Approved 2-15-89
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 9, 1989 in room 423-S of the Capitol.

All members were present except:

Rep. Weimer, excused
Rep. Borum, excused

Committee staff present:

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

Conferees appearing before the committee:

Dick Hummel, Kansas Health Care Association
Dick Morrissey, Department of Health and Environment
Jeff Chanay, Vice President Government/Legislative Affairs, Ks. Assn. of Homes for the Aging
Marilyn Bradt, Kansans for Improvement of Nursing Homes
Monte Coffman, (TMS) Top Management Services, V.President of TMS
Representative Carol Sader
Kathleen Renner, Licensed Social Worker, Bethany Medical Center Kansas City, Kansas
Nancy Loncaric, Clinical Social Worker, Johnson County Mental Health Center, Mission, Kansas
Jodi Hitchcock, Long Term Care Specialist, Johnson County Area on Aging
Aase George, Retired Social Worker, Roeland Park, Kansas

Chair called meeting to order. He noted the long list of conferees, and the voluminous amount of testimony being provided, he urged those who would testify on legislation this date to be as brief and concise as possible. It is the desire of the Chair to conduct fair and thorough hearings, and he noted we would need the cooperation of all concerned so that we might hear as many conferees scheduled as possible. If proves necessary hearings could be continued again on Monday, February 13th.

Chair drew attention to hearings scheduled this date.

HEARINGS BEGAN ON HB 2107:

Dick Hummel, Kansas Health Care Association stated they ask the State take a one-year time out and prohibit further nursing home development other than the exceptions noted in the bill, and during this period of time take an inventory of what has occurred in the nursing home market place since 1985. He asked further that a Body be put together to study the entire long term care delivery system. We are not asking for a reinstatement of Certificate of Need (CON), but we feel that to leave unchecked, unregulated, or ignored growth of bed growth could adversely effect the quality of care, and could cause rising Medicaid expenditures. He detailed how costs might increase; noted charts in his Attachment No. 1, and suggested an amendment on line 42, page 1, to delete all language after the word, "disaster". He urged for favorable consideration of HB 2107. He answered questions.

Richard Morrissey, Department of Health and Environment offered hand-out, (Attachment No.2). He noted we have dealt with this legislation before a few times. He noted graphs in his attachment indicate statistics on bed growth. Real beds are indicated, dream beds not counted. The moritorium concept raises a lot of policy issues.

HEARINGS CONTINUED ON HB 2107:

Mr. Morrissey continued:The Certificate of Need Program expired 7/1/1985, ending the limiting and controlling construction of new nursing home beds. Our Department believes the sharp drop in number of beds applied for in the last half of 1988 indicates the interest in new construction has waned. Since January, 1989, we have received no applications for a new facility or new bed construction. It is difficult to conclude that consumers would be well served by limiting entry to the nursing home market.

Jeff Chanay, Vice President, Government/Legislative Affairs gave handout, (Attachment No.3). They believe HB 2107 is unnecessary. He explained i.e., by maintaining a free market environment, the consumer will have a better opportunity to compare facilities and services; by not imposing arbitrary restrictions on adult care facilities, existing homes will be encouraged to upgrade facilities, and services to meet demands of the market place; by not placing the licensing restrictions on adult care homes, smaller communities will be encouraged to build facilities so elderly can stay in their own community rather than being forced to locate in other communities; our research indicates there has been only a 3% decrease in occupancy rate in established facilities, and the new facilities show a 50% rate of occupancy, therefore we feel HB 2107 is designed for protectionists reasons, and we oppose the bill. He answered questions.

Marilyn Bradt, Kansans for Improvement of Nursing Homes, gave handout, (Attachment No.4). Their Association has consistently opposed control of nursing home construction and continues to do so. When the Certificate of Need was eliminated, they hoped competition would encourage nursing homes to offer better care in order to compete for residents. Good homes will be able to compete cuccessfully for both residents and staff. Poor homes will be forced to improve, or will fail. She noted perhaps more information might be needed about the number and distribution of nursing beds in Kansas. However, she felt any prudent business person contemplating construction of a costly physical facility would surely gather such data before beginning such a project. Their Association opposes HB 2107.

Monte Coffman, Vice President of Top Management Services, a company of small nursing homes in the state of Kansas. He spoke to the Arizona law as it repealed its Certificate of Need law in 1982, and gave some statistics on findings. After repealing the CON, an increase of nurse positions was realized, even though nurses for the unfilled positions were not available, and the cost for licensed staff rose dramatically. What will happen in Kansas, he asked. Why would we want to drive nursing wages higher than they already are by creating more competition when rates of reimbursement are already inadequate. Further, additional beds would cost the state more money because of higher costs per day due to new facility fixed costs and vacancy inefficiences. If Kansas permits uncontrolled bed expansion, nurses will be spread thinner, work demands greater, and burnout and frustration will make nurses leave nursing home nursing. This does not help meet the mutual goal of quality nursing home care. To support HB 2107 will help the situation. He answered questions, i.e., the breakeven point for them is 91% to 98%; new Medicaid rates show they will lose $1.72-$4.00 per patient, per day. Nursing homes are not receiving adequate reimbursement. (See Attachment No.5).

HEARINGS CLOSED ON HB 2107:--

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S Statehouse, at 1:30 ~~a.m.~~/p.m. on February 9, 1989

HEARINGS BEGAN ON HB 2108:---

Representative Carol Sader offered handout- (Attachment No.6). She spoke to the support of HB 2018, noting it is nearly identical to legislation proposed last year. This bill would substantially improve adult protective services, would reduce increasing incidences of elderly abuse in private residences in communities throughout Kansas. This bill clearly puts teeth in the law. She outlined the bill, section by section, explaining amendments. She urged for favorable consideration of the bill. Her testimony contained news articles of horrendous statistics on abuse of the elderly. She answered questions.

Kathleen Renner, Licensed Social Worker, Bethany Medical Center, offered hand-out. (Attachment No.7). She has seen first-hand results of abuse and neglect of the elderly or handicapped adults. The abused elderly adult is at a greater risk if being cared for in individual or private home setting, and she cited rationale. It is totally unacceptable she said to shun this group of dependent adults who have little or no recourse and no protection under the law. She cited specifics in several cases of abuse and neglect. She strongly urged for passage of a bill tomandate reporting, authorizing an investigating agency, and empowering same to provide for a minimum level of safety and wellbeing for these dependent adults. level of safety and well-being for these dependent adults.

Nancy Loncaric, Clinical Social Worker, Johnson County Mental Health Center. The past nine years she has worked with hundreds of elderly, and assures this committee that abuse and neglect of the elderly is a serious and persistent problem. Problems range from physical abuse, to emotional abuse, to business and financial exploitation. The problem is aggravated because those abusive situations are caused by people the people the elderly would normally trust the most. Often the elderly are afraid or ashamed to report such abuse. She cited specific cases as examples. There can be no intervention as SRS does not have the authority, so abuse continues. She urged for favorable passage of HB 2108. (See Attachment NO.8).

Jodi Hitchcock, Long Term Care Specialist, Johnson County Area Agency on Aging, spoke in support of HB 2108. (Attachment No. 9). She noted persons they typically see, are frail and homebound, and in lower-income bracket, dependent on someone to provide services, often physical, emotional or financial in nature. A safe environment is not always available for them. SRS can be called, but they have no legal authority to intervene. I am convinced she said, in order for these dependent adults to be protected from abuse, we must have a strong mandatory reporting law. She urged for support of HB 2108.

Aase George, Retired Social Worker offered hand-out, (Attachment No.10.) She works with elderly without family or friends as a volunteer, and sees HB 2108 as vital to needs of elderly who are in these vulnerable situations. She cited a specific case of an individual who could no longer direct her own personal or financial well being. Had it not been for volunteers taking charge of her situation, she would not have survived. This particular case the care giver was honest, that is not often the case. She asked that a hot-line be established for this vulnerable group. She urged for support.

