Approved Feb. 25, 87
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Vice-Chairman, Frank Buehler
Chairperson
at

1:30 a.m./p.m. on February 23, , 1987 in room 423-S of the Capitol.

All members were present except:
Chairman Littlejohn, Representative Gatlin, both excused.

Committee staff present:

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

Conferees appearing before the committee:

Lois Scibetta, R.N. Ph.D. Ks. Board of Nursing
Larry Buening, Council for Ks. Board of Healing Arts
Representative J. C. Long
Lt. Governor, Jack Walker
Mr. Don Hiechell, Advocate for Hearing Impaired
Basil Covey, Ks. Retired Teacher's Association.
Representative Arthur Douville
Representative Nancy Brown
David Rosenthal, Ks. Community for Deaf & Hearing Impaired
Dr. Carolyn Grame, Menninger Foundation
Joan Strickler, Ks. Advocacy & Protective Services
Fred Murphy, President of Ks. Association for Deaf and Hearing Impaired
Gerald Buckley, Clinical Social Worker
Kenneth Clark, Ks. School for Deaf & Leader in Deaf Community
Cindy Winski, Johnson county Mental Health Center
Jerry Johnson, Superintendent of Ks. School for Deaf
Mike Diehl, Advocate for Deaf and Hearing Impaired, Hays, Ks.

Vice Chairman called meeting to order and invited Dr. Scibetta to speak before members in regard to HB 2166. She distributed hand-out, (see Attachment No.1), for details. She called attention to statute 60-11-104, (f), Manage the medical plan of care prescribed for the client, based on protocols or guidelines adopted jointly by the nurse practitioner and the attending physician. Further called attention to (2) in statutes 60-11-101, "Primary health care" is the prevention of disease, promotion and maintenance of health, assessment of needs, long term nursing management of chronic illness and referral of clients to other resources. The contact between advanced registered nurse practioner and client may be for an episode of illness or it may be for continuous health care monitoring. She stated their Board has never requested carte blanche restrictive powers for Advance Nurse Practitioner (ADNP), nor do we think at this time it is a good idea, however, we feel the little revision in the law will allow the ARNP to function more effectively.

Mr. Larry Buening spoke on proposed amendment on HB 2166 at the invitation of the Vice-Chairman of this committee. He stated the proposed amendment will be directed to the definition of "Practitioner" on page 4, (t), beginning on line 0147. The Board of Healing Arts met recently and their position in regard to ARNP's authority to prescribe medications is, the law in regard to Physician's Assistants (P.A's) is presently not very clear. The P.A. acts as an extension of the physician, but the ARNP does not. The ARNP does not have the direct supervision of the physician. When asked how does the pharmacists really know when a pharmacist receives a prescription that it is written by the physician, and he answered, he cannot absolutely know for certain.

Hearings began on HB 2364.

Representative J.C.Long gave hand-out, see (Attachment No.2), for details. As sponsor of HB 2364, he stated this does not prohibit anyone from getting married, but would provide a self-identification process. The problem of children now being diagnosed

Hearings continue on HB 2364:-

with AIDS in the state is a 3 year old person. Those couples planning to be married will have then the decision as to whether or not to have children. Testing will determine who has the AIDS virus and perhaps good choices, better choices can be made. He cited statistics in regard to the rapid spread of this disease. Action must be taken to try to stop an epidemic. He answered questions, i.e., costs would be paid by public sector when testing is done; this bill is just like the bill that was repealed in early 1980's; judge can give final decision on marriage license if couple is detected with virus from screening test.

Lt. Governor, Dr. Jack Walker, speaking as Secretary of Department on Health and Environment said he feels the blood testing for persons applying for marriage licenses is a bit premature during this Legislative session. There is a great deal of confusion in regard to testing of AIDS. He spoke of a conference that is taking place in Atlanta, Georgia this week that will hold discussion on testing for pre-marital couples, all hospital patients being admitted and perhaps other testing could be done as well. He stated we might wish to delay taking action on HB 2364 until we can see the outcome of recommendations from this National conference. You might wish to have language in the bill state, "on discretion of Secretary of Dept. of H&E, if they so see fit to run blood testing on pre-marital couples for AIDS", he said. Testing is only a presumptive test, interpretation of tests are still up for debate. Interpretation is controversial. If their Departmant is expected to do this testing free, then funding will have to be provided. He stated the HIV test is an antibody test. There is no test (outside of very sophisticated tests), that determines that a person is infected with AIDS virus. All you can do is test for antibodies. He explained there are antibodies for polio, TB, etc. He stressed there are strengths to HB 2364, i.e., there is a Task Force now in motion that will act on the problem; there are concerns about new born being infected from the mother and this will be addressed, and perhaps some women who learn they may be infected with the antibody virus would elect to avoid pregnancy. He stressed that counseling would be necessary when a person learns they are infected with the virus. Bottom line in regard to their Department's position is to withhold any action on this bill until we all learn of the recommendations coming out from the National conference in Atlanta.

Elizabeth Taylor, Ks. Association of Local Health Departments spoke to HB 2364 in support of the concept of the bill. She said there would be no cost to the state for implementing this program. Local Health Departments are being utilized more often than in the past. AIDS is a killer of homosexuals, women, babies. She asked members to consider this when working on HB 2364.

Vice-Chairman directed attention to HB 2226. There were two conferees that we did not have time to hear their testimony on February 19th.

