Approved 2-15-8
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Marvin L. Littlejohn at
Chairperson

1:30 ~~a.m.~~/p.m. on February 4, 1988 in room 423-S of the Capitol.

All members were present except:

Representative Green, excused

Committee staff present:

Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Richard Morrissey, Department of Health and Environment
Jack Gumb, Department of SRS
Yo Bestgen, Executive Director Ks. Assn.Rehabilitation Facilities
Marilyn Bradt, Kansans for Improvement of Nursing Homes, Inc.

Chairman called meeting to order, calling for approval of minutes for meetings of January 28th, and February 2nd, 1988. Rep. Blumenthal moved to approve these minutes, motion seconded by Rep. Amos, motion carried.

Chair noted Revisor does not, at this time, have HB 2464 completed, so the full committee on Public Health and Welfare will not discuss this bill until next Wednesday, February 10th. The sub-committee will meet this date on adjournment of full committee of PH&W to further discuss HB 2464.

Hearings continued on HB 2614 with Mr. Dick Morrissey answering questions following his testimony given at meeting on February 3rd, i.e., no, we do not license for profit, and non profit homes any differently; no, he said, he had not seen any factors about tax law changes; most of the Hill-Burton funds were used to build hospitals in the years between 1965 and 1970.

Jack Gumm, Department of SRS gave hand-out, see (Attachment No.1). He stated it is the opinion of SRS that the primary reason for HB 2614 is a regulatory provision relating to Medicaid adult care home reimbursement formula. A regulation stipulates a minimum occupancy requirement. A brief description of the Medicaid reimbursement system needs to be given so that the miminum occupancy requirement will be understood. Regulation 30-10-28(b) requires after a provider has been in the program one year, the resident days used in rate calculation shall be the greater of actual days or 85% of occupancy. Minimum occupancy is based on total licensed beds of the facility. Based on data they have since Certificate of Need (CON) program expired July 1, 1985, they feel the Medicaid program is protected sufficiently without any new measures. He explained in detail the Medicaid Rate Calculation on back page of his hand-out. A concern of the SRS is with placing many of the State ICMFR clients into the community, and the way the bill is presently written, this process would be hampered. He answered questions, i.e., yes, we do have concerns with HB 2614.

Hearings continued on HB 2614:-

Yo Bestgen, Ks. Assoc. of Rehabilitation facilities (KARF), gave hand-out, see Attachment No.2) for details. Their Association opposes Section 1, Subsection (c). In Kansas we are today dealing with the potential closing of Norton State Hospital. Whether Norton clients are served in Norton or elsewhere around the state, KARF is concerned that HB 2614 will put strict limitations on the rangof opportunities to implement that recommendation. Currently in the Senate is "Medicaid Home/Community Quality Act of 1987", and a companion bill in the House. These bills allow the Medicaid dollar to support future services for those with severe disabilities at the community level in ICFMR's of 15 beds or less. We agree, she said, that additional large ICFMR's for those with mental retardation should not be established, however, we oppose legislation that would limit expansion by private, not for profit, community agencies to meet this need for services in small bed ICFMR's. She answered questions.

Marilyn Bradt, Kansans for Improvement of Nursing Homes, Inc., gave hand-out, (see Attachment No.3). Our Association did not some years ago, support the Certificate of Need, (CON), as we felt it was not in the best interest of nursing home residents. It has been our experience that a low occupancy rate is too often an indication of a poor quality of care. Surely the state would not wish to protect from competition a home that could not compete successfully because of poor quality of its services. Proponents of HB 2614 may express concern about competing for staff in the employment market, but just as consumers, given a choice of competing facilities, will go to the nursing home with the best quality of care, nurses and aides will choose to work in a good facility that offers a good working environment, and a good living wage. Good homes will be able to compete successfully for both residents and staff. Poor homes will be forced to improve or they will fail. Our Association opposes HB 2614 on the grounds that competition provides an incentive for nursing homes to improve the quality of care and services in order to attract both residents and staff. We urge for HB 2614 to be reported unfavorably. She answered questions.

