

Approved 3-31-87
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. on March 25, 1986 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research
Norman Furse, Revisor of Statutes Office
Clarene Wilms, Committee Secretary

Conferees appearing before the committee:

Marilyn Bradt, Kansans for Improvement of Nursing Homes
John Grace, Kansas Association Homes for Aged
Doris Stout, Department On Aging
Lila Paslay, Association of Retarded Citizens
Yo Bestgen, Kansas Association Rehabilitation Services
Al Nemas, SRS
John Pierpont, Coordinator, Children and Youth Advisory Committee
Commissioner Robert Barnham, SRS
Commissioner Jim McHenry, Alcohol and Drug Program Directors
Elizabeth Taylor, Association of Alcohol and Drug Program Directors
Michael Byington, Kansas Assn. for Blind and Visually Impaired, Inc.

Others attending: see attached list

Marilyn Bradt continued testimony on HB-2339. Ms. Bradt stated that she did not feel this bill would eliminate the caring and compassionate people serving as administrators as it would not take effect until 1990 and would then apply to those taking tests at that time. Ms. Bradt's written testimony appears as attachment 7, March 24, 1987.

John Grace appeared in opposition to HB-2339. Written testimony appears as attachment 8, March 24, 1987. Mr. Grace stated that overall, he felt the costs possibly would go down with well trained administrators.

Doris Stout testified concerning HB-2339. Written testimony appears as attachment 9, March 24, 1987. Ms. Stout stated that administrators are called to do many varied tasks. Ms. Stout recommended the bill be amended to require a bachelor's degree with a practicum or, failing that, the bill should be reported unfavorable.

Lila Pasley spoke concerning HB-2019, stating that it was felt the responsibilities of determining the first-come, first-served procedures should be handled by the board of directors of the facilities. Ms. Pasley's testimony appears as attachment 10, March 24, 1987. An Amendment was presented by Ms. Pasley. (attachment 1)

Yo bestgen testified supporting the concept of HB-2019. Ms. Bestgen supported the amendment presented by Ms. Pasley. Written testimony appears as attachment 11, March 24, 1987.

Al Nemas testified in support of HB-2019 as amended by the House Committee. Mr. Nemas stated a need for statewide rules and regulations to define parameters of a "family crisis." Written testimony was presented to the committee as attachment 12, March 24, 1987.

John Pierpont testified in support of HB-2392 stating that this bill would allow for the possibility of corrective action while continuing to protect our state's children. (attachment 2)

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, 1987.

Commissioner Robert Barnham testified and presented written testimony in support of HB-2392. Mr. Barnham stated that this bill would allow consideration of factors that would have a bearing on whether or not the individual in question would pose a current threat to a child. (attachment 3)

Senator Bond made a motion requesting the chairman to send HB-2392 to the Judiciary committee in order that it be worked with HB-2488. Senator Mulich seconded the motion. The motion carried.

Commissioner Jim McHenry testified and presented written testimony concerning HB-2413. It was stated that this bill would be an alternative to increasing staff and would reduce the number of licensing visits. (attachment 4)

Elizabeth Taylor spoke in support of HB-2413 which would extend the term of licenses.

Michael Byington spoke in favor of HB-2415 and presented written testimony. (attachment 5) Mr. Byington stated that this bill would define a dog trained as a guide dog as a non-pet and would allow guide dogs the right of access to complexes, neighborhoods and cooperatives where pets are prohibited without establishing a precedent of allowing pets.