Chair asked those conferees who were scheduled and live near the area of they could return on Monday. He will continue hearings so their testimony can be heard and recorded on HB 2108.

Rep. Buehler brought a message from Rep. Weimer, that he was pleased with the greetings from committee members and staff. He is much better and looks forward to being back to work very soon.

Meeting adjourned 3:00 p.m. Next meeting is Monday February 13, 1:30.

GUEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

Date Feb 9, 1989

Name	Organization	Address
Janet Schalansky	SRS - Adult Serv.	Topeka
Vicki Fund	W.U. Social Work Student	Topeka
Amy Flanagan	W.U. Social Work Student	Topeka
Lewis Allen	Ks Health Care Assn	Topeka
Dick Hermes	KS Homecare Comm Assn	Topeka
Monte Coffman	Top Management Services, Inc	Overbrook
KEITH LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	TOPEKA
Ben Conrad	SRS	Topeka
THOMAS C OWENS	SRS (GEN COUNSEL)	TOPEKA
[illegible]	SRS	Topeka
[illegible]	"	"
[illegible]	KDHE	Topeka
Richard Morrissey	KCAR	"
Jeff Chanay	KAHA	Topeka
John Grove	Ks Homes For Aging	"
[illegible]	observer	Topeka
[illegible]	SRS	Topeka
Marilyn Bradt	KINH	Lawrence
Rosilyn James-Martin	SRS - Adult Services	Topeka
Donna Kaup	SW Student	Topeka
Alan George	Retired Social Work Volunteer	Roeland Park, Ks.
Kathleen Renner	Bethany Medical Center	Lenexa
[illegible]	DOD	Emporia Ks
[illegible]	KCOHLE	Emporia KS

Barry Swords	Kansas Health Care Assoc.	Topeka, KS.
Ashley L. Fosha	KHCA/KS Health Care Assn.	Topeka, KS
George Gabel	AARP Capital Area Task Force	Topeka, KS

KHCA

Member of ahca

Kansas Health Care Association
221 SOUTHWEST 33rd STREET
TOPEKA, KANSAS 66611 • 913-267-6003

TESTIMONY PRESENTED BEFORE THE
HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

By

Dick Hummel, Executive Vice President
Kansas Health Care Association

Thursday, February 9, 1989

House Bill No. 2107

"AN ACT concerning the adult care home licensure act...."

Chairman Littlejohn and Committee Members:

Thank you for this opportunity to appear before you in support of H.B. 2107. The Kansas Health Care Association (KHCA) represents over 200 licensed adult care homes, both proprietary and non-profit. Our membership includes both rural and urban facilities, small and large operations, and represents every level of adult care home service (skilled nursing, intermediate care, personal care, intermediate care for the mentally ill and mentally retarded).

We are suggesting that Kansas take a one-year time out and prohibit further nursing home development other than the exceptions in the bill, and during this period of time to take an inventory of what has occurred in the nursing home market place since 1985. Also during the year we advocate the establishment of some type of a health planning body to begin developing a plan for the orderly delivery of long-term health care services in Kansas.

Kansas has been among those states which have gone to a free market place health care delivery system. I think we should also be interested in understanding why other states have also now begun to place various limitations on nursing home bed expansion.

Unchecked, uncontrolled, or ignored bed growth; declining occupancy, a shortage of health care employees -- adversely affect quality of care and drive-up Medicaid expenditures unnecessarily.

CHHCA
Attm #1
2-9-89

Before discussing these two implications we wish to present some statistics from 1985 to current:

Occupancy has decreased:

1985	90.33%
1986	89.92%
1987	89.91%
1988	88.13%

Decrease in patient days:

1987	2,256,648
1988	2,239,130

Number of beds have increased:

	September 1988	1985
SNF	4,613	2,802
ICF	22,754	22,592
ICF/MR	879	813
P/Care	454	380
	28,700 (8%)	26,587

[Not included are other potential "nursing home beds":]
[Hospital long term care units (1425) swing beds (2400),]
[and voluntarily delicensed adult care home beds (400-500).]

We've attached to our testimony a chart which shows current occupancy by county.

Admittedly, these figures don't indicate that we've had a wild-fire of bed growth since 1985; however, the flames of potential problems are growing and if disregarded we may find the nursing home industry ten years from now with the same over-bedding problem as hospitals. (Note we have twice as many nursing homes and nursing homes beds than hospitals in Kansas.)

Unchecked nursing home bed growth will result in a diminished quality of care product and increased Medicaid expenditures. States such as Arizona and Utah have already discovered this.

QUALITY OF CARE

On one hand there are those who argue that more beds and competition will bring better quality care. While not entirely wrong, the premise isn't exactly sound in the nursing home economic model.

Attm #1
092
2-9-9

As occupancy declines below the level of 94 percent which most experts believe is a healthy operating margin (patient mix of private versus government funded a consideration), it becomes increasingly more difficult to deliver an acceptable service. Staffing, with nursing homes being labor intensive and facing a short supply of nurses and aides, becomes critical. (More homes are turning to costly temporary employment agencies to fill vacancies.) Private-pay care will become less affordable and persons will become Medicaid eligible more quickly.

Wholesale closure of some facilities, likely to be older homes in rural or inner city areas, may arise due to either bankruptcies or inadequate staffing.

Some homes, again likely older, may become entirely Medicaid facilities with a two-tier level of care resulting.

MEDICAID EXPENDITURES

A secondary result of bed growth and a decline in occupancy is a rise in Medicaid expenditures. For every one-percent point drop in statewide average occupancy the Medicaid Program absorbs a cost of $962,000. Expense for building, maintenance, and fixed costs remain the same. As the number of patients decline, the cost per patient rises to meet the fixed costs.

[We also wish to note that the SRS caseload has remained relatively static. An appreciable supplemental appropriation is being requested for this fiscal year. If not due to caseload increase, could bed growth be one factor?]

A further consideration is that as bed supply and Medicaid expenditures increase, it discourages the development of community-based living alternatives. Increased costs to the Medicaid Program for nursing home care divert funds away from community placement programs.

We would also like to mention that in the next year-and-a-half the nursing home program will undergo major changes because of federal legislation. The cost impact will be astounding.

In conclusion, we in this industry believe there is a need to stabilize and slow down the Kansas nursing home market. The

Attm #1
093
2-9-9

entire long-term care delivery system should be inventoried in tandem. Yearly, parts of it have been reviewed -- residential care, in-home care, attendant care, rural hospitals. How do we fit together?

AMENDMENT: We suggest an amendment to the bill on line 42 by deleting everything appearing after the word "disaster."