Mr. Don Hiechell, author of CAN DO/Will DO. He gave hand-out to members, (see Attachment No. 3), for details. He spoke of his advanced age, numerous hospitalizations and current disability. He has very limited funds and must depend on others to help him with home repairs, lawn care. He stressed the elderly want to stay in their own homes as long as possible, but desperately need home support systems to help keep their homes from falling down about them. In Australia they have "Granny-houses" that can be utilized by the owner as he rents his main house to younger persons who can act as his support system. He thought this a good idea. He thanked committee for opportunity to express his concerns.

Basil Covey, Legislative Chairman, Kansas Retired Teachers Association spoke in support of HB 2226. (See Attachment No. 4), for details. He urged for support from committee, saying enactment of this bill will speak to the greatest fear of elderly--that of having to leave their home for an institution. The demonstration projects for in-home care for elderly will provide programs so elderly may stay at home longer with support systems they need to help with necessary care and maintenance.

Vice-Chairman noted that a Fiscal Note will be given to each member on HB 2226. See (Attachment No. 5), for details.

Hearings closed on HB 2226.

Ms. Correll gave staff briefing on HB 2339. This bill was reqeusted by the Joint Committee on Rules and Regulations. She reviewed the bill section by section.

Hearings began on HB 2262.

Representative Douville gave hand-out, (see Attachment No.6). He as a sponsor of this legislation stated it would set up a program within Topeka State Hospital to provide inpatient treatment for hearing-impaired persons with problems with alcohol, drug abuse, and mental health. He spoke to proposed changes, indicated in lines 0038 and 0043 as per attachment No.6. He stressed the needs of the hearing population have this type of care, and it is certainly needed for the hearing impaired population as well. Picture if you will a person who has alcohol and or drug problems, and is hearing impaired too, communication can be very difficult, and we need programs that will speak to this concern. He asked that his amendments be favorably considered.

Mr. Davis S. Rosenthal, Commission for Deaf and Hearing Impaired gave hand-out, (see Attachment No.7), for details. He spoke in support of HB 2262, saying it would advocate for services affecting hearing impaired; act as bureau of information for persons with impaired hearing to State agencies and public institutions providing care, including mental health; provide for social, emotional, educational and vocational needs of hearing impaired people and their families, and make recommendations for needed improvements. There is a lack of resources for outpatient psychiatric evaluation; resources for inpatient treatment of drug or alcohol abuse in Kansas are nil. He then gave several specific instances where hearing impaired were without services of an interpreter when one was desperately needed in treatment facilities. He spoke of the problem of suicide by deaf individuals. He then proposed an amendment to HB 2262, i.e., lines 0038 to 0045, (d)"The Secretary of SRS shall appoint an advisory committee comprised of Executive Director of Ks.Commission for Deaf/Hearing Impaired; one from Depart. of Mental Health and Retardation Services, a representative from Dept. of Alcohol/Drub Abuse Services, three mental health professionals proficient with the field of deafness, and four at large concerned Kansans, the majority of these shall be hearing impaired." -- (e) language to read, "In consultation with the advisory committee, the Secy. of SRS shall:..."

Dr. Carolyn Grame, MSSW, Ph.D, Social Worker, Menninger Foundation, spoke in support of HB 2262, saying over the years the hearing impaired community have the same problems as the rest of us. The lack of mental health services is of great concern. She cited specific cases of frustration of the deaf patients. There are times these persons feel very isolated. She has no place to put these patients. We don't have interpreters she said. She can sign some, but not enough. She presently cannot care for all those who are in need of these services just in Topeka alone, so that would give members an idea of the problem State-Wide. A staff of physicians that are aware of these special problems is vital, and the main doctor should be able to communicate with the patient. (Attachment No. 8)

Joan Strickler, Executive Director of Ks. Advocacy & Protective Services for Developmentally Disabled gave hand-out, (see Attachment No.9), for details. Persons with hearing disabilities have experienced difficulties in obtaining adequate treatment for mental health/ and other needs, because of lack of treatment professionals who can intereact with deaf persons through manual communication. Their Association believes the provisions of HB 2262 can provide a solution to some of the serious problems faced by members of the deaf community who may need mental health services.

Mr. Fred Murphy, President of Ks. Assoc. of Deaf, gave hand-out, (see Attachment No. 10) for details. He said many in attendance today have come to show their support for HB 2262. The key to success in mental health treatment for the deaf is communication. There have been organized attempts to take care of these problems, but many health professionals leave the state. Lack of funding causes lack of services in many institutions. Services are desperately needed for the hearing impaired in our State. He asked members to look at the concept of a broken TV requires a skilled technician to be repaired, and it is the same with deaf people who experience mental problems. They need skilled health care providers. He asked if money can be funded

Hearings continue on HB 2262:-

for the dealth penalty bill to take lives, how does it happen that money cannot be found to fund services for the hearing impaired's needs? I beg this committee to give favorable consideration to HB 2262 he said.

Jerry Buckley, spoke in favor of HB 2262, (see hand-out Attachment No.11), for details. He cites specifics that studies show that the deaf people experience the same proportions as hearing people of mental health related problems. New York state was the first to create programs to help treat the hearing impaired for these problems. This bill supports the trend towards deinstitutionalization and community placement of these persons. There is a tremendous need for services to be developed, and he urged for favorable consideration of this bill.

Mr. Ken Clark, Ks. School for deaf, spoke (while signing), through an interpreter, to the support of HB 2262. He said he would like us to remember that first they are Americans, second, Kansans, and thirdly, we all have physical and mental problems. The focus on this bill is to give sound footing to places where we can help the deaf with mental health problems. You people from the hearing community, he said, have many choices for health care. If you don't like one, you can go to another, we in the deaf community do not have those choices. We need interpreters, or we are very isolated, or ailenated. To implement this legislation will be a big step forward, and he asks God to give members the power to understand the needs of the hearing impaired. (This was a very emotional testimony)....