Time did not permit Mr. Byington to complete his testimony, therefore, he will continue Thursday, March 26, 1987. The meeting adjourned at 11 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE March 25, 1987

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

NAME AND ADDRESS	ORGANIZATION
Elizabeth E. TAYLOR TOPEKA	KAERC, KAADPD
Dick Hummel TOPEKA	Ks HEALTH CARE ASSN
Marilyn Glauw "	J. P. S. A.
Marilyn Bradt Lawrence	KINTH
Doris R. Stout TOPEKA	KDOA
W. J. Mearnsen	KDHE
Jim McHenry Topeka	SRS/ADAS
John Kell Topeka	SRS/DD Council
Richard Schutz Topeka	SRS
Joseph F. Knoll Topeka	KOHE
KATH R LANDIS "	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Theresa Smith Topeka	KANSAS NARAK
John Grace Topeka	Ks Home For Aging
David Chapman Topeka	SRS/ADAS
Al Nemeo Topeka	SRS/MHARS
John Peterson Topeka	K. Assoc. of General Public Child Care
Joe Berstgen Topeka	KARP
Bob Garrison "	SRS
Bob Rook Lawrence	Foster Parent
John Reigart Topeka	Children & Youth Advisory Committee
Donald L. Kam Topeka	Topeka Resource Ctr. for Handicapped 345 Assn. for Blind and Visually Impaired
Michael Byington Topeka	The Seeing Eye
The Rev. Dr. Joe Talafeno Topeka	The Seeing Eye
Cybil Sheppard Talafeno Topeka	The Seeing Eye

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE Mar 25 87

(PLEASE PRINT)

NAME AND ADDRESS

ORGANIZATION

<u>Finn Rusk</u>	<u>Lawrence</u>	<u>Hunde Dogs for Blind</u>
<u>Erica Rusk</u>	<u>Lawrence</u>	<u>Hunde Dogs for Blind</u>

SP/10/10
3-25-87
attachment 1

0045 amounts per client for the purposes of determining grants to
 0046 community mental retardation facilities. *A client accepted for a*
 0047 *program by a facility on and after July 1, 1987, shall constitute a*
 0048 *full-time equivalent client only if the client was accepted by the*
 0049 *facility on a first-come, first-serve basis in order of the time at*
 0050 *which an application for admission was made to such facility on*
 0051 *behalf of the client, except that a client accepted for a program*
 0052 *by a facility on other than a first-come, first-serve basis because*
 0053 *of a family crisis occasioned by family circumstances, as defined*
 0054 ~~by rules and regulations of the secretary,~~ shall constitute a
 0055 full-time equivalent client. In defining the term "family crisis
 0056 occasioned by family circumstances" ~~the secretary~~ shall estab-
 0057 lish standards and guidelines ~~for facilities~~ for the admission of
 0058 clients based upon family crisis. Such standards and guidelines
 0059 shall be consistent with the needs of clients and their families;
 0060 shall specify to the extent known the types of family crises most
 0061 likely to necessitate admission to a facility; and shall establish
 0062 criteria for determining the appropriateness of such admission.
 0063 ~~In addition the rules and regulations shall establish procedures~~
 0064 ~~for review by the secretary of the appropriateness of any such~~
 0065 ~~admission.~~

the board of directors of the facility

0066 (c) The secretary shall make grant payments each calendar
 0067 quarter which shall be based upon the adjusted payments for the.
 0068 The first year of per diem payments made under this section
 0069 shall be based on the number of clients served during the base
 0070 calendar year 1983. Payments in subsequent years shall be based
 0071 on actual clients served during the ~~previous~~ calendar year *im-*
 0072 *mediately preceding the year in which such grant payments are*
 0073 *to be made*, subject to the provisions of K.S.A. 1986 Supp.
 0074 65-4414 *and amendments thereto*. In the event that sufficient
 0075 moneys to pay to all community mental retardation facilities the
 0076 full amount of grant payments determined in accordance with
 0077 the number of actual clients served thereby and the current per
 0078 diem amounts per client for any calendar quarter have not been
 0079 appropriated or are not available, the entire amount available
 0080 such calendar quarter for grant payments shall be prorated by the
 0081 secretary among all the community mental retardation facilities

TESTIMONY IN SUPPORT OF H.B. 2392

MR. CHAIRMAN, MEMBERS OF THE COMMITTEE, I AM APPEARING ON BEHALF OF THE CHILDREN AND YOUTH ADVISORY COMMITTEE TO TESTIFY IN SUPPORT OF H.B. 2392.