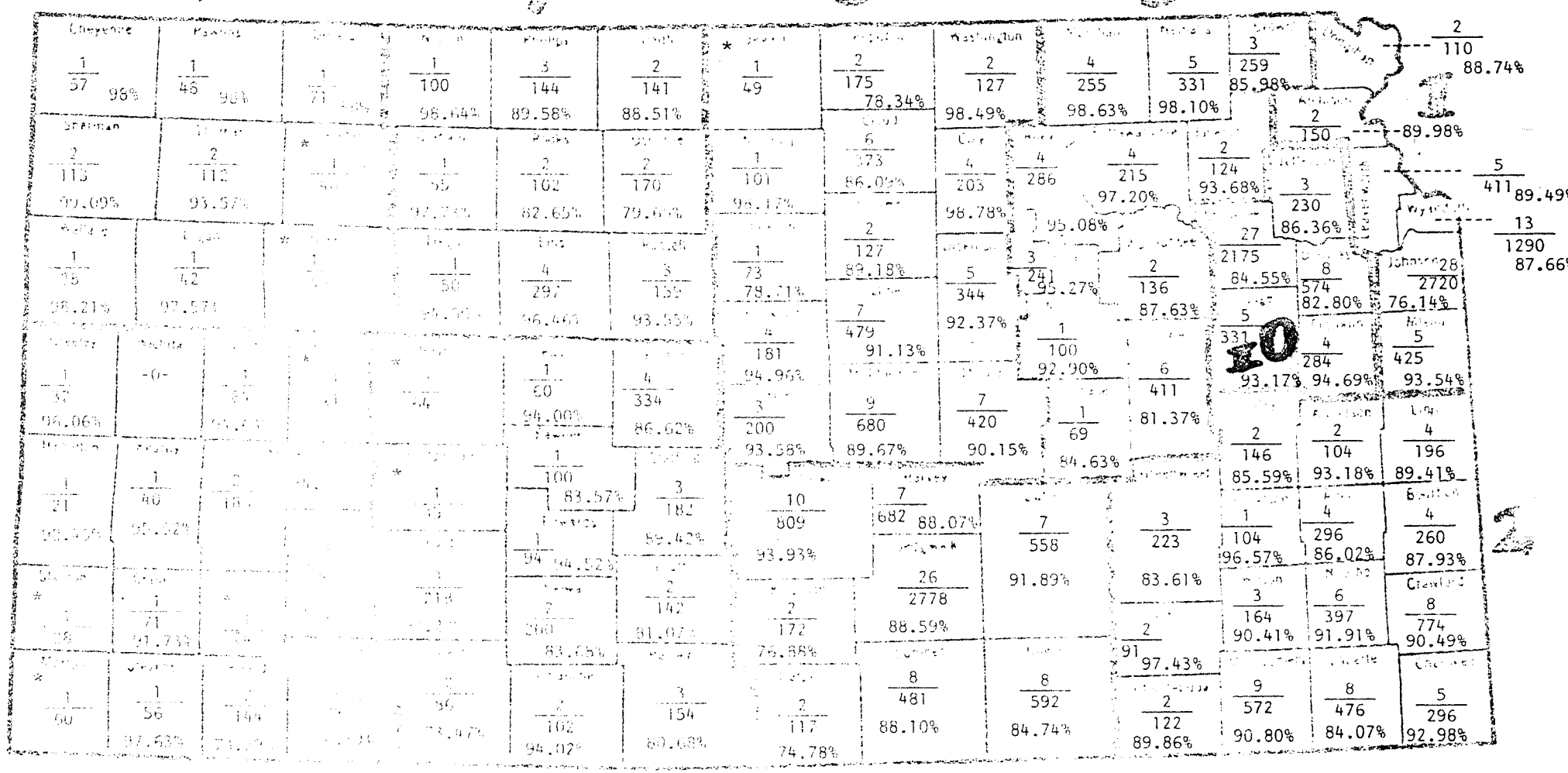
We respectfully request the favorable reporting of House Bill 2107. If unacceptable, we then urge that the bill be recommended for summer study.

Thank you for this opportunity.

Attm #1
JJ 4
2-9-9

NURSING HOME BED OCCUPANCY BY COUNTY THIRD QUARTER 1988

Public Health Care Association
District Boundaries



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*

Testimony presented to

House Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

House Bill No. 2107

Background

Controlling and limiting the construction of new nursing home beds ended when the Certificate of Need program expired July 1, 1985. That decision was made after significant debate over several sessions of the legislature. As might be expected, many of the arguments to reinstate control on nursing home bed construction are not different than those arguments rejected several years ago.

Since Congress repealed the National Health Planning and Development Act, at least 12 states have repealed Certificate of Need statutes and the debate on repeal of these statutes is active in several others. At the same time, many other states are taking action to limit the scope and coverage of government control of the availability of health care facilities.

Attachment one is a bar graph showing the number of new adult care home beds applied for in Kansas from 1985 through 1988. These are beds for which a formal licensure application has been filed. The beds are displayed in terms of those added to existing facilities and those proposed in new facilities. To demonstrate recent trends, 1988 is divided between the first half and second half of the calendar year.

Attachment number two shows the state-wide adult care home occupancy rate, by quarter, for 1985, 1986, 1987 and the first three quarters of 1988. Also shown is the annual occupancy rate for 1985, 1986, and 1987. Please note that the difference in occupancy from July 1, 1985, when Certificate of Need ended, to the third quarter of 1988, is 2.3%.

Attachment number three shows the actual number of licensed beds each fiscal year since 1985. It also shows the number of licensed beds December 1, 1988 offset by those beds licensed July 1, 1985 no longer in the program. Please note, that although 3,490 beds have been newly constructed, 1,928 have dropped, leaving the net increase at only 1, 562 beds or a 5.8% increase since Certificate of Need ended.

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attm. #2
2-9-9

Issues

This bill raises a number of policy issues.

Is the construction of new beds likely to continue? We believe that the sharp drop in the number of beds applied for in the second half of 1988 indicates that interest in construction of new beds has waned. We also note that since January 1, 1989 our agency has received no applications for a new facility or new bed construction.

Does the state-wide occupancy rate which is 2.3% less than in existence July 1, 1985 increase medicaid costs? The medicaid program has a control to avoid paying excess costs generated by low occupancy. If the primary policy concern is the effect of new beds on medicaid costs, we suggest that the medicaid program be looked to maintain control to prevent paying inappropriately for low occupancy.

Does competition in the market have an impact on the quality of care? When the market for nursing home beds is tightly constricted and new construction is controlled, existing operators are rewarded with relatively high occupancy and protection from new competition. In this situation the incentives to compete for customers by offering new or higher quality services is severely limited. Conversely, the market situation where operators are forced to compete to fill their beds, maximizes the incentives to offer new and higher quality services. We hear about the health care market not being competitive, but this observation must be tempered with respect to the adult care home market. It is accurate that price competition is limited because the medicaid program dominates pricing in the market. However, there is the potential for price competition in the private pay market and there is the potential for significantly increased competition among facilities to fill beds.

Does the nursing home industry need protection from low occupancy rates? There is some evidence that the newest homes in the market have the lowest occupancy, which seems to be appropriate. Also, the question must be balanced by concern about the degree to which low occupancy benefits consumers in the market.

Recommendation

It is difficult to conclude that a 5.8% net increase in beds constitutes an unreasonable construction boom. It is also difficult to conclude that consumers would be well served by limiting entry to the nursing home market.

The Department recommends that the committee report House Bill No. 2107 unfavorably.