Hearings closed on HB 2614.

Chair drew attention to discussion and action on bills previously heard.

HB 2653: Rep. Hassler noted since all parties approve HB 2653, she would move to pass it favorably and have it placed on consent calendar. Motion seconded by Rep. Harder. Discussion ensued, i.e., it was suggested the Board should refrain from doing things they don't have the authority to do. Vote taken, motion carried.

HB 2654: This is basically the same legislation as HB 2653, except it speaks to fees for the Mental Health Technicians. Changes noted, lines 24,26,37,39,41,43, and language struck in lines 45 through 47. Rep. Branson moved HB 2654 be reported favorably, seconded by Rep. Weimer. Discussion ensued, i.e., some felt the authorization of fees should come out of sub-committees from Ways and Means, and Public Health and Welfare Committee not have to deal with fees. It was noted the fee maximums are set by Statutes, in fact, the Agency does ask what are the recommendations of Ways and Means sub-committees in setting fees by Rules and Regs. State Agencies and Boards are expected to pay their own way, and the only this can come about is through fee charges.

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30 ~~a.m.~~/p.m. on February 4, 19 88

Discussion continued on HB 2654.

It was noted by Mr. Furse, Revisor, that a technical amendment would be necessary in order to re-number and re-letter sections after other proposed changes were made. Rep. Amos made a motion to amend HB 2654 as noted earlier in motion by Rep. Branson and Rep. Weimer, and to furtheramend with technical changes recommended by Revisor. Motion seconded by Rep. Neufeld. Motion carried.

Chairman noted there was a statement in regard to HB2643 from Health and Environment, and it is indicated as (Attachment No.4).

Meeting adjourned 2:25 p.m.

Next meeting scheduled for Monday February 8, 1988.

GUEST REGISTER

HOUSE

PUBLIC HEALTH AND WELFARE COMMITTEE

Date Feb 4, 88

NAME	ORGANIZATION	ADDRESS
Richard Morrissey	KDHE	Topeka
Jack Gumb	SRS	Topeka
R. D Ryzelka		
Marilyn Brocdt	KINH	Lawrence
Doris R. Stout	KDOA	Topeka
Keith R Landis	Christian Science Committee on Publication for Kansas	"
R L PARKER	KDHE	Topeka
Bill Dean	Merrell Dow	O. P. Ks.
Virginia Hutson	KDHE	Topeka
Teresa Gleason	KDHE	Topeka
Bill Fein	KONE	Topeka
Jim McBride	Observer	Topeka
Ruth Wilkin	AAUP	Topeka
Linda Lubensky	KAHHA	Lawrence
Joseph T. Knox	KDHE	Topeka
Lewis Allen	KHCA	"
Jo Bestgen	KARF	Topeka
Doris A. Rice		Sylvia
Darlene Rice		Sylvia
Marty Robinson	Admin. Aide	Topeka
Velma Naylor		Berryton
Tom Bell	Ks. Hosp Assn	Topeka
Chip Wheelen	Ks Medical Society	Topeka

STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

Testimony - House Bill No. 2614

In reviewing House Bill 2614, it is our opinion that whether or not it is adopted will have a minimal impact on the Kansas Medicaid program. The primary reason for this is a regulatory provision relating to the Medicaid adult care home reimbursement formula. A regulation stipulates a minimum occupancy requirement. A brief description of the Medicaid reimbursement system needs to be given so that the mimimum occupancy requirement will be understood.

The Medicaid rate is determined on a home specific basis. Each provider submits an annual cost report which includes the patient related costs and the actual resident days served. The costs are divided by the resident days to determine a per diem rate, subject to limits.

One such limit involves the resident days used as the denominator in the rate calculation. Kansas Administrative Regulation 30-10-28(b) requires that after a provider has been in the program one year, the resident days used in the rate calculation shall be the greater of actual days or 85% of the occupancy. The minimum occupancy is based on the total licensed beds of the home.