Cindy Winsky, Johnson County Mental Health Center spoke in support of HB 2262. She said is very frustrating when you have clients that have alcohol/and or/drug problems and are hearing impaired as well, and there is no place to send these individuals for medical treatment. She read excerpts from a letter from a Mother who had a child who was deaf and had mental health problems. They went through years of no help and no advice and no treatment. Often patients are put away for our convenience and not for help. Therapy cannot be provided without a person who can communicate with the deaf individual.

Ms. Very Gough spoke of her husband's frustration. He was hearing impaired and had mental health problems, and no medical treatment. He killed himself. She was left with three small children to raise alone.

Jerry Johnson, Superintendent of Ks. School for deaf. He said the lack of communication in the early years of schooling can be very frustrating for deaf children. Often times there is a negative home environment, child abuse, fragile self images. Mental Health problems are here, and need to be dealt with in the deaf community. He urged for support of HB 2262.

Mike Diehl, from Hays Kansas spoke through an interpreter. He was so frustrated and depressed. He was fortunate enough to have the help of a psychologist and then able to obtain employment in Vista. He was teaching everyone he met how to communicate with the deaf . These people need skilled personnel that can communicate with the deaf and the deaf need medical treatment for their problems with mental health/alcohol and or drug abuse. (This too was a very emotional testimony).

Vice-Chairman thanked all conferees for their patience because the room was so crowded, and to many for coming long distances to express their concerns before this committee.

Rep. Neufeld requested this committee introduce a substitute bill for HB 2096. There is new language that should speak more comprehensively to the problems the bill will address. Rep. Blumenthal moved this legislation be introduced, seconded by Rep. Shallenburger. Motion carried.

Vice-Chair announced those who we did not have time to hear testimony from this date would be invited to return on Thursday, February 26th to present testimony on HB 2262. Only those scheduled at present.

Meeting adjourned.

GUEST REGISTER

DATE 2/23/87

HOUSE

PUBLIC HEALTH AND WELFARE

NAME	ORGANIZATION	ADDRESS
JOHN H. HOLMGREN	CATHOLIC HEALTH ASSN.	1700 SW 7th ST - Topeka
Basil Covey	KRTA	Topeka
Bernard Goetting	Retired	K.C. Ks.
Gwendolyn Goetting	"	K.C. Kansas
Gerald Johnson	Kansas School for the Deaf	450 E. Park, Olathe 66061
John Mueller	KS. Advocacy & Protection Ser.	Manhattan
Suzie Perkey	City of Olathe	300 N. Chestnut, Olathe, KS
David Rosenfeld	Kansas Commission on the Deaf & Hearing Impaired SRS	Topeka
Cindy Winsky	Johnson County Mental Health Center	15550 S. 169 Highway Olathe, KS
TERESA STOHS	JOHNSON County DEAF SERVICES	130 N CHERRY OLATHE, KS. 66061
Tina Parrin	DSNWK - LINK	P.O. Box 1016 Hays, KS 67601
Mike J. Diehl	DSNWK - LINK	P.O. Box 1016 Hays, KS 67601
Lanna Smith	DSNWK - LINK	P.O Box 1016 Hays, KS 67601
Barry Howery	Kansas Commission on the Deaf & Hearing Impaired	Topeka
Marilyn Bradt	KINH	Lawrence
Katie Pyle	Silver-Haired Leg.	
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	TOPEKA
Charles Ahlvert	BI Healing Arts	Topeka
Larry Buening	"	"
Nancy Davis	Ks. State Nurses Assoc	Topeka

GUEST REGISTER

HOUSE

PUBLIC HEALTH AND WELFARE COMMITTEE

Date 2/23-87

NAME	ORGANIZATION	ADDRESS
Carol L Ballentine		5927 SW 57th Topeka
Jim McBride	United Way	Topeka
Mel Hurd	Retired	613 N. Stevenson, Olathe
Ina Hurd	Retired	613 N Stevenson, Olathe
Bobby G. Fisher	Topeka Assn of Deaf	218 E. 9th St, Topeka, Ks. 66612
Margie Scribner		4717 Fontana - Roeland Park, KS 66205
Vera W. Gough		7504 Robinson O.P. KS. 66204
Vi O'Connor	Topeka Ass'n of the Deaf	1340 N.W. Daisy Dr. Topeka, KS.
Belle Geier	" " " " "	1612 Collins
Carol Taylor	Kansas Commission for the Deaf & Hearing Impaired	Topeka State Hospital
Carol Honey	Ks Comm. for Deaf + Hearing Impaired	" "
dee zweygardt	The Menninger Fdn.	757 Lakewood Hills Ozawkie KS 66070
Carolyn Greene	The Menninger Foundation	1528 Mulvane, Topeka 66604
Kenneth E. Clark	Kans. School for the Deaf	450 E. Park Olathe, Ks 66061
Laura Crabb White		613 N Stevenson Olathe, KS. 66061
Jenna Willnauer	Jo Co. Deaf Services	130 N. Cherry, Olathe, Ks 66061
Sharaine J. Rice	Jewish Vocational Services	1608 Baltimore, KC, MO 64108
Bill Fansler	KANS. ASSN. of DEAF	1940 Bowman Ct. TOPEKA 66604
Richard Morrissey	KDA R	TOPEKA
Fred Murphy	Kansas Assn of Deaf	Olathe
Gerry Buckley	Gallaudet Regional Ctr.	Olathe
Jodine Trout	KS Commission f/t Deaf + H.I.	Roeland Park