THE CHILDREN AND YOUTH ADVISORY COMMITTEE IS DEDICATED TO PROTECTING THE YOUNG PEOPLE OF KANSAS FROM ABUSE AND NEGLECT, AND WE FAVOR CURRENT LEGISLATION FOR THE STRONG PROTECTION IT AFFORDS TO CHILDREN. HOWEVER, KSA 65-516, AS IT NOW STANDS, MAY PREVENT PERSONS WHO ARE GOOD CAREGIVERS FROM WORKING WITH CHILDREN BECAUSE OF EVENTS WHICH OCCURRED EARLIER IN THEIR LIVES UNDER EXTENUATING, MITIGATING CIRCUMSTANCES.

HOUSE BILL 2392 AMENDS KSA 65-516 SO THAT SIGNIFICANT FACTORS -- MITIGATING CIRCUMSTANCES, SERIOUSNESS OF AN OFFENSE, AND SUBSEQUENT CORRECTIVE ACTION -- MAY BE TAKEN INTO ACCOUNT IN DETERMINING WHO MAY AND MAY NOT WORK WITH CHILDREN IN REGULATED SETTINGS.

THE ADVISORY COMMITTEE DOES NOT WANT TO HAVE PERPETRATORS OF SERIOUS ABUSE OR HABITUAL ABUSERS PROVIDING CHILD CARE, AND HB 2392 WOULD NOT ALLOW THIS. THE STRENGTH OF HB 2392 IS THAT IT WILL ALLOW FOR THE POSSIBILITY OF CORRECTIVE ACTION WHILE CONTINUING TO PROTECT OUR STATE'S CHILDREN.

JOHN PIERPONT, COORDINATOR
CHILDREN & YOUTH ADVISORY COMMITTEE
(913)296-4649

SPH/W
3-25-87
attachment 2

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Statement Regarding H.B. 2392

1. Title

An Act concerning homes for children and the prohibition of the maintenance thereof by certain persons; amending KSA 65-516 (a) (3) and repealing the existing section.

2. Purpose

This bill amends KSA 65-516 (a) (3) which provides that (a) "no person shall knowingly maintain a boarding home for children or maintain a family day care home if, in such boarding home or family day care home, there resides, works or regularly volunteers a person who: (3) has committed an act of physical, mental or emotional abuse as validated by the Department of Social and Rehabilitation Services pursuant to KSA 1986 Supp. 38-1523". The amendment being proposed expands the statute by adding, "and (A) the person has failed to successfully complete a corrective action plan, or (B) the record has not been expunged pursuant to rules and regulations established by the Department of Social and Rehabilitation Services.

The purpose of the amendment is to allow persons an opportunity to improve their child care skills through corrective action before residing, working or regularly volunteering in child care facilities, or to have the record expunged when expungement requirements have been met.

3. Background

With the passage of KSA 65-516 (a) (3) in 1984, the Department of Social and Rehabilitation Services is required to share with the Department of Health and Environment information about all persons who work, reside or regularly volunteer in licensed or registered child care facilities who have been identified as alleged perpetrators in confirmed cases of child abuse/neglect. The intent being to protect children in child care facilities from known abusers.

The names of identified alleged perpetrators in confirmed cases of child abuse/neglect have been listed in the Child Abuse/Neglect Central Registry since its inception in 1973. The first Kansas Child Protection Act was passed in 1972 and the registry was established to maintain information on all confirmed cases of child abuse/neglect. This information was used to determine the incidence of abuse/neglect, demographic factors in abusing/neglecting families and to identify children who were previously abused or neglected in families who move from place to place. No one has access to the information except other child protection services in this and other states whose confidentiality restraints are as strict as ours.

The focus of all child protection investigations since 1972 and prior to 1984, was to determine whether or not abuse or neglect had occurred with the reported child and how best to protect that child from future abuse/neglect. The identification of the alleged perpetrator of that abuse

SPH/W
3-25-82
attachment 3

or neglect was secondary and used only for assessing the level of risk to the child in making case decisions.