Attm #1
2-4-8
PNW

There is an inverse relationship between the resident days and the per diem rate. As resident days increase, the per diem rate decreases. Therefore, the minimum occupancy requirement protects the agency from reimbursing homes with lower occupancies at higher rates. The attached exhibit shows the difference between calculating rates at the 85% minimum occupancy and actual days.

As new beds come into the Medicaid program, the homes are subject to the 85% minimum occupancy requirement. Again, this helps protect the agency from paying higher Medicaid rates if a home has unoccupied beds. Based on the data we have and our experience since the certificate of need program expired on July 1, 1985, it is felt that the Medicaid program is protected sufficiently without any new measures.

Presented by Jack Gumb

Winston Barton, Secretary
Office of the Secretary
Social and Rehabilitation Services
296-3271

Date: February 3, 1988

Exhibit 1

Medicaid Rate Calculation

Home Size:	50 Beds
Total Bed Days Available:	18,250 (50 beds x 365 days)
Actual Days:	14,000
85% minimum Occupancy:	15,513 (18,250 x .85)
Total Patient Costs:	$465,390

	Actual Days	85% Occupancy
Total Costs	465,390	465,390
Divide by Days	14,000	15,513
Per Diem Rate	33.24	30.00

The example above shows a variance of $3.24 between rates calculated using the actual days versus the 85% occupancy factor. The minimum occupancy requirement prevents a provider from being rewarded with a higher rate when they have a low occupancy.

Kansas Association of Rehabilitation Facilities

Jayhawk Tower • 700 Jackson • Suite 802
Topeka, Kansas 66603 • 913-235-5103

TO: House Public Health and Welfare Committee
Representative Marvin Littlejohn, Chairman

FROM: Kansas Association of Rehabilitation Facilities (KARF)
Yo Bestgen, Executive Director

RE: HB 2614: An Act Concerning the Adult Care Home Licensure Act

DATE: February 3, 1988

1.0 Position Statement

KARF opposes Section 1, Subsection (c) of HB 2614: an act concerning the adult care home licensure act; placing certain restrictions on the development of such homes.

2.0 Justification

2.1 Section 1, Subsection (c) of HB 2614 establishes a limit for licensure of intermediate care facilities for the mentally retarded (ICFMR). By placing a limit on growth of ICFMR's, this would seriously harm the efforts to move institutional clients and place those waiting at home into community based services. There are currently 1510 individuals waiting for community services, 303 from state institutions and 1207 at home and unserved. Private not for profit community agencies would be restricted from expanding services to meet this need.

2.2 State and National trends specifically endorse reducing state institutional populations and to develop services for those individuals in small bed ICFMR's in the community.

In Kansas, we are today dealing with the potential closing of Norton State Hospital. The Norton Task Force recommended that the Norton clients be served at the community level in six bed ICFMR's. Whether those clients are served in Norton or elsewhere around the state, KARF is concerned that HB 2614 will put strict limitations on the range of opportunities to implement that recommendation.

Nationally there is strong support for the development of small bed ICFMR's. Currently in the Senate there is the "Medicaid Home and Community Quality Act of 1987" or the Chafee Bill. A companion bill was introduced in the House. Those bills allow the Medicaid dollar to support future services for those with severe disabilities at the community level in ICFMR's of fifteen beds or less. There are currently 151 co-sponsors of this bill in Congress.

Attm #2
2-4-8
pt+w

KARF agrees that additional large ICFMR's for those with mental retardation should not be established. However, we oppose legislation that would limit expansion by private not for profit community agencies to meet the pressing need for services in small bed ICFMR's.

KARF requests that the House Public Health and Welfare Committee oppose Section 1, Subsection (c) of HB 2614.

Kansas Association of Rehabilitation Facilities

Jayhawk Tower • 700 Jackson • Suite 802
Topeka, Kansas 66603 • 913-235-5103

FACT SHEET

Identity of Kansas Association of Rehabilitation Facilities (KARF)

KARF is an Association of 40 Rehabilitation Facilities throughout Kansas providing Vocational/Day Activity Programs, Community Living Programs, Children's Services Programs, and Individual Support Programs.