Ray Petty	KACEH/DHR	Topeka
Joan Watson	Rehabilitation SVC/SRS	Topeka
Ruthella McBride	Southeast Kansas Area Agency on Aging	Chanute
Magdalene Kovach, Ph.D.	Psychologist, TSH.	Topeka
John Kelly	DD Council	Topeka
DR. TED KNAPP	KANSAS A.I.D.S. NETWORK	519 SANDUSKY KC KS 66101
[redacted]		
Sandy Streff	AP	Topeka

Article 11.—ADVANCED REGISTERED NURSE PRACTITIONERS

60-11-101. Definition and limitations. (a)(1) An advanced registered nurse practitioner, as defined by L. 1983, Ch. 206, Sec. 6, functions in an expanded role to provide primary health care to individuals, families or groups, or some combination of these groups of clients, in a variety of settings, including homes, institutions, offices, industries, schools, community agencies, and private practice. Advanced registered nurse practitioners function in a collegial relationship with physicians and other health professionals in the delivery of primary health care services. Advanced registered nurse practitioners make independent decisions about nursing needs of families and clients, and interdependent decisions with physicians in carrying out health regimens for families and clients. Advanced registered nurse practitioners are directly accountable and responsible to the consumer.

(2) "Primary health care" is the prevention of disease, promotion and maintenance of health, assessment of needs, long term nursing management of chronic illness and referral of clients to other resources. The contact between advanced registered nurse practitioner and client may be for an episode of illness or it may be for continuous health care monitoring.

(b) The physical presence of the physician is not necessarily implied when care is given by the advanced registered nurse practitioner. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

60-11-102. Categories of advanced registered nurse practitioners. The four categories of advanced registered nurse practitioners certified by the board of nursing are:

(a) nurse clinician or nurse practitioner;

(b) nurse anesthetist;

(c) nurse-midwife; and

(d) clinical specialist.

(Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

60-11-103. Qualifications of advanced registered nurse practitioners. To be eligible for certification as an advanced registered nurse practitioner in one of the following categories, the applicant shall hold a current Kansas license as a registered professional nurse. (a) To be certified as an advanced registered nurse practitioner in the category of nurse clinician or nurse practitioner, each applicant shall have successfully completed a formal, post-basic nursing education program which prepares the nurse to function in an expanded role or the applicant shall have current certification approved by the state board of nursing.

(b) To be certified as an advanced registered nurse practitioner in the category of certified registered nurse anesthetist, each applicant shall have a current certification or recertification that has been approved by the state board of nursing.

(c) To be certified as an advanced registered nurse practitioner in the category of nurse-midwife, each applicant shall have a current certification that has been approved by the state board of nursing.

(d) To be certified as an advanced regist[illegible]urse practitioner in the category of clinical nurse [illegible]list, each applicant shall hold a master's degree in a nursing clinical area which prepares the nurse to function in the expanded role. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

60-11-104. Functions of the advanced registered nurse practitioner, nurse clinician or nurse practitioner. Advanced registered nurse practitioners function in the expanded role of nurse clinician or nurse practitioner, at a specialized level, through the application of advance knowledge and skills. Each nurse clinician or nurse practitioner shall: (a) Perform all functions defined for basic nursing practice;

(b) Evaluate the physical and psychosocial health status of the client through a comprehensive health history and physical examination, using skills of observation, inspection, palpation, percussion and auscultation, and using diagnostic instruments or laboratory procedures that are basic to the screening of physical signs and symptoms;

(c) Assess normal and abnormal findings from the history, physical examination and laboratory reports;

(d) Plan, implement and evaluate care;

(e) Consult with the client and members of the health care team to provide for acute and ongoing health care or referral of the client;

(f) Manage the medical plan of care prescribed for the client, based on protocols or guidelines adopted jointly by the nurse practitioner and the attending physician;

(g) Initiate and maintain accurate records, appropriate legal documents and other health and nursing care reports;

(h) Develop individualized teaching plans with the client based on overt and covert health needs;

(i) Counsel individuals, families and groups about health and illness and promote health maintenance;

(j)recognize, develop and implement professional and community educational programs related to health care;

(k) Participate in periodic and joint evaluation of services rendered, including, but not limited to, chart reviews, case reviews, patient evaluations and outcome of case statistics; and

(l) Participate, when appropriate, in the joint review and revision of adopted protocols or guidelines when the advanced registered nurse practitioner is involved in the medical plan of care. (Authorized by and implementing K.S.A. 1983 Supp. 65-1113, 65-1130; effective May 1, 1984.)

60-11-105. Functions of the advanced registered nurse practitioner; nurse-midwife. An advanced registered nurse practitioner functioning in the expanded role of nurse-midwife shall perform in an interdependent role as a member of a physician-directed health care team, within the framework of mutually adopted protocols or guidelines. Each certified nurse-midwife shall: (a) Be responsible for the management and complete health care of the normal expanding family throughout pregnancy, labor, delivery and post-delivery care;

(b) Participate in individual and group counseling and teaching throughout the childbearing cycle;

PA #1
attm
2-23-87

STATE OF KANSAS

J. C. LONG
HOUSE OF REPRESENTATIVES
ONE HUNDREDTH DISTRICT

TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS
MEMBER: AGRICULTURE AND SMALL BUSINESS
COMMERCIAL AND FINANCIAL INSTITUTIONS
FEDERAL AND STATE AFFAIRS
NATIONAL CONFERENCE OF STATE LEGISLATURES COMMITTEE ON GOVERNMENT OPERATIONS AND REGULATIONS

February 23, 1987

House Bill 2364: An act concerning marriage, requiring premarital examinations and tests; providing certain penalities.