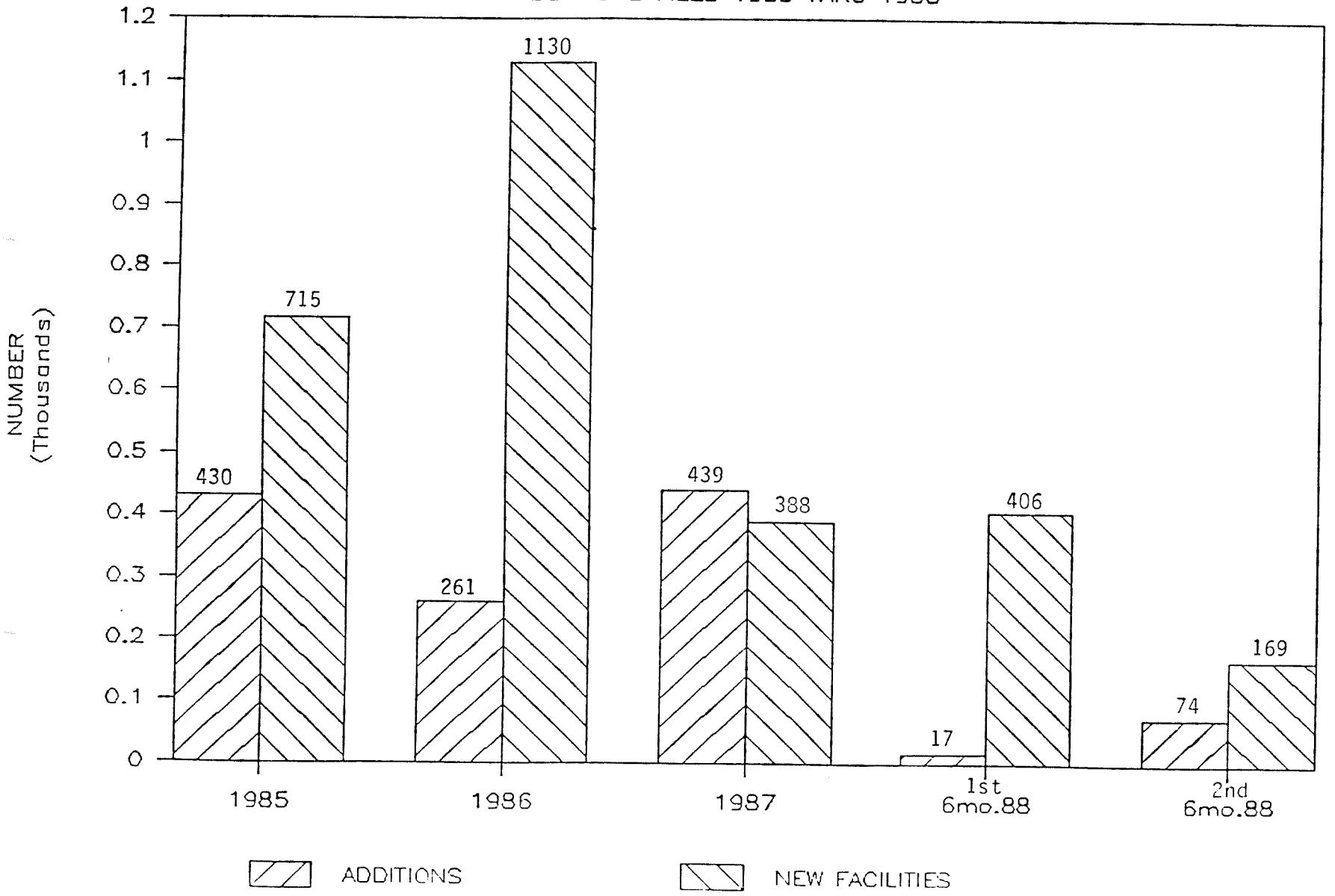
Presented by: Richard J. Morrissey, Director
Bureau of Adult and Child Care
Kansas Department of Health and Environment
February 9, 1989

Attach 2
HB 2107
2-9-89

NEW ADULT CARE HOME BEDS

APPLICATIONS FILED 1985 THRU 1988

Attach-2
6-9-3
6-9-9



Attachment II

ADULT CARE HOME

OCCUPANCY REPORT

by Percent

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Annual
1985	90.01	90.02	90.33	90.59	90.17
1986	90.60	90.48	89.92	89.08	90.22
1987	89.41	90.06	89.91	89.20	89.64
1988	87.80	87.11	87.64		

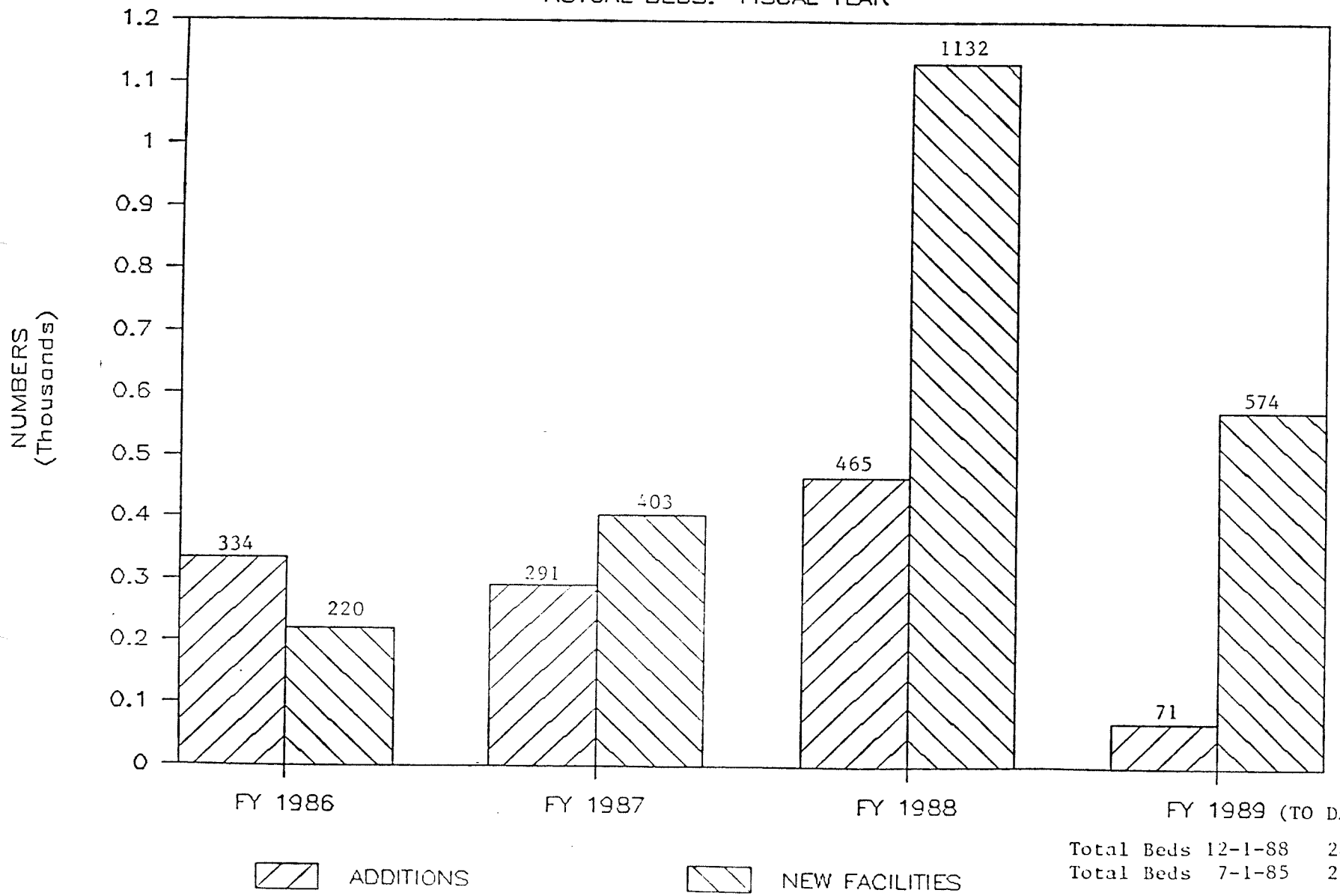
Source: Adult Care Home
Quarterly Report
Bureau of Adult and Child Care
Kansas Department of Health and Environment

January 1989

Attm. # 2
3-9-4
2-9-9

NEW ADULT CARE HOME BEDS

ACTUAL BEDS: FISCAL YEAR



Total Beds 12-1-88 28,370
Total Beds 7-1-85 26,808

Net Increase 1,562

Number dropping out = 1,928

KAHA

KANSAS ASSOCIATION OF HOMES FOR THE AGING

February 9, 1989

Our position on HOUSE BILL No. 2107: Oppose

Presented by Jeff Chanay, Vice President
Government/Legislative Affairs

Our association represents 120 not-for-profit nursing and retirement homes in rural and urban areas across our state.

In 1985 we spoke in favor of elimination of the certificate of need program on the basis that this process was "lengthy, administratively complex and fraught with political favoritism."

Since that time we have been before this committee every year on this same issue.

We remain unconvinced that returning to such a process or going to a moratorium will result in a better marketplace for providers or consumers.

The fact of only a 6% increase in beds over a three year period does not convince us that all has gone awry. The drop in occupancy statewide is due to the low occupancy of the new facilities.

New facilities are averaging 54% occupancy while statewide facilities are averaging 89.6%. In 1981 statewide occupancy was 89.9%.

Our office has been contacted by several small communities wanting to build facilities so that their elderly can remain in the community rather than moving to another city.

We are supportive of the Department maintaining accurate and timely information on bed supply, occupancy and other issues and making it available for providers across the state.

Thank you.