The facilities provide programs/services to over 14,000 individuals with disabilities throughout the year with an average daily census being approximately 4,000 individuals.

Definition of Habilitation/Rehabilitation Programs for Individuals with Disabilities

Habilitation/Rehabilitation is the process by which an integrated program of services is provided to help a person disabled at birth or by illness or injury, gain a higher level of function. Such services address vocational, community living, medical, education and support needs. The goal of the rehabilitation process is to help the person become capable of self support by enabling him or her to engage in employment, live as independently as possible, exist outside institutional settings, or otherwise improve his or her situation.

ASSOCIATION MISSION, BELIEFS AND VALUES

Mission

The purpose of the Kansas Association of Rehabilitation Facilities is to serve its membership in developing and promoting quality programs for individuals with disabilities and to communicate essential information between its membership and its publics.

Beliefs and Values

The Association is founded upon certain shared beliefs and values which are an expression of our mission and purpose as individuals, as professionals, as facilities and as a voluntary organization.

We believe in the inherent dignity of the individual with disabilities.

We believe that no applicant or participant in services, employment or housing should be discriminated against on the basis of race, color, national origin, religion, sex, age, or handicap.

We believe in the community's right and responsibility to provide services that are reasonably accessible and available on a local or regional basis to individuals with disabilities.

We believe that it is the responsibility of government to address the needs of individuals disabled at birth, or by illness or injury; and provide needed support and reimbursement for services needed to assist them to live as independently as possible.

We believe in integrating individuals with disabilities into community programs/services, business and industry, and social settings without compromising the quality of service needed to meet each person's needs.

We believe that government should provide incentives to business and industry to promote employment and other opportunities for individuals with disabilities.

We believe that transitional living support, and medical and vocational rehabilitation should be provided by the private sector (insurance) to prevent long term government support through SSI, SSDI and long term care.