Mr. Chairman, members of the Committee, House Bill 2364 is a bill to require persons to have a test for AIDS before a marriage license can be issued is the same bill that for many years was law except that the test done before marriage was for another sexually tramsmitted disease - - syphilis.

The purpose of this bill is in the self-identification aspect that this legislature needs to address. It is estimated that of those persons infected with AIDS, 90 percent of those people are unaware that they are affected. The incubation period for AIDS is now documented to be at least 10 years. Those persons infected need to know if they are infected for the welfare of the children the marriage may produce.

Some statistics which may enlighten the committee:

1. To date, 30,000 Americans have been stricken by AIDS.
2. The number of heterosexually transmitted cases of AIDS has increased by 200 percent in the last year.
3. Of the 30,000 infected, 1200 are heterosexuals.
4. Between 1 million and 1 1/2 million Americans are carrying the AIDS virus.
5. It is estimated that by 1991, heterosexually transmitted cases of AIDS will total 7,000.
6. It is estimated that by 1991, 3,000 children will have been born with the AIDS virus and have lived short, painful lives.
7. If the virus were stopped today, 750,000 Americans could develop the virus within 10 years.
8. By 1991, an estimated 5 million Americans could be infectious, and not even know it.
9. Otis Bowen, Secretary of U.S. Health and Human Services, predicts that in the death toll 10 years from now will be in the tens of millions, and it could be between 50 and 100 million in the next 20 years.

Attm. #2
PH&W
2-23-87

STATE CAPITOL
TOPEKA, KANSAS 66612-1591

P.O. BOX 472
HARPER, KANSAS 67058-0472

This bill does not limit a couples right to be married (Secion 5 Line 94-95) it does not allow the information to be of public record (Page 4, Line 140) as Section 8 specifies.

This bill does provide information to the couple if they are planning to start a family, it does provide information to the Secretary of Health and Environment to get a handle on the amount of people involved concerning AIDS. This bill starts to address a subject that needs to be addressed, the limiting of a disease like AIDS.

Approximate fiscal note to the State: $500,000 = 25,000 couples X $20.

I will be open to any questions.

FEB. 26TH, 1987

LADIES AND GENTLEMEN OF THIS COMMITTEE:

I DO APPRECIATE THIS OPPORTUNITY TO SPEAK WITH YOU. I AM NEAR 75 YEAR OF AGE AND I HAVE SURVIVED 16 MAJOR OPERATIONS. REPEATED HOSPITALIZATIONS DRAINED MY SAVINGS AND I NOW LIVE ON SOCIAL SECURITY. IT CAN BE DONE BUT IF ONE HAS THE KNOWHOW TO SQUEEZE A BUFFALO NICKEL FOR TWO CENTS EXTRA IN FERTILIZER FOR THE GARDEN THEY DO BETTER.

NOW I HAVE REACHED THE POINT IN PHYSICAL DISABILITY, THAT I CAN NO LONGER REPLACE A CEILING HIGH LIGHT BULB. I FALL OFF THE STEPLADDER. THE GLASS IN MY FRONT DOOR SHATTERED AND I TACKED A PIECE OF CARDBOARD OVER THE OPENING TO KEEP OUT THE RAIN AND COLD. I WAITED TWO YEARS BEFORE A CARPENTER REPLACED THE GLASS WITH ONE I HAD PURCHASED LONG AGO. IT TOOK THE MAN 15 MINUTES I WAITED TWO YEARS.

YES WE AGED/DISABLED ARE NOT PUSHY. WE ARE LIVING SCARED. ALWAYS FEARFUL THAT IF WE BECOME A "BOTHER" THAT WE WILL BE FORCEFULLY DEPOSITED INTO A NURSING HOME. WE FEAR AND HATE THOSE HOMES BECAUSE WE HAVE VISITED FRIENDS THERE, AND HAVE OBSERVED AGED MEN AND WOMEN TIED INTO A CHAIR AND THE WHEELCHAIR TETHERED TO A HALLWAY HAND-RAIL. THIS IS A DISCIPLINARY MEASURE THAT BECOMES INHUMANE TREATMENT WHEN NO ATTENTION IS PAID TO THE PERSON AND THE OCCUPANT IS FORCED BY PHYSICAL NEED AND LACK OF CUSTODIAL CARE, TO USE THE WHEELCHAIR AS A TOILET.

WE ELDERLY WANT TO STAY IN OUR OWN HOMES, FOR AS LONG AS WE POSSIBLY CAN. THE RUB IS THAT WE ARE IN DESPARATE NEED OF A HOME SUPPORT SYSTEM, THAT WILL TRY AND KEEP OUR HOMES FROM FALLING DOWN ABOUT US. THERE SHOULD BE SET-UP A BACK-UP SYSTEM OF HANDY-MEN OR WOMEN THAT WE AGED/DISABLED CAN PAY FOR THEIR WORK. AT PRESENT, WE ARE RIPPED OFF. I PAID $20 TO HAVE MY LAWN MOWED. AFTER THAT IT JUST GREW UNTIL MY GRANDSON BROUGHT A HUGE 16 HORSE-POWER TRACTOR IN FROM SALINA AND MOWED THE HIP-HIGH GRASS. I SHOULD GET A COW?

the nation of australia has pioneered what they call "GRANNY-HOUSES". IT RESEMBLES A HALVED HOUSE TRAILER, JOINED AT RIGHT-ANGLES. UNBOLTED, IT IS HIGHLY PORTABLE AND IS DESIGNED TO TUCK INTO THE BACK-YARD OF AN OVER LARGE HOME AND IS RENTED TO THE AGED THAT WILL LIVE IN IT WHILE THEY RENT OUT THE LARGE HOUSE FOR NEEDED INCOME. IT IS UNBOLTED AND REMOVED WHEN THE AGED OCCUPANTS LEAVE FOR EXTENDED PERSONAL CARE.

