bill, was unable to appear and Senator Kerr spoke for him stating that basically this bill just required a public hearing prior to certifying an adult care home for participation in the medical assistance program as an intermediate care facility for mental health. Discussion followed as to how newspapers would be chosen for advertising these meetings. It was also stated that SRS was not opposed to this type of legislation.

Senator Riley moved that HB-2788 be passed out favorable. Senator Kerr seconded the motion and the motion carried.

Senator Francisco moved that HB-2788 be placed on the consent calendar. Senator Kerr seconded the motion and the motion carried.

The chair presented HB-2496 to the committee for discussion and possible action. Dr. Walker moved to adopt the amendment presented by the physical therapists. Senator Francisco seconded the motion. Discussion followed concerning whether or not the language covered prescription drugs. Staff stated that language covered all drugs. Motion carried. Staff stated that Section 5 needed to be deleted due to provisions from these issues being covered in the malpractice bill and inclusion of Section 5 could present discrepancies. Senator Morris moved to conceptually strike Section 5 from the bill and Senator Francisco seconded the motion. The motion carried.

Senator Morris moved that HB-2496 be passed out favorable as amended. Senator Anderson seconded the motion and the motion carried.

Meeting adjourned at 10:55 a.m.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE  
DATE 3-25-86

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Connie Huelcel	Topeka	St Board of Ed
Betty Winters	Topeka	KSDP
John Hunkler	Manhattan	KAPS
HAROLD PITTS	TOPEKA	TARTA
KEITH R LANDIS		CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Gary Robbins		Ks Opt Assn
Ken Schatzenem		Ks Pharmacists Assoc.
Kathryn Apps		Ks. Dental Assn.
Beth Harrington	Lawrence	Lawrence Early Education Program USD 497
Carlena Haney	Lawrence	Lawrence Early Education Program USD 497
Francis Kustner	Topeka	Ks Physical Therapy Assn
Shale C. Field	Wichita	Ks Respiratory Therapy Society
Kim CAVANAGH	WICHITA	Ks RESP. THERAPY SOC.
JANE BARR	WICHITA	Ks Respiratory Therapy Soc.
Tom Bonnel	Topeka	Ks Respiratory Therapy Society
Mike Hinds	Topeka	Ks. Resp Therapy Soc.
Steven E. Curtis	KCK	Ks. Resp. Therapy Soc.
RONALD Newberry	Chanute	Ks Resp Therapy Soc.
Sharon E. DeRubeis	KCK	Ks Resp Therapy Soc.
Judith Mathewson	Kansas City	Ks Resp Therapy Society
Paul Matthews	O.P.	Ks Resp. Therapy Society
Don Richard	Wichita Ks	Ks Resp Therapy Society
Cam Wilson	O.P. KS.	Ks. PHYSICAL THERAPY ASSOC.
Susan Hanshauer	Topeka	Ks Physical Therapy Assoc
John Grace	Topeka	Ks Homes For Aging

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE  
DATE 3-25-86

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Harold D. Blackman Emporia  
Caleb Whitfill Topeka  
Jesse C. Kappelwahi Newton  
Elizabeth C. Taylor Topeka  
Richard Morrissey Topeka  
Theresa Shweth Topeka

Assoc. Regulatory Therapy Society  
RS  
K. ASO of Rehab. Soc.  
K. Occupational Therapy Assn.  
KIDATE  
KANSAS NARAL

KANSAS CHAPTER

AMERICAN PHYSICAL THERAPY ASSOCIATION

Amendment for Substitute HB 2495

Section 7. K.S.A. 65-2912 is hereby amended to read as follows:

65-2912. The board may refuse to grant a certificate of registration to any physical therapist or a certificate to any physical therapist assistant, or may suspend or revoke the registration of any registered physical therapist or certificate of any certified physical therapist assistant for any of the following reasons:

- (a) Habitual indulgence in the use of narcotic drugs or other habit-forming drugs;
- (b) excessive indulgence in the use of alcoholic liquors;
- (c) conviction of a felony;
- (d) conviction of a crime involving moral turpitude;
- (e) conviction for violating any municipal, state or federal narcotic law;
- (f) procuring, aiding or abetting a criminal abortion;
- (g) obtaining or attempting to obtain registration or certification by fraud or deception;
- (h) finding by a court of competent jurisdiction that the physical therapist or physical therapist assistant is an incapacitated person and has not thereafter been restored to legal capacity;
- (i) conduct unbecoming a person registered as a physical therapist or certified as a physical therapist assistant or detrimental to the best interests of the public while in the performance of professional duties;
- (j) the treatment or attempt to treat ailments or other health conditions of human beings other than by physical therapy and as authorized by this act;
- (k) failure to refer patients to other health care providers if symptoms

are present for which physical therapy treatment is inadvisable or if symptoms indicate conditions for which treatment is outside the scope of knowledge of the registered physical therapist;

(l) initiating treatment without prior consultation and approval by a physician licensed to practice medicine and surgery, by a registered podiatrist, or by a licensed dentist.

(m) (1) knowingly submitting any misleading, deceptive, untrue or fraudulent misrepresentation on a claim form, bill or statement to a third-party payer;

(2) knowingly submitting a claim form, bill or statement asserting a fee for any given service rendered to a patient covered by an insurance plan, which fee is greater than the fee such person usually accepts as payment in full for any given service;

(3) abrogating the copayment provision of a contract by accepting the payment received from a third-party payer as full payment, if the claim, bill or statement submitted for payment violates the provisions of (m)(1) or (m)(2).

Sec. 8. K.S.A. 65-1436, 65-1506, 65-1627, 65-2006, 65-2836, 74-5324 and 65-2912 are hereby repealed.

Sec. 9. This act shall take effect and be in force from and after its publication in the statute book.

Susan Harrahan, Legislative Chairperson,  
Kansas Chapter, American Physical Therapy Association  
3731 Southeast 27th  
Topeka, Kansas 66605  
(913) 235-6619 (work)



THE KANSAS PHARMACISTS ASSOCIATION

1308 WEST 10TH  
PHONE (913) 232-0439  
TOPEKA, KANSAS 66604

KENNETH W. SCHAFERMEYER, M.S., CAE  
PHARMACIST  
EXECUTIVE DIRECTOR

STATEMENT TO THE SENATE COMMITTEE ON  
PUBLIC HEALTH AND WELFARE

MARCH 25, 1986

SUBJECT: SUB HB 2496, REGARDING IMPROPER THIRD PARTY BILLING.

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

MY NAME IS KEN SCHAFERMEYER AND I AM EXECUTIVE DIRECTOR OF THE KANSAS PHARMACISTS ASSOCIATION--AN ORGANIZATION REPRESENTING APPROXIMATELY 1,000 PHARMACISTS PRACTICING IN THE STATE OF KANSAS. I APPRECIATE THE OPPORTUNITY TO ADDRESS YOU ON SUBSTITUTE HOUSE BILL 2496.

THIS BILL WAS INTRODUCED BY THE KANSAS DENTAL ASSOCIATION IN RESPONSE TO CONCERNS OF IMPROPER BILLINGS TO CERTAIN PREPAID DENTAL PLANS. THE PURPOSE OF THE BILL WAS TO ALLOW THE KANSAS DENTAL BOARD TO TAKE DISCIPLINARY ACTION IN THOSE CASES WHERE A LICENSEE EITHER FILES A FALSE INSURANCE CLAIM, INTENTIONALLY OVERBILLS THE INSURANCE COMPANY OR ABROGATES THE INSURANCE PLAN'S COPAYMENT PROVISIONS.