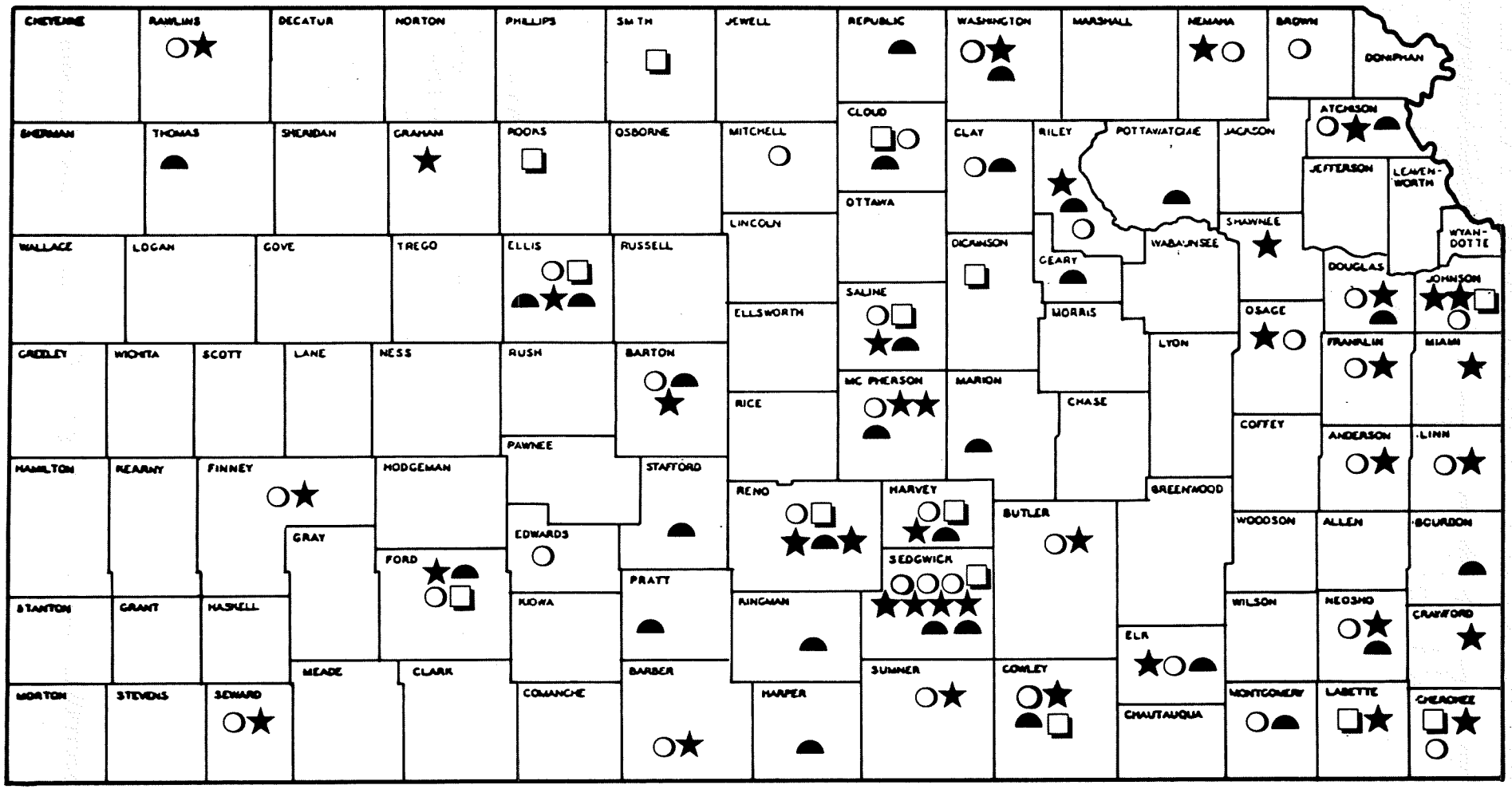
We believe that services should be available in the community to prevent institutionalization.

The Future AN Investment TOGETHER

KARF MEMBERSHIP

Facility	Vocational	Residential	Childrens Services
Achievement Services of NE Kansas, Inc.	X	X	X
Arrowhead West, Inc	X	X	X
Big Lakes Developmental Center, Inc.	X	X	X
Brown County Developmental Services, Inc.	X		
Cerebral Palsy Research, Inc.		X	X
Chikaskia Area Training Center	X	X	X
CLASS, Ltd.	X	X	X
COF Training Services, Inc.	X	X	
Community Living Opportunities, Inc.		X	
Community Living Services, Inc.		X	
Cottonwood, Inc.	X	X	X
Cowley County Developmental Services, Inc.	X	X	X
Developmental Services of NW Kansas	X	X	X
Early Childhood Developmental Center			X
Futures Unlimited, Inc.	X	X	X
Goodwill Industries Easter Seal Society	X		
Hutchinson Heights		X	
Johnson County MR Center	X	X	X
Kansas Elks Training Center	X	X	
Lakemary Center, Inc.	X	X	X
McPherson County Diversified Services	X	X	X
Nemaha County Training Center, Inc.	X	X	
Northview Developmental Services, Inc.	X	X	X
Occupation Center/Central Kansas, Inc.	X	X	X
Pennington's Residential Homes, Inc.		X	
Rainbow's United, Inc.			X
Sheltered Living, Inc.		X	
Southwest Developmental Services, Inc.	X	X	
SRS, Div. VR and KVRC	X	X	
Starkey Developmental Center, Inc.	X	X	X
Sunflower Training Center, Inc.	X		
TECH, INc.	X	X	X
Terramara, Inc.	X	X	
Tri-Ko, Inc.	X	X	
Tri-Valley Developmental Center, Inc.	X	X	
Twin Valley Developmental Services	X	X	X

KARF MEMBERSHIP



- Independent Living
- Vocational Facilities
- Residential Facilities
- Children's Services