K.S.A. 65-516 (a) (3) required the use of the information regarding alleged perpetrators in confirmed cases for the purpose of limiting the privilege of individuals to provide a child care service. Problems related to the due process rights of those individuals became apparent and were addressed through policy changes. In addition, the statute did not allow for consideration of factors that would have a bearing on whether or not the individual in question would pose a current threat to a child. Such factors include: the length of time since the confirmed incident; the nature and seriousness of the incident; mitigating circumstances that were present or how circumstances have changed, and what corrective action occurred.

This proposed bill would allow for consideration of the above factors before a person could be denied the privilege of providing child care in Kansas.

4. Effect of the Change

The proposed amendment will improve the current statute by allowing judgment to be exercised in identifying those persons who committed an act of confirmed abuse/neglect that is sufficient to warrant a belief that children should not be entrusted to their care. There is no fiscal impact associated to the state with this amendment.

5. Recommendation

SRS recommends passage.

Robert C. Harder
Office of the Secretary
Social and Rehabilitation
Services
296-3271
March 25, 1987

Department of Social and Rehabilitation Services
Alcohol and Drug Abuse Services

House Bill 2413

Licensing of Drug Abuse Treatment Facilities

- I. Title
An act concerning drug abuse treatment facilities; relating to license renewal, licensing fees and inspections; amending K.S.A. 65-4603, 65-4604 and 65-4605 and repealing the existing sections.
- II. Purpose
The bill gives the Secretary of Social and Rehabilitation Services the authority to (1) issue a license renewable at the end of one, two, or three years, depending upon a facility's level of compliance with the standards developed for such facilities; (2) set an application fee not to exceed \$100; and (3) inspect each licensed facility at least once each licensing period.
- III. Background
From FY 84 through FY 87 the number of treatment components licensed or certified by SRS/Alcohol and Drug Abuse Services will have increased 75% from 157 to 275. This increase is due to an increase in the number of programs and facilities providing treatment services and increased opening of satellite offices by existing hospitals and facilities. Attorney General Opinion No. 85-89 indicates that no public or private treatment facility may be established or maintained without a license. Treatment centers operated by hospitals and located at separate sites must be licensed by SRS as provided by K.S.A. 65-4014.
- This increase in licensed programs results in significantly increased staff demands. The alternatives to address the problem are (1) increase licensing staff and (2) reduce the number of licensing visits. Staff increases are not feasible due to budget restraints. This bill addresses the problem by reducing licensing visits. Treatment quality will be maintained by basing licensing term on level of compliance with standards. Current licenses are for one year and do not reflect the level of compliance with standards. Licensing inspections are currently mandated on a yearly basis.
- IV. Effect of Passage
Passage will allow licensing terms of one, two, or three years, depending on degree of compliance with standards. With inspections once during the licensing period, reduced administrative demands for SRS/ADAS and treatment facilities will result. Licensing terms will reflect the level of standards compliance. Increased license fee will remove some funding burden from the State General Fund.
- The prospect of longer term license, fewer inspection visits and less frequent license application fees should encourage facilities to establish and maintain high levels of compliance with treatment standards. This has been the experience in the neighboring State of Missouri.
- V. SRS Recommendation
Support the amendment of Kansas Statutes to allow one, two, or three year licensing, and to levy a licensing fee not to exceed \$100.

Robert C. Harder
Office of the Secretary
Social & Rehabilitation Services
296-3271
March 25, 1987

SPH/W
3-25-87
attachment 4

Department of Social and Rehabilitation Services
Alcohol and Drug Abuse Services

House Bill 2416

Licensing of Treatment Facilities for Alcoholics

I. Title

An act concerning treatment facilities for alcoholics; relating to license renewal, licensing fees and inspections; amending K.S.A. 65-4013, 65-4014 and 65-4018 and repealing the existing sections.

II. Purpose

The bill gives the Secretary of Social and Rehabilitation Services the authority to (1) issue a license renewable at the end of one, two, or three years, depending upon a facility's level of compliance with the standards developed for such facilities; (2) set an application fee not to exceed \$100; and (3) inspect each licensed facility at least once each licensing period.