PH&W
Attm. #3
2-9-9

THE ORGANIZATION OF NONPROFIT HOMES AND SERVICES FOR THE ELDERLY

641 S.W. Harrison, Topeka, Kansas 66603 913-233-7443

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 2107

February 9, 1989

Mr. Chairman and Members of the Committee:

Kansans for Improvement of Nursing Homes has consistently opposed control of nursing home construction and continues to do so in the case of HB 2107, which calls for a one-year moratorium on most nursing home construction.

Our opposition goes back to the time of the Certificate of Need (CON), which, in our opinion, did not work to the best interest of consumers of nursing home services. 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." Quality of care was our major concern then, and remains so.

It has been our hope that, in eliminating CON, competition would encourage nursing homes to offer better care in order to compete in the market for residents. A moratorium is even more restrictive than the CON in that it not only does not consider quality of existing care and services, but does not even consider whether new construction would be a duplication of service. Indeed, it seems to serve only the function of slowing down any competitive drive.

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.

It may be that more information is needed about the number and distribution of nursing home beds in Kansas, about the supply of potential nursing home employees in any given geographic area. It may be that at some point in the future an expansion of in-home services will make it possible for many older Kansans to remain longer in their own homes and will significantly change the nursing home industry. Any prudent businessperson contemplating construction of a costly physical plant would surely gather such relevant market date. It does not seem to require a moratorium on nursing home construction to encourage the collection of that kind of information.

KINH opposes HB 2107 on the grounds that it unnecessarily stifles competition that provides an incentive for nursing homes to improve their quality of care and services in order to attract both residents and staff.

PH&W
attm. #4
2-9-9

T.M.S., INC.

February 9, 1989

TESTIMONY BEFORE THE HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

REGARDING HOUSE BILL 2107

Dear Mr. Chairman and Committee

My name is Monte Coffman. I am Vice President of Top Management Services, Inc. Our company is a small nursing home company located in Overbrook, Kansas. We operate four facilities in Kansas with 255 beds. We manage a fifth facility with 54 beds.

I would like to thank you for the opportunity to give testimony regarding House Bill 2107.

Our company provided consultation services to two facilities in Phoenix, Arizona from October, 1985 through May, 1988.

Attached to my typed remarks is a reproduced copy of a newpaper article that appeared in the Arizona Republic September 18, 1988. I would like to highlight for you several points from the article.

Arizona repealed its Certificate of Need law in 1982. Occupancy rates fell from approximately 90% to 70% during this time. Because of the rapid, uncontrolled growth in the beds, the state and counties were paying more money from their budgets than they ever had before. The facilities were not receiving adequate rates of reimbursement for nursing home services. Ten percent of the facilities filed for bankruptcy in 1987 and an additional 10% were expected to file in 1988.

Arizona was short of nurses in 1982. With the repealing of the Certificate of Need laws, more nurse positions were created even though nurses for the unfilled positions were not available. Needless to say, the cost for licensed staff rose dramatically.

It is important we understand the dynamics of all of the environmental changes happening at once. The bottom line in Arizona was that uncontrolled competition did not bring quality care to the public. Hazel Chandler, Chief of Health Care Licensure for the Arizona Department of Health Services, said the financial pressure on nursing homes is forcing many to cut dangerous corners, endangering gains in quality care that had been gained in the past. While uncontrolled competition may work at hamburger and hot dog stands, it does not work in the lives of nursing home residents.

What does House Bill 2107 mean for Kansas? Similary, we too face a critical nurse shortage in the State of Kansas. Many of our Kansas nursing homes currently cannot meet the 24 hours licensed nursing requirement, even though they would desire to. As we all know the supervision of a licensed nurse in a long term care facility is very important. Why then would we want to decrease this supervision in our facilities by allowing new beds that are not needed.

PH&W
Attm. #5
2-9-9

P.O. BOX 208 • OVERBROOK, KS 66524 • PHONE 913 665-7114

Many more nurses are currently and will be needed in one facility to meet the needs of sicker and sicker residents placed in our facilities. OBRA requirements will mean more licensed personnel to comply with all these requirements.

It has been proven in court and it has been attested to by the legislative Post Audit Committee that rates of reimbursements to long term care facilities have been inadequate and deficient. Why would we want to drive nursing wages higher than they already are by creating more competition when rates of reimbursement are already inadequate. Secondly, additional beds would cost the state more money because of higher costs per day due to new facility fixed costs and vacancy inefficiencies. If the state feels it cannot spend more than it is currently spending, how can it justify to spend more later?

If uncontrolled bed expansion exists, nurses will be spread thinner. Work demands per nurse will be greater. Burnout and frustration will make nurses leave nursing home nursing. This does not help us meet the mutual goal of quality nursing home care.

State-wide occupancies in Kansas have fallen from approximately 93% to 88%. The metropolitan areas of Kansas City, Wichita and Topeka are slightly less than this. With vacancy rates of 12% to 15%, I believe we have created an atmosphere of competition that will bring improved and quality service. But further drops in the vacancy levels will bring the disastrous effects that I experienced in Arizona.

I know it is not your desire to do that to nursing home residents. Therefore, I would ask you to support House Bill 2107.

Thank you for your consideration.

Sincerely

Monte Coffman

Attm #5
392
2-9-9

1° Sept 1988

Nursing homes on critical list

60% losing cash; building is continuing

By Peter Aleshire
The Arizona Republic

Doug Horn steadied himself on his cane, surveying the empty corridor at Fiesta Village Care Center, like a captain on the tilting deck of his sinking ship.

"They never kept things up. They never fixed anything," he said, his voice spooky and computerlike from his tracheotomy device.

"That catches up with you eventually."

Indeed, Fiesta Village in Phoenix went broke last week, and its 52 patients were hastily transferred to other facilities. The facility's closure marked a disastrous miscalculation for the owner and a portent for the state's hard-pressed nursing-home industry.

The owner, David Van Dyke, said he lost millions from what he now calls a foolhardy plunge into the Arizona nursing-home market. State figures suggest that 60 percent of the state's 138 nursing homes are losing money as a result of empty beds, soaring personnel costs, low payments by counties and the increasing severity of the illnesses affecting their patients.

Financial pressure perilous

Financial problems last year spelled bankruptcy for 10 percent of the state's nursing homes, said Rich Scheffel, executive director of the Arizona Association of Homes for the Aging. An additional 10 percent are expected to go under this year, although new homes continue to be built.

But there's more at stake than money. The financial pressure on nursing homes is forcing many to cut dangerous corners, endangering gains in the quality of care that have been made in the past five years, said Hazel Chandler, chief of health-care licensing for the Department of Health Services.

"We're very concerned," said Chandler, whose team of inspectors last year found potentially life-threatening lapses in care in at least 25 of the state's 138 nursing homes.

People like Doug Horn, who was forced to leave Fiesta Village Care Center when it closed, have the most to lose as the nursing-home industry begins to founder.

Plight goes back to '82 law

All of which means people like Horn have the most to lose as the nursing-home industry begins to founder on financial shoals.

"It's a bad deal, but you get by," he said. "I was in the Philippines, you know. Got a Silver Star for gallantry. Me and MacArthur. Except I was there first."

The plight of the state's long-term-care industry goes back to 1982 when the Legislature repealed laws limiting the construction of nursing homes.

Within a few years, the number of nursing-home beds doubled. Occupancy rates plunged to 70 percent, from 90 percent, and nursing homes plagued by empty beds found themselves struggling to pay off construction costs.

Even worse, nursing homes in the past few years have been hard-hit by a severe shortage of nurses nationwide. Arizona is 3,700 nurses short, according to one state study. Homes charging $50 to $80 per day found they could not compete for nurses with hospitals charging $500 to $1,000 per day.

Patients sicker, nurses fewer

Nursing homes that couldn't hire enough full-time nurses found themselves relying on temporary nursing services, and paying rates as high as $60 an hour on some holiday weekends, according to Meyer Cohen, president of the state board of nursing-home administrators.