Social and Rehabilitation Services
Mental Health and Retardation Services

Community Mental Retardation and Developmental Disability Center

WAITING LIST

January 1, 1988

Mental Health and Retardation Services sent waiting list survey questionnaires to all Community Mental Retardation/Developmental Disability Centers in December of 1987. 39 of 42 centers and affiliates polled responded to the survey. The Centers reported the number of individuals who are waiting for their services as of January 1, 1988. A summary of the center reports is as follows:

	TOTAL IN NEED OF SERVICES	Total Reported On Survey	Duplicate Reports	Served In State Hospitals	Served In Private ICFs/MR
ADULTS					
Day Program Only	**296**	353	23	18	16
Residential Only	**323**	391	28	29	11
Day & Residential	**348**	661	84	99	130
Adult Subtotal	**967**	1405	135	146	157
Children (0-3)	**97**	97	0	0	0
(3-5)	**143**	144	1	0	0
TOTAL	**1207**	1646	136	146	157

1207 people who are mentally retarded or developmentally disabled in Kansas are in need of services and are currently unserved.

Additionally, 303 people who are currently in State Hospitals or Private ICFs/MR have applied for services in community MR/DD centers.

1/21/88

Kansas Association of Rehabilitation Facilities

Jayhawk Tower • 700 Jackson • Suite 802
Topeka, Kansas 66603 • 913-235-5103

FACT SHEET

Identity of Kansas Association of Rehabilitation Facilities (KARF)

KARF is an Association of 40 Rehabilitation Facilities throughout Kansas providing Vocational/Day Activity Programs, Community Living Programs, Children's Services Programs, and Individual Support Programs.

The facilities provide programs/services to over 14,000 individuals with disabilities throughout the year with an average daily census being approximately 4,000 individuals.

Definition of Habilitation/Rehabilitation Programs for Individuals with Disabilities

Habilitation/Rehabilitation is the process by which an integrated program of services is provided to help a person disabled at birth or by illness or injury, gain a higher level of function. Such services address vocational, community living, medical, education and support needs. The goal of the rehabilitation process is to help the person become capable of self support by enabling him or her to engage in employment, live as independently as possible, exist outside institutional settings, or otherwise improve his or her situation.

ASSOCIATION MISSION, BELIEFS AND VALUES

Mission

The purpose of the Kansas Association of Rehabilitation Facilities is to serve its membership in developing and promoting quality programs for individuals with disabilities and to communicate essential information between its membership and its publics.

Beliefs and Values

The Association is founded upon certain shared beliefs and values which are an expression of our mission and purpose as individuals, as professionals, as facilities and as a voluntary organization.

We believe in the inherent dignity of the individual with disabilities.
We believe that no applicant or participant in services, employment or housing should be discriminated against on the basis of race, color, national origin, religion, sex, age, or handicap.
We believe in the community's right and responsibility to provide services that are reasonably accessible and available on a local or regional basis to individuals with disabilities.
We believe that it is the responsibility of government to address the needs of individuals disabled at birth, or by illness or injury; and provide needed support and reimbursement for services needed to assist them to live as independently as possible.

We believe in integrating individuals with disabilities into community programs/services, business and industry, and social settings without compromising the quality of service needed to meet each person's needs.
We believe that government should provide incentives to business and industry to promote employment and other opportunities for individuals with disabilities.
We believe that transitional living support, and medical and vocational rehabilitation should be provided by the private sector (insurance) to prevent long term government support through SSI, SSDI and long term care.
We believe that services should be available in the community to prevent institutionalization.