THE HOUSE COMMITTEE ON INSURANCE AGREED WITH THIS BILL AND FELT THAT IT SHOULD APPLY TO ALL OF THE HEALTH PROFESSIONS. TO MY KNOWLEDGE, MOST OF THE HEALTH PROFESSIONS DO NOT HAVE PROBLEMS WITH THIS MEASURE. IF ANY PARTICULAR GROUP OF HEALTH CARE PROVIDERS

3/25/86 Attachment I S. PH&W



AFFILIATED WITH  
THE AMERICAN PHARMACEUTICAL ASSOCIATION

Attachment II

HAS PROBLEMS WITH THIS BILL, IT WOULD BE BETTER TO DELETE THEM FROM THE BILL THAN TO KILL IT ALTOGETHER. I DO NOT, HOWEVER, ANTICIPATE THAT ANY GROUPS WILL DISAGREE WITH THIS BILL. IN FACT, IT IS MY UNDERSTANDING THAT AT LEAST ONE OTHER HEALTH CARE PROVIDER GROUP WANTS TO BE INCLUDED IN THIS BILL.

WITHOUT THIS BILL, THERE WILL BE AN INCREASING TENDENCY FOR SOME HEALTH CARE PROVIDERS TO ABROGATE ONE OF THE MOST IMPORTANT HEALTH CARE COST CONTAINMENT MECHANISMS--THE COPAYMENT PROVISION. COPAYMENT ENCOURAGES THE PATIENT TO UTILIZE HEALTH CARE SERVICES WISELY AND DECREASES HEALTH CARE COSTS. FAILURE TO COLLECT THE COPAYMENT WILL RESULT IN INCREASING HEALTH CARE EXPENDITURES AND WILL HAVE AN ADVERSE EFFECT ON INSURANCE COMPANIES WHO HAVE FACTORED THE COPAYMENT INTO THEIR ACTUARIAL PROJECTIONS.

THE HOUSE COMMITTEE ON INSURANCE APPROVED THE SUBSTITUTE BILL WITHOUT DISSENT. THE FULL HOUSE VOTED 117-0 IN FAVOR OF THIS BILL. THANK YOU VERY MUCH FOR YOUR CONSIDERATION.





March 25, 1986  
Senate Public Health and Welfare Committee  
Sub HB 2496

This bill was requested by the Kansas Dental Association in response to concerns which were raised by some of the prepaid dental plans.

The situation is that there may be some dentists who are accepting an amount less than their stated fee as payment in full for the services they render. On the surface this sounds like a good situation or a normal discount. The problem is that the dentist may be billing the regular fee to the insurance carrier who has based the actuarial projections with the cost containment impact of a co-pay provision in the contract.

The end result is an unreasonable escalation of dental fees and insurance premiums.

Paragraph A is probably obvious, stating that you should not file a false claim.

Paragraph B explains that the dentist must bill the insurance company the amount he expects to collect.

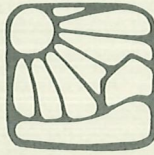
Paragraph C clarifies that accepting a lesser amount than was actually billed the insurer is fraud.

The Kansas Dental Association supports passage of this bill in order to make it clear that billing a fee other than the usual and customary fee is fraud.

5200 Huntoon  
Topeka, Kansas 66604  
913-272-7360

Attachment III  
3/25/86 S. PH&W

*Attachment III*



# Kansas Association of Rehabilitation Facilities

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

TO: SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

FROM: KANSAS ASSOCIATION OF REHABILITATION FACILITIES

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

DATE: MARCH 25, 1986

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

### Recommendation

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

### Justification

- The reporting system would provide needed information to assist in planning for services.
- The system would insure early identification of conditions and appropriate programs/services could be planned for.
- With planning and appropriate intervention provided we would see reduction in costs. Many preschool children would need fewer or perhaps no special education services.
- Data and information gathered would also be useful for research purposes.

Attachment IV  
3/25/86 S. PH&W

*Attachment IV*

3-25-86

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# PEDIATRIC ASSOCIATES

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918 West Tenth  
Topeka, Kansas 66604  
(913) 233-3362

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March 24, 1986

Arthur C. Cherry, Jr., M.D., F.A.A.P.  
Dennis M. Cooley, M.D.  
Edward N. Saylor, M.D., F.A.A.P.  
Camille S. Heeb, M.D.