III. Background

From FY 84 through FY 87 the number of treatment components licensed or certified by SRS/Alcohol and Drug Abuse Services will have increased 75% from 157 to 275. This increase is due to an increase in the number of programs and facilities providing treatment services and increased opening of satellite offices by existing hospitals and facilities. Attorney General Opinion No. 85-89 indicates that no public or private treatment facility may be established or maintained without a license. Treatment centers operated by hospitals and located at separate sites must be licensed by SRS as provided by K.S.A. 65-4014.

This increase in licensed programs results in significantly increased staff demands. The alternatives to address the problem are (1) increase licensing staff and (2) reduce the number of licensing visits. Staff increases are not feasible due to budget restraints. This bill addresses the problem by reducing licensing visits. Treatment quality will be maintained by basing licensing term on level of compliance with standards. Current licenses are for one year and do not reflect the level of compliance with standards. Licensing inspections are currently mandated on a yearly basis.

IV. Effect of Passage

Passage will allow licensing terms of one, two, or three years, depending on degree of compliance with standards. With inspections once during the licensing period, reduced administrative demands for SRS/ADAS and treatment facilities will result. Licensing terms will reflect the level of standards compliance. Increased license fee will remove some funding burden from the State General Fund.

The prospect of longer term license, fewer inspection visits and less frequent license application fees should encourage facilities to establish and maintain high levels of compliance with treatment standards. This has been the experience in the neighboring State of Missouri.

V. SRS Recommendation

Support the amendment of Kansas Statutes to allow one, two, or three year licensing, and to levy a licensing fee not to exceed \$100.

Robert C. Harder
Office of the Secretary
Social & Rehabilitation Services
296-3271
March 26, 1987



STATE OF KANSAS

MIKE HAYDEN, GOVERNOR

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

ALCOHOL AND DRUG ABUSE SERVICES

2700 WEST 6TH STREET
TOPEKA, KANSAS 66606
(913) 296-3925
KANS-A-N 561-3925

TESTIMONY FOR CHANGE IN LICENSING OF TREATMENT
FACILITIES OF ALCOHOLICS AND DRUG ABUSE TREATMENT FACILITIES

March 25, 1987

Current statutes require licensing inspections and renewal yearly. From FY 84 through FY 87 the number of treatment components licensed or certified by SRS/Alcohol and Drug Abuse Services will have increased 75% from 157 to 275. This increase reflects new programs and facilities providing treatment services and opening of satellite offices by existing hospitals and facilities. State Statute and an Attorney General's opinion specify that each site operated by a hospital or treatment facility must have a separate license.

The increase in licensing inspections results in significantly increased staff demands at SRS/ADAS. The provisions of this bill will reduce the number of inspections required at facilities with a high level of compliance with licensing standards. The availability of one, two, or three year licensing, dependent on the level of compliance with standards, will encourage quality treatment. Multi-year licenses will reduce administrative demands for both SRS/ADAS and treatment facilities.

An increased license fee of up to \$100 will help offset administrative costs and will not present an undue burden on treatment facilities.

A \$100 fee for a 3 year license is a small increase from the current \$25 per year fee. The fee is comparable to fees set by other state licensing agencies. The prospect of less frequent licensing fee assessments and inspections will encourage facilities to establish high compliance with standards.

Increased licensing staff personnel is the alternative to the provisions of this bill. Currently staff members are being diverted from other duties at SRS/ADAS to handle the overload of licensing visits. Increased staffing is not desired during this period of budgetary restraint. SRS/ADAS believes the provisions of this bill will reduce the number of licensing visits and improve the level of compliance with treatment standards. The result will be reduced administrative burden and increased availability of quality treatment for Kansans suffering from alcoholism and drug abuse.

Thank you for the opportunity to testify in favor of this bill.