NOW I THANK YOU AND I WILL ANSWER QUESTIONS RELATIVE TO THE ABOVE SUGGESTIONS.

DON HIECHEL

P&RW
Attm #3
2-23-87

Kansas Retired Teachers Association

Together We Can

1986-1987

February 19, 1987

To Members of the House Public Health and Welfare Committee:

My name is Basil Covey and I represent the Kansas Retired Teachers Association.

We support HB 2226 that provides for the establishment of demonstration projects for in-home care for senior citizens.

We commend the authors of this bill and hope that this will be the start of a movement that removes a strong element of fear in the elderly--that of having to leave their homes for an institution.

There is state-wide support for this type of legislation.

In KRTA district meetings in Ford, Wichita, Ottawa, Manhattan, Salina and Iola retired teachers expressed a need for this legislation.

We predict that these projects will be the focus of great attention from the elderly citizens in Kansas.

This type of legislation has been on the KRTA legislative program several years.

Governor Hayden has reported that in his visits to the 105 counties in Kansas that people's greatest concern is for the elderly citizens in Kansas.

We urge your support for HB 2226.

Sincerely,

Basil Covey

Basil Covey
KRTA

PH W
2-23-87
#4
Attm

168 2226
Fiscal Note Bill No.
1987 Session
February 23, 1987

The Honorable Marvin Littlejohn, Chairperson
Committee on Public Health and Welfare
House of Representatives
Third Floor, Statehouse

Dear Representative Littlejohn:

SUBJECT: Fiscal Note for House Bill No. 2226 by Representatives Crowell, Wagnon, et al

In accordance with K.S.A. 75-3715a, the following fiscal note concerning House Bill No. 2226 is respectfully submitted to your committee.

House Bill No. 2226 establishes three demonstration projects for in-home care for senior citizens in three sites (a small, a medium, and a large city). The bill provides that the Secretary of the Department on Aging be responsible for the administration of these projects and establish fees based on a reasonable cost for the services and on an individual's ability to pay. These fee receipts would be deposited in the State General Fund. House Bill No. 2226 also establishes an In-Home Care Demonstration Projects Council to advise the Secretary in carrying out the provisions of the bill. The Council shall consist of seven members appointed by the Governor. Finally, the bill provides that on or before December 31, 1990, the Secretary shall submit a final report to the Governor and to the Legislature concerning the operation of the demonstration projects. The provisions of this bill shall expire on December 31, 1990.

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

The Department on Aging indicates that the total cost for the three demonstration projects would be approximately $300,000 per year. This assumes that approximately 456 senior citizens would be served for 20 weeks at a cost of approximately $657 per person. However, as the bill provides for fees for the services rendered, the Department estimates that approximately $150,000 may be collected and returned to the State General Fund. This estimate is based on other states' experience in similar projects.

In addition, the Department indicates that it will cost approximately $4,950 to finance four one-day meetings of the Council. The Department does not anticipate the need for additional personnel to administer House Bill No. 2226.

PKW
attm #5
2-23-87

In summary, enactment of House Bill No. 2226 will increase State General Fund expenditures by $304,950 in FY 1988 above the amounts contained in the FY 1988 Governor's Budget Report. In addition, receipts estimated at a maximum of $150,000 will accrue to the State General Fund.

Gary L. Stotts
Acting Director of the Budget

GLS:SKD:ks

Proposed changes to HB 2262

line 0038 (d) pursuant to 75-313 (K.S.A.) appoint an advisory committee comprised of (1) the Executive Director of the Kansas Commission for the Deaf and Hearing Impaired; (2) a representative for the Department of Mental Health and Retardation Services; (3) a representative of the Department of Alcohol and Drug Abuse Services; (4) three mental health professionals proficient with the field of deafness; and (5) four at-large concerned Kansans. A majority of these members of the committee shall be hearing impaired.

line 0043 (e) In consultation with the advisory committee, the Director of Social and Rehabilitation Services shall .....

PH
2-23-87
Attm #6

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Rehabilitation Services

Kansas Commission for the Deaf and Hearing Impaired

Testimony in Support of House Bill 2262

Mr. Chairman, Committee Members, my name is David S. Rosenthal. I am the Executive Director of the Kansas Commission for the Deaf and Hearing Impaired (KCDHI), which is within Rehabilitation Services, under the Social and Rehabilitation Services umbrella.

The Kansas Commission for the Deaf and Hearing Impaired supports H.B. 2262. KCDHI's mandate in its enabling legislation (K.S.A. 75-5393) is to: advocate for services affecting hearing impaired people; act as a bureau of information for people with impaired hearing to State agencies and public institutions providing care, including mental health; provide for the social, emotional, educational and vocational needs of hearing impaired people and their families; and make recommendations for needed improvements.