"They're killing us," he said.

Meanwhile, the nurses the facilities could hang on to have to take care of far sicker patients than they had several years ago. That's because the federal Medicare program and private insurance plans have strained to cut hospital bills by making doctors discharge people from hospitals as early as possible.

Mike Gang / The Arizona Republic

Hazel Chandler of the Department of Health Services says about 10 percent of Arizona's nursing homes provide dangerously bad care.

> Financial problems last year spelled bankruptcy for 10 percent of the state's nursing homes, says Rich Scheffel, executive director of the Arizona Association of Homes for the Aging. An additional 10 percent are expected to go under this year, although new homes continue to be built.

That means many patients transferred to nursing homes still are very sick.

That trend is made even worse by the aging of the population, which has resulted in a steady increase in the number of very ill people in their 80s and 90s admitted to nursing homes.

Finally, nursing homes have been squeezed by the desperate efforts of the state's counties to control their soaring costs.

Subsidies for poor

In Arizona, counties must provide nursing-home care for those who cannot afford the bill on their own. In Maricopa County, that means anyone with an income of less than $9,855 and assets of less than $1,900.

Counties pay half the nursing-home bill in the state. But the counties' average rate of about $45 per day is about $20 less than the normal charge for a nursing-home bed, according to state officials.

In every other state, nursing-home costs for people impoverished by medical bills are borne by the state and federal governments through Medicaid. Arizona set up a special experimental version of Medicaid, the Arizona Health Care Cost Containment System, known as AHCCCS, which did not include nursing-home care.

That will change on Jan. 1, when the federal government will begin paying half the nursing-home bills for people who qualify.

New program to be costly

But the new program will cost counties money in the end, according to Robert Robb, Maricopa County's case-management manager for long-term care. For instance, he said, federal rules will exclude about 21 percent of the 3,400 people now being paid for by Maricopa County, forcing the county to continue paying for their care. In addition, administrative costs for those who are covered by the federal program will increase.

Far from saving money, the county estimates its nursing-home bill will climb to $55 million next year, from $48 million this year.

Cal Lockhart, manager of financial reports and review for DHS, said financial losses at the state's nursing homes came despite dramatic growth in revenues in recent years — to $141 million in 1983 and $307 million in 1987, from $29 million in 1974.

Scheffel said the industry needs protection, which means laws to limit the construction of additional nursing homes and limits on what nursing-registry pools can charge for their services.

Nursing-home files open

In addition, operators continue to plead for more money from the counties and hope that the new federal system will include higher rates for patients whose care is paid for by Medicaid.

Meanwhile, patients and their families will have to protect themselves, say nursing-home experts.

Only about 10 percent of the nursing homes in the state provide dangerously bad care, and about a quarter of the facilities are frequently in trouble, Chandler said.

Patients and their families can examine the file of any nursing home at Chandler's office. The inspectors rate each nursing home according to whether it meets, exceeds, or often falls below state standards.

For Horn, the issues are far more concrete. He has lived at Fiesta Village off and on for nearly two years. Now, he'll be moving to another facility in Sun City, trying to adjust to a new world.

"Oh, I don't mind," he said, his good eye glimmering like a sorcerer's as he looked down the empty corridors of Fiesta Village.

"Thing that gets me," he added, with his eerie, wheezing laugh, "is that they're going to get out of this without fixing the ice machine after all."

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STATE OF KANSAS

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HOUSE OF
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JOINT COMMITTEE ON ECONOMIC
DEVELOPMENT

February 9, 1989
Testimony on HB 2108
Public Health and Welfare Committee

Mr. Chairman and Members of the Committee:

I come before you today to testify as a proponent of HB2108, a bill which would substantially improve adult protective services legislation in Kansas. The basic intent of this bill is to reduce the increasing incidence of elder abuse in private residences in communities throughout our state.

Elder abuse generally includes physical abuse, psychological abuse, negligence, and financial exploitation. Like other forms of family violence, unless effectively checked, it tends to recur frequently over an extended period and because of the frailty of its victims, it is always serious and sometimes fatal. It is found among families of all socioeconomic levels and estimates of the extent of elder abuse in the U.S. are upwards of a million victims annually. As many as 1 in 10 Americans over age 65 may suffer from some type of abuse and 1 in 25 will likely be the victim of a moderate to severe incident according to the American Medical Association. I call your attention to the two Kansas newspaper articles detailing these facts.

We presently have a statute governing the reporting and investigation of abused or neglected adults in private residences in Kansas. This is K.S.A. 39-1421-1429. HB2108 would repeal this law and replace it with a statute that includes investigatory mechanisms and enforcement procedures that are presently lacking.

HB2108 would make the following improvements in our current statutory attempt to address this problem:

1) In Sec. 1(a), it enlarges the scope of protection for older adults in residential settings by adding on lines 29-30 "any individual residing in their own home or residing in the home of another individual." This makes it clear that this statute is intended to include abuse by family care-givers and to expand the powers of SRS in cases of abused or neglected adults residing outside of nursing homes and adult care homes.

Attach #6
2-9-1

2) In Sec. 1(b), 1(c), and 1(f), it includes "mental harm" in addition to physical harm within the definition of "abuse", "neglect" and "in need of protective services."

3) In Sec. 1(d), it includes "financial resources" and "financial advantage" under the definition of "exploitation."

4) In Sec. 1(e), it adds "fiduciary abuse" to the list of unlawful acts; and it adds "financial management" under a caretaker's responsi-

bilities in Sec. 1(i) on line 70. Despite the objections of financial institutions, persons who have been made legally responsible for another's money or property will for the first time be within the purview of this act and in Sec. 2(a), "an employee of a financial institution" becomes a required reporter of abuse, neglect, or exploitation.

5) It expands the list of mandatory reporters in Sec. 2(a) of the bill and in Sec. 2(d), a criminal penalty for a class B misdemeanor is inserted for those who are required to report and fail to so so. A class B misdemeanor is punishable by up to 6 months in the county jail and /or $1,000 fine.

6) It involves law enforcement in elder abuse similar to its statutory involvement in child abuse situations. In Sec. 2(a) on lines 106-108 and in Sec. 2(c) on lines 124-126, the bill provides that reports of abuse, etc. shall be made to law enforcement when SRS services are not in operation. In Sec. 4(a)(2) on lines 166-168, it provides that when a criminal act appears to have occurred, law enforcement shall be notified immediately and if the alleged perpretrator is licensed, registered, or otherwise regulated by a state agency, such state agency also shall be notified immediately (lines 168-170). The bill further provides that law enforcement shall be contacted to assist SRS when information on a report indicates that an adult residing in his or her own home or the home of another is in a life-threatening situation (Sec. 6 lines 200-204). Law enforcement professionals who reviewed these provisions last year supported the change.

7) It inserts time frames throughout the statute that would require more expeditious processing of complaints (Sec.4) and especially when information from a reporter indicates imminent danger to the health or welfare of the involved adult (lines 152-154).

8) In Sec. 5(b), it adds a due process requirement for any person identified as a confirmed abuser prior to the entry of the person's name in the statewide Registry.

9) In Sec. 5(c), it provides for disclosure to caretakers of information in the statewide Registry identifying names of confirmed perpetrators. This would reduce the opportunity for repeated incidences,

10) In Sec. 7 on lines 205-212, it authorizes SRS to solicit necessary records from private persons and public or private agencies to assist in investigations.

11) In Sec. 12 on lines 262-264, it permits the establishment of a hot line (toll-free telephone number) for the reporting of instances of abuse, neglect , or exploitation under the act.

I would like to suggest one amendment to the bill: the deletion of the words "Pursuant to section 8" on line 81. This phrase unnecessarily confuses the intent of the paragraph it precedes.

In reply to a request for a fiscal note on a very similar bill introduced in 1988, the Department of Social and Rehabilitation Services

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stated that the bill did not require any additional staff nor any large scale changes in daily activities and no fiscal impact was projected.