The Future
AN
Investment
TOGETHER

KARF MEMBERSHIP

Facility	Vocational	Residential	Childrens Services
Achievement Services of NE Kansas, Inc.	X	X	X
Arrowhead West, Inc	X	X	X
Big Lakes Developmental Center, Inc.	X	X	X
Brown County Developmental Services, Inc.	X		
Cerebral Palsy Research, Inc.		X	X
Chikaskia Area Training Center	X	X	X
CLASS, Ltd.	X	X	X
COF Training Services, Inc.	X	X	
Community Living Opportunities, Inc.		X	
Community Living Services, Inc.		X	
Cottonwood, Inc.	X	X	X
Cowley County Developmental Services, Inc.	X	X	X
Developmental Services of NW Kansas	X	X	X
Early Childhood Developmental Center			X
Futures Unlimited, Inc.	X	X	X
Goodwill Industries Easter Seal Society	X		
Hutchinson Heights		X	
Johnson County MR Center	X	X	X
Kansas Elks Training Center	X	X	
Lakemary Center, Inc.	X	X	X
McPherson County Diversified Services	X	X	X
Nemaha County Training Center, Inc.	X	X	
Northview Developmental Services, Inc.	X	X	X
Occupation Center/Central Kansas, Inc.	X	X	X
Pennington's Residential Homes, Inc.		X	
Rainbow's United, Inc.			X
Sheltered Living, Inc.		X	
Southwest Developmental Services, Inc.	X	X	
SRS, Div. VR and KVRC	X	X	
Starkey Developmental Center, Inc.	X	X	X
Sunflower Training Center, Inc.	X		
TECH, INc.	X	X	X
Terramara, Inc.	X	X	
Tri-Ko, Inc.	X	X	
Tri-Valley Developmental Center, Inc.	X	X	
Twin Valley Developmental Services	X	X	X

Social and Rehabilitation Services
Mental Health and Retardation Services

Community Mental Retardation and Developmental Disability Center

WAITING LIST

January 1, 1988

Mental Health and Retardation Services sent waiting list survey questionnaires to all Community Mental Retardation/Developmental Disability Centers in December of 1987. 39 of 42 centers and affiliates polled responded to the survey. The Centers reported the number of individuals who are waiting for their services as of January 1, 1988. A summary of the center reports is as follows:

	TOTAL IN NEED OF SERVICES	Total Reported On Survey	Duplicate Reports	Served In State Hospitals	Served In Private ICFs/MR
ADULTS					
Day Program Only	**296**	353	23	18	16
Residential Only	**323**	391	28	29	11
Day & Residential	**348**	661	84	99	130
Adult Subtotal	**967**	1405	135	146	157
Children (0-3)	**97**	97	0	0	0
(3-5)	**143**	144	1	0	0
TOTAL	**1207**	1646	136	146	157

1207 people who are mentally retarded or developmentally disabled in Kansas are in need of services and are currently unserved.

Additionally, 303 people who are currently in State Hospitals or Private ICFs/MR have applied for services in community MR/DD centers.

1/21/88

KINH Kansans for Improvement of Nursing Homes, Inc.
913 Tennessee, suite 2 Lawrence, Kansas 66044 (913) 842 3088

TESTIMONY PRESENTED TO
THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE
CONCERNING HB 2614

February 3, 1988

Mr. Chairman and Members of the Committee:

Kansans for Improvement of Nursing Homes has in past years questioned the concept of Certificate of Need as it applied to nursing homes, believing that it did not work to the best interest of consumers of nursing home services. We see in HB 2614 a modified CON, specific to nursing homes, which contains even fewer safeguards for the consumer than did CON. Under HB 2614, the only criterion for denying licensure would be the occupancy rate of existing nursing homes in a very limited geographic area. It would not speak, in any way, to the quality of care available in those homes; beds would be counted simply because they existed.

A report by the Statewide Health Coordinating Council in 1983 admitted to certain problems in the Certificate of Need program, saying, "Because CON focuses on restricting duplicative resources, it also deemphasizes, to a degree, consideration of the quality of already available resources." That failure to take quality into account was our concern then; it is our concern now.