Members of Senate Public Health &  
Welfare Committee  
Room 526 South  
State House  
Topeka, KS 66612

Dear Senators:

This is a letter of support for House Bill No. 2756. I am a member of the Executive Committee of the Kansas Chapter of the American Academy of Pediatrics and also a member of the Medical Council of the State Perinatal Committee. Both of these groups have endorsed this bill. I am also a private practice pediatrician, so this bill will have an impact on me. I want to heartily support this bill personally. I feel it will aid in the management of handicapped children throughout the state.

I feel that the two potential problems that can arise from such legislation have been accounted for. The first is confidentiality of information, which will be guaranteed. The second is the right of the primary care physician to be in charge of the patient's management. Anyone who has dealt with handicapped children knows the difficulty in managing the many facets of care that these patients require. This bill will help the primary care physician in organizing these various disciplines and, in the long run, will benefit the child.

In summary, I urge you to support bill No. 2756.

Sincerely,

  
Dennis M. Cooley, M.D.

DMC:mt  
PA1/82

Attachment V  
3/25/86 S. PH&W

Attachment V

# Kansas State Board of Education

Kansas State Education Building

120 East 10th Street Topeka, Kansas 66612-1103



Kay M. Groneman  
District 1

Connie Hubbell  
District 4

Bill Musick  
District 6

Evelyn Whitcomb  
District 8

Kathleen White  
District 2

Sheila Frahm  
District 5

Theodore R. Von Fange  
District 7

Robert J. Clemons  
District 9

Dale Louis Carey  
District 3

March 25, 1986

Marion (Mick) Stevens  
District 10

TO: Senate Public Health and Welfare Committee

FROM: State Board of Education

SUBJECT: House Bill 2756

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

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

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

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

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

Attachment VI  
3/25/86 S. PH&W



STATE OF KANSAS

JOHN CARLIN, GOVERNOR

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

OFFICE OF THE SECRETARY

ROBERT C. HARDER, SECRETARY

STATE OFFICE BUILDING  
TOPEKA, KANSAS 66612  
(913) 296-3271  
KANS-A-N 561-3271

Kansas Department of Social & Rehabilitation Services  
Robert C. Harder, Secretary  
Testimony  
Substitute House Bill 2756  
Senate Public Health and Welfare  
March 25, 1986

Mr. Chairman and members of the Committee, thank you for allowing me to outline the Kansas Department of Social and Rehabilitation Services support of H.B. 2756. This bill was developed in response to the concern of the Cabinet's Subcommittee on Early Childhood Developmental Services -- which includes SRS -- that data were lacking on the numbers and types of services needed for young handicapped infants and preschool children as well as those children "at risk" of developing a handicap. Substitute for H.B. 2756 will provide Health and Environment with the ability to collect unduplicated aggregate data on handicapped children. This information can be used for planning purposes and is needed to target limited dollars to the development of appropriate services for these young children in Kansas.

Moreover, with the parents permission the data may be used to track and provide services to children. SRS also supports this measure as a preventive approach. Studies have shown that early intervention can reduce the need for lengthy and costly services at a later time.

I will be glad to answer any questions regarding SRS support of this measure.

Attachment VII  
3/25/86 S. PH&W

*Attachment VII*

American  
Academy of  
Pediatrics



Kansas Chapter

Chairman  
Ben Rubin, Jr., M.D.  
32 S. 17th Street  
Kansas City, 66102  
313/371-2561

Interim Chairman  
Virginia Tucker, M.D.  
517 Indian Wells Court  
Lawrence, KS 66044  
313/862-9360 X345

Secretary-Treasurer  
Scott Weber, M.D.  
36 E. Iron  
Salina, KS 67401

March 24, 1986

Members of the Senate  
Public Health and Welfare Committee  
Room 526 South  
State House  
Topeka, Kansas 66612

Dear Senators:

As Secretary-Treasurer of the Kansas Chapter of the American Academy of Pediatrics I am writing a letter of support for House Bill No. 2756. The bill requires potential or existent handicapping conditions of infants and children, from birth to age six, to be reported by physicians who are providing these individuals primary health care.