Attachments

SRS/ALCOHOL AND DRUG ABUSE SERVICES
SUMMARY OF LICENSURE AND CERTIFICATION

Licensure/Certification Procedures

The licensure of alcohol and drug abuse treatment programs is mandated by KSA 65-4001 through KSA 65-4024 and KSA 65-4601 through KSA 65-4610. Through this authority, the Department of SRS has developed Rules and Regulations (Article 31) and Standards to establish licensure guidelines. The Statutes and Rules and Regulations require SRS/ADAS to license all treatment facilities that provide treatment services to alcohol and/or drug abusing persons through the provision of guidance, supervision and personal services designed to assist the individual in rehabilitation or habilitation. Licensed medical care facilities, licensed adult care homes, licensed mental health centers, licensed ADSAP programs, licensed physicians, and licensed psychologists are exempt from licensure.

The certification of alcohol and drug abuse treatment programs is a procedure adopted for programs excluded from the licensure process. Programs may apply for certification as a voluntary measure or as part of a funding requirement. The procedures established for certification are the same as for licensure.

Application for licensure/certification is made to SRS/ADAS on the Licensure/Certification Application form. Information required includes board members, articles of incorporation, and evidence of compliance with State Fire Marshal and Department of Health and Environment, Bureau of Food Services and Lodging.

Upon receipt of a complete application, an SRS/ADAS staff member is assigned to conduct the licensure/certification site visit.

All previously licensed/certified programs must meet the compliance criteria to receive an annual license/certification. If a program fails to meet this required criteria, a temporary license/certification can be issued to last up to a six month period. A return site visit to determine full compliance will be scheduled prior to the expiration date of the temporary license/certification.

Programs that have not previously been licensed must meet the compliance criteria at the time they start treating clients. If the program has been approved by the Bureau of Food Services and Lodging and has been inspected and approved to open by the State Fire Marshal, a temporary license/certification can be issued for a period of six months. A return visit to determine full compliance will be scheduled prior to the expiration date of the temporary license/certification.

LH:kh
2/23/87

Attachment 1

Program Increase

In FY 86, there were 245 program components licensed or certified by ADAS. This compares with 185 components in FY 85. The following table shows the increase in programs needing licensure/certification services and the projected number for FY 87:

<u>Activity</u>	<u>FY 84</u>	<u>FY 85</u>	<u>FY 86</u>	<u>2/87</u>	<u>Expected FY 87</u>
Number of Program Components	157	185	245	266	275

Prioritized Scheduling of Site Visits

Listed below is the criteria used to prioritize licensure/certification site visits.

1. Revisits to programs that failed their last site visit.
2. Programs having constituency problems.
3. Programs having problems meeting grant conditions.
4. Programs having problems meeting the requirements of the Standards during previous site visits.
5. New programs.
6. Programs consistently in compliance with the standards.

Time Required For Site Visits

The time required to complete a licensure/certification site visit depends on the size of the program and on the type of license/certification a program is seeking. Eight hours would be required to complete a licensure/certification site visit for an outpatient program. A program that provides residential services would require two days to complete the site visit. Some programs provide both residential and outpatient services. It would require additional time to complete these programs.

The time required to complete the site visits does not include travel time. The licensure/certification staff routinely leaves before 7:00 a.m. and returns after 6:00 p.m. to complete the site visits.

The average cost for a site visit is \$304. Personnel cost for salary and fringe is \$254. Travel costs average an estimated \$50 per visit.

Attachment 2

FUTURE SITE VISIT PROJECTIONS
WITH MULTI-YEAR LICENSURE

	<u>Programs</u>	<u>Programs To Visit</u>	<u>Change From FY 86</u>	<u>Full Time Equivalent* (FTE) Staff Required</u>
Actual FY 1986	245	245		3.0 (82 programs per FTE)
Projected FY 87	245 from FY 86 + 30 New Programs <u>275</u>	275	+ 30	3.35
Projected FY 88 (Licensure Effect- ives 7/1/88)	275 from FY 87 + 25 New Programs <u>300</u>	300	+ 55	3.66
Projected FY-89	300 from FY 88 + 27 New Programs <u>327</u>	327 -(40) 3 yr. from 88 -(45) 2 yr. from 89 <u>242</u>	- 3	2.95

*FTE requirements are based on FY-86 site visits with allowances for normal yearly L/C tasks to include: Standards Revision, Rules and Regulations development, Statistical reporting and projections, complaint investigations, new program technical assistance, report writing, correspondence, multiple site visits to some programs, and other additional L/C section assignments.