HB2108 is clearly intended to put teeth into the law that must stem the tide of elder abuse in our state as witnessed by the increasing incidence of its occurrence subsequent to the passage of the existing statute. Fortunately, there is still time to close the barn door before the horse gets out and gallops out of reach. I would hope that we might resist suggestions to emasculate the intent of this bill for the growing population of older Kansans susceptible to abuse require its enactment.

Thank you.

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432 cases of abusing elderly were reported in 1986-87

By DEBRA LINDQUIST
Morning Sun Staff Writer

Over the years, there has been publicity on child abuse, however abuse is also happening to older members in the community. But not until recently have people called attention to it.

A seminar on elder abuse was held Wednesday afternoon at the College Heights United Methodist Church in Pittsburg.

According to Jerry Williams, executive director of the southeast Kansas Area Agency on Aging, there were 432 elder abuse cases reported in the nine-county area in southeast Kansas during the fiscal year from July 1, 1986, to June 30, 1987.

"One in every 25 people over 65 will be moderately or severly abused. The problem is here and among us," Williams said. "I think it's significant that the first convention ever (on elder abuse) was held last Nov. 17, in San Antonia, Texas, to address the issue."

Doris Stout, of the Kansas Department on Aging, said there is a federal mandate requiring that each state have a long term care ombudsman to insure the quality of life for the elderly and in Kansas the long term care ombudsman was formed in 1980.

An ombudsman is one who listens and investigates complaints, but does not have administrative power.

"We have seen problems with elder abuse in Kansas out in the community and in the nursing homes," Stout said. Their office received 921 complaints during the last fiscal year.

Stout offered advice on how to avoid being a victim of elder abuse that she received from a book titled Elder Abuse and Neglect written by Mary Joy Quinn and Susan K. Tomita.

She suggested that an elder person plan for the possibility of disability by talking to a lawyer about living wills, natural death acts and powers of attorney.

"Before you give a power of attorney to anyone, make sure it's a trustworthy person who will carry out your wishes," Stout said. Although a will should be made and reviewed, it should not be revised lightly.

An elder person should also have someone they trust review anything they are asked to sign, Stout said.

Stout pointed out that one may want to give a copy of a "living will" to their pastor or minister.

For convenience, Stout said, one may want to arrange for direct deposit of social security checks or any other payments.

By law, licensed people who work with the elderly population are required to report any information regarding abuse or neglect of an individual to the Social Rehabilitation Services. Any person who fails to do so, is guilty of a Class B misdemeanor which could result in six months in jail and a $1,000 fine.

Stout pointed out that all reports are confidential and an employer may not fire an employee solely for filing a report.

Mattye Foxx, of the SRS office, said the SRS office is mandated to investigate all complaints within 48 hours and complete the investigation within two weeks. She admitted that sometimes it may take a month to complete an investigation because of the number of procedures they have to follow.

All investigations are confidential and the SRS office will not divulge the results unless there is a court order.

"We will discuss our findings with the administration (of a nursing home) after the investigation. Sometimes they are guilty or not guilty," Foxx said.

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The Topeka Capital-Journal, Wednesday, March 30, 1988

Neglect, other abuses plague 1 in 10 seniors

CHICAGO (AP) — As many as one in 10 Americans over age 65 may suffer from some type of abuse, and one in 25 likely will be the victim of a moderate to severe incident, according to an American Medical Association report.

The most common form of abuse of the elderly was simply neglect — leaving an elderly person at home while the care-giver goes to work.

But the number of moderate to severe incidents of abuse has climbed by nearly 100,000 annually each year since 1981, the report concluded.

That is a particularly worrisome trend because researchers estimate only one in five cases of elderly abuse is reported, compared with one in three cases of child abuse.

"Ten years ago, we didn't think child abuse was a problem," said Dr. E. Harvey Estes, a member of the AMA's Council on Scientific Affairs, which prepared the report.

Estes said that there is a consensus in categorizing abuse of the elderly as physical, psychological and financial and-or material, and that experts generally agree on the causes of abuse.

"Typically, you have people no longer able to take care of themselves financially who move in with a relative. The situation may simply eat into the care-giver's time, but more likely it will add to his responsibilities and strain the family's budget," said Estes.

"A situation like this can begin with the family neglecting the older person more and more, and in some situations, the severity of the abuse escalates," he said.

The report said abuse was a recurring incident in 80 percent of the cases reported and that a typical victim was likely to be a 75-year-old widow whose economic situation dictates her moving to a younger family member's home.

Most victims also have at least one physical or mental impairment that requires care by others, researchers said.

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2-9-9

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HB 2108

I support and strongly urge passage of HB 2108 mandating reporting of suspected abuse, neglect, exploitation of dependent adults.

As a medical social worker in acute hospitals in the Kansas City area for the past 14 years I have had too many opportunites to see first-hand the results of abuse and neglect of elderly or handicapped adults. Dependent adults are no less in need of safety, security, and human warmth than are our minor children. Many involved individuals across the State of Kansas applauded the passage of the reporting law for individuals in licensed nursing facilities as a "first step" in protecting the basic rights and needs of elderly adults.

However, it is my firm belief that individuals in private homes are frequently at much greater risk for a number of reasons:

- They are frequently physically dependent on a caretaker for food, water, bathing, toileting, and are fearful (many times rightfully so), that they will be denied these necessities if they disagree or speak against the caretaker.
- The caretaker is almost always strong or if not, larger than the individual so as to prevent "getting away from" a caretaker who is inflicting injury.
- The dependent adult in a private home does not have the hope of "a nicer nurse" coming during the next shift.
- The adult that is being abused or neglected in a private home rarely has contact with anyone except the caretaker and the caretaker's friends. Virtually never does the individual have the opportunity to talk outside the presence of the caretaker which reinforces his/her fear of punishment or retaliation.

As we all have come to learn, what goes on "behind closed doors" in the so-called sanctity of private homes can be hideous beyond belief. In recognizing this we have acted to protect other groups in our society, namely children and battered spouses. It is totally unacceptable to shun this group of dependent adults who have little or no recourse and no protection under the law. True, if a crime against a person has been commited, a dependent adult has

PH+W
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as much right as you and I to seek justice through the courts. But how is this 86 year old, 102 lb. great-grandmother whose vision is too poor to dial a phone, who is prevented bodily from leaving her room when "company" is present, who gets confused from time to time, ever going to access help and persevere through lengthy, demanding legal processes? It is ludicrous to assume such capabilities and a farce to deny there is a need.

Please review these brief synopses of case examples:

°A 65 year old malnourished lady, Mrs. F, with severe crippling arthritis is left in a boarded up house with no water by her adult grandson. She is unable to walk and cannot get meals or get up to the bedside commode. She is soiled with excrement and has no means to bathe. Meals on Wheels are no longer delivered because she cannot open the door and it is kept locked by the grandson who does not live there. In May 1986, referrals were made to a home health agency, SRS Adult Services and the County Health Department. The grandson and daughter on several occasions refused to let representatives in with their keys. A letter to SRS ended in part: "Mrs F's living situation represents a danger to her well being. Because of the family's unwillingness to cooperate, we have been unable to take the necessary action to protect Mrs F and provide her with safe living arrangements. We cannot overstate the danger Mrs F presents to herself if she is allowed to continue to live as she has been."
This lady was hospitalized in November 1987, for profound emaciation and mutiple Stage IV decubitus ulcers. She apparently laid on newspapers to pass urine and BM as much of the "bedsore" area had newspaper stuck to the raw, open flesh.

Again, family refused to cooperate. This lady remained hospitalized for 9 weeks at a cost of $64,749. There was no protective service law that gave authority to ready, willing and able social service agencies to intervene and act on behalf of this pitiful lady.

°A 76 year old, bedfast female was hospitalized for severe dehydration and accompanying kidney failure. She was cared for by a daughter who was hostile and agitated when approached by the staff. The patient reported that she had a problem

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with wetting the bed at home and so was prohibited from having fluids. In questioning the daughter, she acknowledged this was true, i.e.: that withholding of water was a punishment for incontinence which she believed to be intentional. Daughter refused nursing home placement because she relied on the old woman's Railroad Retirement income.