House Bill No. 2756 promotes the early identification of either possible or recognized handicapping conditions and provides a mechanism to obtain services to meet the individual needs of the reported infant or child within the community or region of the state in which the family resides. Both the reporting physician and the parent's desire to participate are protected by the bill. Confidentiality of information will be maintained. The information reported will be used either as aggregate data for research and statistical purposes or to identify a child only if parental consent is given.

The positive outcome of the bill will be achieved through demonstration that active participation of a knowledgeable multidisciplinary team of educators, medical professionals, nutritionists, etc. working with the case manager and the family at a time of rapid change and learning for the child produces a productive, self sustaining adult. As pediatricians, we believe the child should be given the opportunity for this to happen.

For the above reasons the Kansas Chapter of the American Academy of Pediatrics supports House Bill No. 2756.

Sincerely,

A handwritten signature in dark ink, appearing to read "R. H. Weber".

R.H. Scott Weber, M.D., F.A.A.P.  
Secretary-Treasurer,  
Kansas Chapter  
American Academy of Pediatrics

Attachment VIII

3/25/86

S. PH&W

Attachment VIII



Topeka Association For Retarded Citizens, Inc.

March 25, 1986

The Ethel May Miller Community Center  
For The Mentally Retarded

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

Executive Director, Donald E. Jernberg

To: Senator Roy Ehrlich, Chairman  
Senate Public Health and Welfare Committee

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

RE: HB 2756

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

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

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

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

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

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

There is a multitude of research proving the importance of intervention during the preschool years. Burton White, a noted author and researcher in child development, stated in the 1979 Report to Congress of Early Childhood and Family Development Programs that a child's experiences between

3/25/86  
Attachment IX  
S. PH&W



Member Agency

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

Member of the Kansas and National Associations for Retarded Citizens.

A nonprofit corporation—contributions are tax-deductible.

The Work Center

Attachment IX

8 and 36 months have more influence on future success and well being than any other set of experiences for a similar period of time in life. But it would be most helpful to have a system of identifying numbers and geographic locations of these children in the first place. Please, support this bill, which will provide the foundation necessary to plan for the futures of these handicapped children.

SD:jdr



MARLA J. MACK  
130 South Bleckley  
Wichita, Kansas 67218

March 21, 1986

TO: Senate Public Health and Welfare Committee  
FROM: Marla J. Mack  
SUBJECT: H.B. 2756

I wish to offer testimony in support of HB 2756. I speak to you from several roles; as former staff director for the Governor's Task Force on Preschool Handicapped Children, as current alternate member of the Governor's Cabinet Sub-Committee on Early Childhood Developmental Services and as the parent of a child with a handicapping condition.

This bill before you represents one important product of several years of rigorous study of the problems facing young children with handicapping conditions in our state -- studied first by the Governor's Task Force on Preschool Handicapped Children and more recently by the above mentioned Cabinet Sub-Committee. Both groups have strongly endorsed the principle that the earlier a handicap is treated in a child's life, the more likely that deleterious effects of the handicap on the child's development can be prevented -- a notion clearly supported in behavioral science research.

Yet both groups have documented that in Kansas many young children experience unnecessary and hence costly delays in the identification and treatment of their handicaps. These delays result from failures on the part of parents to recognize what are often at first subtle clues pointing to developmental problems in their child and from the failure of local programs to anticipate the need for and to offer appropriate services for these children.

The Governor's Task Force noted in their findings that the present method of identifying young children with handicapping conditions is so fragmented and amorphous on a state wide basis that state agencies disagree significantly in their estimates as to the number of preschool children with handicaps existing in Kansas. How can we expect local agencies to plan programs efficiently to meet local needs if we do not even know the accurate size and composition of the client population?

This bill proposes to remedy that problem by calling for physicians to report to the Secretary of Health and Environment those preschool children in thier care who have or are at risk for handicapping conditions. I believe the provisions in this bill provide the foundation for carrying out a high priority recommendation of the Task Force and the Cabinet Sub-committee; namely, the development of a system to provide for early identification and follow up for children with handicaps and their families.