The Commission made a request for documented cases of lack of services to the deaf and hearing impaired population last year. We received numerous responses from across the state. To illustrate the problems that face this population, especially in the area of mental health, I would like to read some of the cases for your information:

PH
attm #7
2-23-87

1. There is a lack of resources for outpatient psychiatric evaluation and possible psychotropic medication unless a) the deaf patient has insurance or financial resources and b) can communicate orally. The same is true for inpatient treatment for a deaf person who is dangerous to himself or others.

2. An indigent deaf patient was sent for psychiatric evaluation which she managed without an interpreter although one was needed. She was then referred for a complete neurological work-up without an interpreter.

3. Resources for inpatient treatment of drug or alcohol abuse in Kansas are nil. Two patients were sent out of town for such treatment.

4. The son of a deaf woman was admitted to a local hospital for inpatient psychiatric evaluation. The woman had to provide her own interpreter for the group therapy sessions and interviews with the psychiatrist. On two other occasions the psychiatrist refused to allow the interpreter and tried to force the woman to lipread and speak.

5. A hearing impaired emotionally disturbed child was referred for day treatment. Although accepted, he is in an educational and treatment setting where there are no other hearing impaired children and inadequate communication with him.

6. A deaf patient diagnosed as paranoid schizophrenic and heavily medicated has had minimal follow-up done by treatment facilities. He

is a prime candidate for a residential treatment facility. No such facility exists in Kansas that is accessible to the hearing impaired.

7. Several patients with minimal language skills have spent time in various state hospitals, all of them indicate that very little was done therapeutically, and that they spent much of their time watching television.

8. When a young deaf adolescent in a high school became severely depressed, no intervention strategies were in place at the time. Eventually after graduation he became involved with drugs and began a revolving door existence with a certain state hospital. He has been placed in a county jail mainly because there have been no programs available for him. Authorities say he is a good suicide candidate, but no successful intervention or therapy could be initiated.

In addition, there have been at least two cases of suicide by deaf individuals in the last few months in the south and western parts of the state. Who knows how many more are contemplating suicide without any way to get help?

These cases are just the tip of the iceberg, necessitating the need for these services to begin immediately for the deaf and hearing impaired population across the state. KCDHI has worked with the Department of Mental Health and Retardation Services, Alcohol and Drug Abuse Services, Rehabilitation Services and other community agencies to address this issue, but much work still needs to be done. This bill is a step in the right direction to provide much needed basic services to this population.

I would like to propose an amandment to the bill. I propose that the amandment read as follows from lines 0038 to 0045:

(d) The secretary of social and rehabilitation services shall appoint an advisory committee comprised of 1) the Executive Director of the Kansas Commission for the Deaf and Hearing Impaired; 2) a representative from the Department of Mental Health and Retardation Services; 3) a representative from the Department of Alcohol and Drug Abuse Services; 4) three (3) mental health professionals proficeint with the field of deafness; and 5) four (4) at-large concerned Kansans. A majority of these members of the committee shall be hearing impaired.

(e) In consultation with the advisory committee, the secretary of social and rehabilitation services shall:...

Thank you for this opportunity to appear before you today.

David S. Rosenthal
Executive Director
Kansas Commission for the Deaf
and Hearing Impaired
296-2874
February 23, 1987

For many years I have been aware of the mental health needs of those with the invisible handicap of hearing impairment. While employed at the University of Kansas Medical Center in 1978-1980, I worked with the hearing impaired through Gallaudet University Extension Center, The Department of Vocational Rehabilitation, and the Kansas School for the Deaf. I have also been associated with the Kansas Commission for the Deaf and Hearing Impaired.

In my current position at The Menninger Foundation, where I have been employed since 1980, I have become keenly aware of the lack of mental health services for this population. A case I learned of recently is a graphic example. A deaf man, unable to find mental health services in western Kansas, committed suicide.

For the past several years, I have worked with deaf patients on an outpatient basis. An interpreter, who is also an employee of The Menninger Foundation, works with me to provide therapy and other services. I have been greatly impressed by the social isolation and profound sense of loss they feel due to lack of hearing and communication ability. These clients have come with different presenting problems, including impending divorce, child custody, lack of sex education, pregnancy, and mental retardation. Had any of these patients required in-patient psychiatric treatment, there would have been no services available.

Patients currently hospitalized in state hospitals often have no other hearing impaired patients with whom to relate, and are served by staff who by and large lack the sign language skills to communicate with them. Because their hearing impairment often limits their ability to communicate verbally and in writing, they are isolated from even the most mundane and rudimentary communication.

House Bill 2262 addresses the appalling lack of mental health services for residents of Kansas who are deaf and hearing impaired. A special in-patient unit for the population would be located at Topeka State Hospital and connected to a network of services including drug and alcohol treatment in mental health centers. This would provide services to the estimated 173,000 hearing impaired citizens of Kansas, should they need mental health services in the future. National statistics indicate that 10% of the general population will.

Your support of this bill is essential and greatly appreciated.

Carolyn Grame, MSSW, PhD
Social Worker
The Menninger Foundation

PH
Attm # 8
2-23-87

Kansas Advocacy & Protective Services for the Developmentally Disabled, Inc.

kaps

Suite 2, the Denholm Bldg.
513 Leavenworth
Manhattan, KS 66502
(913) 776-1541

TO: The House Committee on Public Health and Welfare
Representative Marvin Littlejohn, Chairperson

FROM: Kansas Advocacy and Protective Services For The Developmentally Disabled, Inc.
R.C. Loux, Chairperson

RE: H.B. 2262

DATE: February 23, 1987

KAPS assists disabled children and adults in gaining access to the rights and services to which they are entitled. We fulfill the protection and advocacy requirements of P.L. 94-103, as amended, The Developmental Disabilities Act, and of P.L. 99-319, The Protection and Advocacy For Mentally Ill Individuals Act. KAPS is a private, non-profit corporation created specifically to serve this role in Kansas. We also operate The Kansas Guardianship Program. We have been serving the state since 1977.