°A 51 year old retarded individual is hospitalized due to medication non-compliance and toxicity. Mr B was filthy; his mother claimed to be guardian for him. She admits she withholds his medications if he isn't "good," that she has him bathe only once a month, that she wishes "he would die," that her son and she share the same bed and that it's usually wet with urine. The clinic who schedules monthly appointments for Mr B reports that Mr B has kept appointments only twice in the past 14 months. She refused to allow him to be placed in a group home or MR facility. A report was made to SRS Adult Services with an accompanying letter from the attending physician. SRS acknowledges they have had numerous reports filed over the years but do not have authority to proceed legally to rescind guardianship. No protective action was taken.

°A 79 year old chronically ill, debilitated obese lady who lacked mental competence to give or refuse consent went home against the advise of physician, nurses and social worker with her husband after a hospitlization. It was apparent to health providers that the husband could not handle the round-the-clock care of his wife but yet he refused home services. Six days later, the patient was readmitted with severe, extensive skin breakdown and accompanying infection because she had lain on the sofa continuously for those 6 days. Husband was unable to move her or clean her. Her hospitalization was lengthy and costly. A report to Protective Services had not been made prior to the readmission primarily because SRS did not have the legal authority to investigate and proceed with protection of the client.

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I cannot urge strongly enough the passage of a bill to mandate reporting, authorizing an investigating agency and empowering same to provide for a minimum level of safety and well-being for these dependent adults.

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nms

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pg. 4
2-9-89

Clinicare

a family of health services

POINTS TO CONSIDER

IN SUPPORT OF HB 2108

1. Legislation should provide financial support for investigation, temporary removal of patient from suspected environment, and counseling for all.

2. Legislation should provide for support of telephone hot line.

3. Legislation should provide for anonymity of person reporting suspected abuse.

attm't 1
pg 5
2-9-9

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AFTER HOURS EMERGENCY SERVICE
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COMMITTEE ON PUBLIC HEALTH AND WELFARE
TESTIMONY REGARDING HB-2108
FEBRUARY 9, 1989

My name is Nancy Loncaric. I am a clinical social worker on the staff of Johnson County Mental Health Center in Mission, Kansas. For the last nine years, I have worked full time for the Mental Health Center as a program specialist in aging.

During these nine years, I have worked with hundreds of elderly residents of our County and their families. My work involves mental health counseling to the elderly and their families and takes me to senior citizen centers, to nutrition sites, and to high-rise apartment projects for the elderly.

Based on my personal experience over the years, with many elderly residents of our community, I can assure members of this Committee that abuse and neglect of the elderly is a serious and persistent problem. These abusive situations range from physical abuse, to emotional abuse, to business and financial exploitation. The problem is aggravated by the fact that abuse and exploitation is often perpetrated by the very people the elderly would normally trust the most. It is further complicated by the tendency of many elderly citizens to be afraid or ashamed to report what is happening.

Based on my experience, I would urge Committee Members to favorably consider passage of House Bill 2108 as a means to insure that those who are in these situations receive proper protection and help.

PH+W
Attm # 8
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Johnson County
Kansas

February 9, 1989

House Public Health and Welfare Committee

Hearing on House Bill No. 2108 - Mandatory Reporting of Adult Abuse

Testimony of Jodi Hitchcock, Long Term Care Specialist
Johnson County Area Agency on Aging

My name is Jodi Hitchcock and I am appearing before the committee today to address the issue of Adult Abuse and the need for Mandatory Reporting of abuse cases.

As the Long Term Care Specialist, I coordinate an in-home, case management program in Johnson County. The persons whom the program provides service to are persons over the age of sixty who reside in their own homes. The persons we see are typically frail and homebound and are in a lower-income bracket. Many times they are dependent on someone to provide some type of service for them, whether it be of a physical, emotional, or financial nature.

These persons are dependent upon those persons who provide for them in order to remain in their own homes and in order to live in a safe environment. However, a safe environment is not always provided for them. Through my work with the elderly population, I have been exposed to instances where an elderly person is in or potentially in an abusive situation. The form of abuse which these dependent older persons may experience may range from financial exploitation, physical abuse, emotional abuse, neglect, to self-neglect and deprivation. These dependent adults, because of the dependence they have on others to provide for them, are unable to remove themselves from an abusive situation. Without the help of the people who provide vital services for them, they are unable to remain in their own homes and unable to continue to live as independently as they desire. Some older adults would opt not to report an abusive situation rather than to lose the support system they have, even if that support system is one of abuse.

The system we currently have does not provide any alternatives for an older adult if he or she choses to report an abusive situation. Nor does that system allow professionals to report situations of abuse or self-neglect once the abusive situation has been established. I am of the opinion that in order for our dependent adults to be protected from abuse, we must have a strong mandatory reporting law.

Thank you for your time and consideration.

PHHCW
Attm. #9
2-9-9

Human Resources & Aging Department
Aging Division
301A S. Clairborne Olathe, Kansas 66062 (913) 782-7188

Testimony of Aase George, 5633 Granada, Roeland Park, Kansas 66205.

As a retired social worker I have been spending a good deal of my time as a volunteer, helping elderly without family or friends able to assist them. This experience leaves me very aware of the need of frail elderly for protection from abuse and strongly in favor of passage of House Bill #2108 which would make reporting of abuse mandatory and establish a Hot Line for such reports.

Frail elderly dependent on others for needed services often do not know resources available in the community for assistance even if they are aware of mistreatment or think a care-giver is cheating them or stealing. Sometimes they are no longer able to see what is going on, let alone take steps appropriate for their own protection. This probably was the case with the older man living only a couple of blocks from me who was murdered one night last spring by a woman he had hired as a housekeeper. In that case some neighbors said after his death that they had been suspicious of his care-giver and had tried to warn him but found he paid no attention to them. Finding affordable help is so difficult that a dependent older person may put up with mistreatment or inadequate care rather than risk being without anyone even when there is some awareness of what is going on.

The vulnerability of the frail elderly is evident when one finds even caring and well-meaning adult children creating situations in which there is actual neglect of aparent, something I have seen more than once. How much more at risk then are the elderly with no close family or friend to offer help as needed. I think, for example, of a frail ninety year old former teacher who was living alone on meager resources in a relatively inexpensive apartment only a few blocks from the home where she had lived most of her life but sold some years after the death of both parents when she found she could not count on the income needed to live there from roomers after running into several young men who cheated her out of the modest rent she had counted on. She became too unsteady on her feet to do marketing or laundry except in her own bathroom , did not have the strength or energy to unpack the moving boxes pile in her living quarters, never had been much of a cook and tried to deal with cockroaches by feeding them in the kitchen in the hope of their not coming into the rest of the apartment. She could not handle her own finances or banking and showed an increasing number of signs of confusion. Her long-time doctor had died some years earlier and she was getting no medical care. Fortunately for her the woman in the other apartment on the landing retired and was concerned wnough to begin giving assistance. In the end this included handling the woman's finances, marketing, cleaning, laundry, sharing meals and even taking in the Meals-on-Wheels I arranged for after becoming involved, since the woman was never ready to take them in or eat them when they were brought. Not surprisingly the neighbor finally decided she could not continue this and that a nursing home was needed. I found one and together the neighbor and I moved the woman and subsequently cleared out the apartment and sold everything she could no longer use to help pay her bills. Recently we've had to apply for for Medicaid for her since funds are running out. None of this does the nursing homepatient really understand even if she is told about it, but she is getting needed care. It is easy to see how easy it wouldhave been for her to be completely vulnerable to neglect or abuse or both, had the neighbor not happened to an honest and caring person. When I think of the many elderly in similar situations with no such caring neighbors or friends, I find it frigthening.

Pelple these days too often do not want to get involved in other people's lives, but a Hot Line should encourage doing so.

PH&W-
attn #10
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