As envisioned by the Governor's Task Force, such a system would offer regular communication to families with children at risk for or having handicaps who choose to participate -- communication about developmental milestones to observe, warning signals, need and location for health examinations, etc. Currently, may of these at-risk babies leave the hospital with no follow-up care and may loose precious months and years if their handicaps go undetected.

Attachment X  
3/25/86 S. PH&W

Attachment X

Senate Public Health and Welfare Committee  
March 21, 1986  
Page 2

Such a proposed follow-up plan of regular communication with professionals would be in families' best interests since it would help to counter a powerful psychological force present in parents -- denial. It is a phenomena that most parents, including myself, have experienced, that of blinding one's self to the telltale signs that something is wrong with your child, thinking that if one ignores the indicators, then everything will turn out all right. Effective professional advice can help shorten that denial process parents engage in and encourage them to seek timely assistance for their children.

This bill, of course, does not call for this identification and follow-up program itself, but only for the collection of relevant data about such children. But I believe this bill represents an important first step in building such a support system for children with families in this state -- the majority of whom presently struggle without adequate professional guidance and assistance.

It is important to note that a family's right to confidentiality and autonomy in decision making is protected under this legislation, a provision I wholeheartedly endorse. Agencies may not share this information without parental consent, and parents exercise complete control over the entry and withdrawal of data about their child from this system. Amendments to this bill which were added in the House now effectively protect physicians from any liability regarding actions which are made on the basis of their best professional judgement.

This bill is in the best interests of thousands of young children and their families in this state, and I urge your favorable vote. Thank you.

Marla J. Mack

Testimony HB 2756  
Proponent  
Senate Public Health and Welfare  
Committee  
March 25, 1986

Margaret Bonds Wares  
Developmental Services  
of Northwest Kansas  
Post Office Box 1016  
Hays, Kansas 67601

Mr. Chairman, members of the committee, I am proud to come before you as a proponent for the passage of HB 2756.

I am the Director of the Independent Living Programs Division of Developmental Services of Northwest Kansas. In that capacity, I manage our Children's Services - direct services in five rural counties: Rooks, Phillips, Norton, Osborne and Smith; and provide contractual funds to serve the remainder of the eighteen counties of Northwest Kansas. We are a rural people.

The early identification system established by HB 2756 is important for urban families. But its impact will be even more meaningful both immediately and in the long term for us in the rural part of the state. One cannot imagine the sorrow, the sense of frustration nor the total isolation felt by a family whose newborn is less than perfect. There is grief, helplessness and hopelessness - they do not know where to turn - what to do - how to cope.

The mechanism established by the bill is simple: Physicians provide to the Secretary of Health and Environment information concerning children with disabilities under five years of age. The Secretary shall use the information provided to build an aggregate data base and inform parents of services available locally for their child. If the parent chooses, the information may be removed from the records. Neither the names of the children, nor their parents will be used - but school districts can be told that a certain number

Attachment XI  
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*Attachment XI*

of children with a particular disability may be expected to enroll in the public school during a given school year.

This should present a significant savings to the school districts since they may plan to accommodate these youngsters rather than being faced with a handicapped child for whom a teacher must be recruited after the school term has begun.

The isolation that rural families of handicapped children feel is indescribable. This reporting system would afford parents a contact point to receive information and guidance to help their child to grow up with a significantly diminished effect of his diagnosed disability. The feeling of aloneness is intense for parents in Topeka and Wichita but it is even greater for a parent in St. Francis or Sharon Springs.

Early intervention and infant stimulation programs are extremely effective in allowing children who are diagnosed as having disabilities to receive services during the best growth period of their lives from birth to the age of five - thus results in minimizing the deleterious effect of the disabling condition. Many such children, after receiving appropriate services early in their lives, enter school in regular classrooms and never need special education.

I am asking you to consider favorably HB 2756 and by its approval take a step toward insuring that no child in Kansas grows up more handicapped than he has to be.

Thank you.