In the past year, we have worked with three individuals who are deaf and who have been determined in need of in-patient hospitalization for mental health treatment. There have been three or four additional such individuals we have worked with over the past couple of years.

These people have experienced difficulties in obtaining adequate treatment because of the lack of treatment professionals who can interact with deaf persons through manual communication. This problem is significant when we consider that the ability of the patient to talk to the therapist is essential to the psychotherapeutic process. In some cases, these individuals have been involuntarily committed to state hospitals for treatment. Some interesting questions arise when we consider the situation of an individual being sent to a hospital on an involuntary basis, and, because of the communications problem, not being provided with treatment or, at least, what might be determined adequate treatment.

PH & W
attm # 9
2-23-87

We believe the provisions of H.B. 2262 can provide a solution to some of the serious problems faced by those members of the deaf community who may need mental health services.

Respectfully submitted,

Joan Strickler
Executive Director

TESTIMONY

IN SUPPORT OF H. B. 2262

February 23, 1987

My name is Fred Murphy. I live in Olathe. I am speaking as president of the Kansas Association of the Deaf, representing the adult deaf of the state of Kansas. Some of the people in this room today are people who cannot hear who have come from different areas of the state to show their support.

There is no way that will identify a person who is unable to hear. Perhaps the only thing that sets them apart is the method they use in communicating with each other--the language of signs. These people are the same as others who have normal hearing. They work and play alongside with other Kansans who can hear. They have families, they own homes, drive cars. They pay taxes. They are voters. Like all other people some of them experience problems such as mental health problems, alcoholism and drug abuse problems.

I have been involved in working with and for the deaf for over 50 years. I have done this on a voluntary basis because I think this is the reason I have been allowed to live so long.

PH:W
attm #10
2-23-87

I have known of many attempts to address the mental health problems of the deaf and hearing impaired. Some have been successful to a degree but most have ended up failures. The key to success in mental health treatment is COMMUNICATION.

There have been no organized attempts to take care of the mental health problems of the deaf on a state-wide basis. It seems that every time someone turns up with all the necessary qualifications to treat the deaf who are experiencing mental health problems they leave Kansas for "greener pstures." Private institutions that try to help the deaf who need mental health services lack the personnel to do the job and also run into financial problems in supporting these services.

We need these services badly. As life becomes more complex the deaf meet with more and more frustrations. It is like when you are watching your favorite TV program and the audio does not work. You have to take your TV to a trained technican to be repaired. This is the same with deaf people who experience mental problems--they need professional attention by professionals who can work directly with them. Using an interpreter is not the solution--it must be on a 1 to 1 basis because of confidentiality.

Not long ago I read in the newspapers that it would cost hundreds of thousands of dollars to put the death penalty into effect. This gives rise to a question in my mind. If money can be found to take lives, even as punishment for crimes, how does it happen that money cannot be found to save lives?

There have been enough deaths recently among the deaf who were unable to cope with their problems. Something must be done now.

In behalf of the deaf population of the state of Kansas I respectfully beg that you give favorable consideration to H. B. 2262. We sincerely believe that Kansas cares!

Thank you.

Gerard Buckley
1128 N. Walker
Olathe, KS 66061

TESTIMONY IN SUPPORT OF HOUSE BILL 2262

Mr. Chairperson and members of the committee, my name is Gerry Buckley and I reside in Johnson County, Kansas. I wish to speak to you today briefly from two perspectives. First as a Deaf individual and secondly as a professional trained clinical social worker, who has worked in this state for eight years. In speaking from these perspectives, I'd like to briefly summarize what we know about Mental Health and Deafness and what the impact of this bill will be.

Research from the office of Demographic studies at Gallaudet University demonstrates to us clearly that deaf people experience the same proportions as Hearing people of mental health related problems. We know this in Kansas because we get the calls searching for specialized help at KSD, JCCC and the state commission on a regular basis.

Specialized Mental health Services for the Deaf have been successfully treating Deaf clients in numerous other states since 1968, when New York Created the first program. Last year the state of Oklahoma, despite it severe economic problems, passed legislation to set up similar services.

Successful Mental Health treatment depends heavily upon effective and direct communication. Staff must know how to effectively communicate with Deaf individuals and understand cultural background information if they are to provide effective treatment. This bill will insure that such treatment is available.

This bill supports the trend towards deinstitutionalization and community placement. It calls for the establishment of now unit because there are a number of patients who need this type of therapeutic environment and nothing presently exists. It calls for network of community health centers to be established so that appropriate community placement can be made and supported where necessary.

Deaf People in this state are suffering because we do not have even minimum resources available to assist them with mental health problems. We know from our contacts and the testimony of people here today that there exists a tremendous need for services to be developed.

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2-23-87
Attm #14

This bill would give hope to those without access to services. It would encourage those in need of help to seek it instead of hiding in fear. It would provide real treatment to Deaf hospitalized patients instead of allowing them to languish in isolation. It would provide to families a source of help where none exists throughout the state. It would prevent the misdiagnosis of Deaf clients because of ignorance/neglect.

I urge you to give favorable consideration to this bill.