It has been KINH's experience that a low occupancy rate is too often an indication of a poor quality of care. Surely the state would not wish to protect from competition a home that could not compete successfully because of the poor quality of its services. We believe that lack of competition under CON has meant that there has been little incentive for nursing homes to try to offer better services and higher standards of care in order to attract the consumer. Marketplace incentives have not worked for the consumer of nursing home services because, under the building constraints of CON, even poor nursing homes could be assured of a fairly high occupancy rate. It was our hope that when the CON was eliminated by the Legislature in 1985, an element of competition would be introduced, encouraging nursing homes to offer better care in order to compete in the market for residents. If it costs more to increase the supply of nursing home beds -- and we are not convinced that the cost would be significant unless there was a very large increase -- it will also, we believe, result in better care.

Proponents of the bill may express some concern about competing for staff in the employment market. But just as consumers, given a choice of competing facilities, will go to the nursing home with the best quality of care, nurses and aides will choose to work in a good facility that offers a favorable work environment, the satisfaction of a job well done, and a living wage. Good homes will be able to compete successfully for both residents and staff. Poor homes will be forced to improve or fail.

The occupancy rate in Kansas homes statewide has changed very little since CON was eliminated. Health and Environment data does not support the apparent fear of the industry that an explosive building boom in nursing home facilities on

Attm. # 3
2-4-8
PH&W

the expiration of CON would result in a sharp drop in occupancy rate. That has simply not occurred -- neither the building boom nor the drop in occupancy. According to data maintained by the Department of Health and Environment, the statewide occupancy rate in the second quarter of 1985, just before CON expired, was 90.02%; the most recent data, at the end of the second quarter of 1987, shows the rate at 90.06%. Both are lower than the 92% occupancy which is the dividing line in the bill, below which no new construction would be licensed. Even allowing for geographic variations in the rate, it is clear that nearly all nursing home construction would be at a standstill. Given the projected increase in the numbers of elderly citizens in Kansas, that does not seem to us a desirable outcome.

KINH opposes HB 2614 on the grounds that competition provides an incentive for nursing homes to improve their quality of care and services in order to attract both residents and staff. We urge the committee to report HB 2614 unfavorably.

Marilyn Bradt
Legislative Coordinator
Kansans for Improvement of Nursing Homes

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
Forbes Field
Topeka, Kansas 66620-0001
Phone (913) 296-1500

Mike Hayden, *Governor*

Stanley C. Grant, Ph.D., *Secretary*
Gary K. Hulett, Ph.D., *Under Secretary*

February 3, 1988

The Honorable Marvin Littlejohn, Chairman
House Public Health and Welfare Committee
Statehouse
Topeka, Kansas 66612

RE: House Bill 2643

Dear Mr. Littlejohn:

Staff assigned to the agency's hospital risk management program have reviewed the written testimony of conferees who appeared at the January 27, 1988 hearings concerning House Bill 2643. Of particular concern to the agency was written testimony provided by the Kansas Hospital Association (KHA) concerning possible deletions in Section 3 of the bill.

On page five of the bill, beginning at line 174, KHA recommends deletion of the words "or a medical care facility agent or employee who is directly involved in delivery of health care services." Even though Section 2 increases the number of employees who must report knowledge of a reportable incident, this department would not want to limit that responsibility to only those professionals enumerated by the expanded definition of "health care providers." If risk management is intended to apply to all situations throughout the hospital where direct patient care is occurring, the duty to report incidents for internal investigation should be upon all employees who are directly involved in the delivery of those services.

The risk management plans which have been reviewed so far by this department have stressed the point that reporting is now a legal duty of all hospital employees and agents regardless of their individual professions. If the language involving agents and employees was deleted, a substantial number of caretakers would have no responsibility to report incidents, including radiology technicians, nurse aides, lab technicians, dietary aides, and social workers.

Attm. #4
2-4-8
PH&W

In summary, we believe that risk management must be a responsibility of every employee involved in patient care in conjunction with firm administrative commitment to that philosophy. We hope that the language appearing in Section 3 which includes all agents and employees will not be deleted by the committee.

Sincerely,

Stanley C. Grant
Secretary

p
cc: House Public Health and Welfare Committee Members