Attachment 3

Kansas Association for the Blind and Visually Impaired, Inc.

March 25, 1987

TO: House Public Health and Welfare

FROM: Michael J. Byington, Registered Kansas Lobbyist

SUBJECT: House Bill 2415

We rise in support of this Bill. It is long overdue.

This bill is quite simple. It only does one thing. It makes it illegal for a blind individual to be refused the right to rent or purchase housing because he or she use a guide dog specifically trained for the purpose of serving as a mobility aid. It would make it illegal to charge a fee because of the dog's presence.

Guide dogs for the blind are already allowed in virtually all places to which the public is invited. The current wording in K.S.A. 39-1101-1102 already makes this clear. We are thus currently assuring the blind individual the legal right to use the dog to gain independence in the community. Independence in the community, however, is meaningless unless the blind individual can obtain a place to live within that community.

There are currently seven schools in the United States established to train dogs to guide blind people. Some of the largest and oldest include: Guide Dogs For The Blind Inc., The Seeing Eye Inc., Guiding Eyes Inc., Leader Dogs Inc., and Pilot Dogs Inc. All of these facilities as well as a couple of others and a few accredited private trainers in the United States, turn out excellent quality mobility aid dogs for use of the blind. These animals all have similar training. The difference in a Guide Dog, a Seeing Eye Dog, and a Leader Dog is similar to the difference between a Ford, a Pontiac, and an A.M.C.

HB 2415 does note that the dog must be trained for the purposes of guiding, and thus certainly leaves the potential landlord or seller the option of asking for proof of training. While the bill would prevent, for example, the charging of a pet deposit for a guide dog, it also protects the potential landlord by making the blind guide dog user liable for any damage done by the dog.

The dogs in question are working dogs. While they may provide companionship as well as a service, they are not pets. They are trained to live around human beings and to behave accordingly.

HB 2415 essentially defines guide dogs as non-pets. This is a helpful protection to both the blind guide dog user and potential landlords/sellers. The Bill would allow guide dogs' right of access to complexes, neighborhoods, and cooperatives where pets are prohibited

without establishing a precedent of allowing pets.

There is a need for the bill. While most landlords and sellers understand the use of guide dogs, there are always those unexpected exceptions. Our organization's membership includes a number of guide dog users who have reported occasional incidents of refusal of rental due to the use of the dog. The guide dog users present at this hearing will be glad to answer questions concerning the dogs or some of their own experiences with property rental. Most important, however, is that this bill will give Kansas guide dog users some well deserved confidence in their opportunities to locate housing. A blind person living independently via the use of a guide dog has quite a number of special housing requirements to consider without being worried as to whether the dog will be allowed. Public transportation, proximity to shopping, sidewalks in the area, and safe street layout are all examples of potential concerns. Imagine the frustration of finding property which meets all of these requirements only to find that the guide dog will not be permitted. This has happened to at least two of our organization's members. One of our members told me of a recent move to a different Kansas Community due to professional advancement, "I kind of liked this condo, but the big reason I took it instead of looking further was that they said my guide dog would be okay and I knew there were no legal assurances of this being offered anywhere else." This is a type of concern which can be eliminated by adoption of HB 2415.

A few years ago, this Legislature, in its wisdom, added K.S.A. 39-1107 to the body of the Kansas White Cane Law. This legislation gave hearing ear dogs for the deaf almost exactly the same opportunities as are offered by HB 2415. Guide dogs have been successfully used in the United States for over 50 years. They are a far more longstanding and time proven aide than the hearing ear dog which represents a much more recent advance in work with the deaf. While the Kansas Association for the Blind and Visually Impaired Inc. applauds the adoption of K.S.A. 39-1107, we would certainly point out that guide dogs for the blind should enjoy the same assurances.