

Approved 3-27-90
Date SK

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

5:00 a.m./p.m. on March 19, 1990 in room 423- of the Capitol.

All members were present except:

Rep. Foster, absent

Committee staff present:

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

Conferees appearing before the committee:

Pat Johnson, Acting Director, Kansas Board of Nursing
Mary Dunbar, Board member of Kansas Board of Nursing, Winfield, Kansas
Theresa Hodges, Sr. Scientist/Laboratory Improvement Program, Department of Health/Environment
Mary Ann Gabel, Executive Director, Ks. Board of Behavioral Sciences
Linda Perrier, Department of SRS
Jacque Gibbons, Professor of Social Work, Kansas State University
Ann Weick, Dean of Social Welfare/Chair of Social Workers Coalition, Lawrence, Kansas
GiGi Felix, Executive Director/National Assn. of Social Workers, Inc.

Chair called meeting to order when quorum was present at 5:00 p.m. Chair extended apologies to all for the late called meeting. It was due to a long Session in the House of Representatives today and the 1:30 meeting had to be postponed until 5:00 p.m.

Chair announced that he and staff members had discussed HB 3003, and there are some technical concerns with it. Chair appointed a sub-committee with Rep. Amos as Chairman, other members are Rep. Wells, and Rep. Borum. This sub-committee will meet with Staff as soon as possible.

Chair drew attention to committee minutes of March 12, 14, 15th, and asked members to look them over and he would ask for a motion later in the meeting.

Chair also drew attention to SB 304 that was worked in this committee last year, passed House 122-3, but then Rep. Douville asked to have it stricken from the calendar before it was up for final action. Chair explained the bill, and asked members to give this legislation some careful thought and he would ask wishes of members at a later date.

Chair drew attention to hearings scheduled this date.

HEARINGS BEGAN ON SB 639.

Pat Johnson, Acting Director, Kansas State Board of Nurses provided hand-out, (Attachment No. 1). She introduced a member of their Board, Mary Dunbar who would be available for questions today.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S Statehouse, at 5:00 a.m./p.m. on March 19, 1990

HEARINGS CONTINUED ON SB 639

Ms. Johnson spoke in opposition to SB 639. Listed in her hand-out were psychotropic medications given to the mentally retarded in Institutions, and adverse reactions to these drugs. She noted the seriousness of side effects and how that all relates to SB 639. She detailed how and why the mentally retarded are dependent on their care providers, and stated it is necessary that licensed personnel be responsible for medication administration in state institutions. She had gathered data in regard to education preparation for Mental Retardation Technicians which is far far less than what a licensed Mental Health Technician (LMHT). She gave examples of problems/medication errors. Their Board asks for an Interim Study to determine if the medication aides in state institutions are safe practitioners. She noted mental retardation technicians have less education, but are paid same salary, and allowed same practice as LMHT's in state institutions. She urged they be required to pass a similar examination and meet minimum standards. She answered questions, i.e., no unit doses of medications does not always eliminate errors; a person in nursing home environment can tell you if the medication is different from what they had been given earlier, a mentally retarded resident of a facility cannot; a R.N. on duty can monitor administration of medications yes, but often there is only one R.N. for over 200 patients and in an instance she related to, no R.N. was on duty after 3:00 p.m.; there was discussion in regard to educational requirements; yes there is on-going education in the pharmacology part of the training required.

Joseph Kroll, Department of Health/Environment was present earlier for the 1:30 meeting that was cancelled, but could not attend the 5:00 p.m. meeting. It was noted by a Staff member however, the Department of Health/Environment did support SB 639 as it went through Senate Public Health/Welfare Committee.

HEARINGS CLOSED ON SB 639.

HEARINGS BEGAN ON SB 552.

Theresa Hodges, Section Chief/Laboratory Improvement Program Office, Department of Health/Environment (Attachment No. 2) explained the rationale for their request of SB 552. Major advances in the last 2 years now include tests being given on other body fluids rather than just blood tests. Therefore they ask the words "serological" be stricken from the statutes so the same monitoring control is required to ensure an accurate final result regardless of the exact nature of specimens tested. She answered questions.

HEARINGS CLOSED ON SB 552.

HEARINGS BEGAN ON HB 433.

Mary Ann Gabel, Executive Director/Board of Behavioral Sciences, (see Attachment No. 3). She noted she is speaking in behalf of their Board and Dr. Marvin A. Kaiser, Chairperson of their Board who was unable to appear before Committee today. She drew attention to concerns with proposed amendments and explained those concerns. The amendments occur in SB 433 in Section (h), page 2, line 28; Section (j), Page 3, line 11; and Section (d) page 3, lines 2942. She answered questions, i.e., the examination is given Nationally three times per year; yes their Boards acts on advice from their Legal Counsel; no, we have not contacted other Agencies in regard to how they deal with time lag before examinations are administered, we have however requested an opinion from the Attorney General's office. There were questions in regard to continuing education; concerns by some that requirements of a social worker returning to Kansas to work after working in another State are unjust.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-SStatehouse, at 5:00 a.m./p.m. on March 19, 1990

HEARINGS CONTINUED ON SB 433.

Linda Perrier, Social Worker Recruiter for Department of SRS, (see Attachment No. 4) gave a detailed briefing on recommended changes proposed by her Department. She outlined amendments section by section, noting these changes would allow all social workers in Kansas to meet criteria for licensure, when a license for social work has lapsed, allow them to renew that license without the need to return to college to obtain additional credentials or a different degree. This would allow social workers to enter an inactive status/then renew their license without the need to re-apply without paying another application fee, obtain new references or take the licensing exam again. They would be required only to pay the renewal fee and to provide proof of 60 continuing education hours to become relicensed. She answered numerous questions, i.e., how are extenuating circumstances defined; some had concerns with a social worker operating under only a temporary license issued when they are just out of college without having taken the examination.

Gi Gi Felix, Executive Director of National Association of Social Workers spoke in behalf of two other conferees who had to leave after the 1:30 p.m. meeting was postponed.

Testimony from Jacque Gibbons, (Attachment No. 5) presented by Ms. Felix. She highlighted his comments, i.e., in 1989 approximately 215 persons received Baccalaureate degarees in social work, (BSW). Presently there are approximately 1000 students with declared majors in social work, and an estimated 200 BSW will graduate in 1990. There are 10 Universities around the State that offer programs on social work. These Universities are scattered all around the State. A map in his hand-out notes counties where social workers reside, not where they work. The Kansas Council on Social Work Education supports SB 433 as it now stands. Their Organization would be opposed to anything that would dilute standards of their profession, or that might provide loop-holes so that someone could be licensed without meeting those standards.

Ms. Felix then gave testimony for Ms. Ann Weick who is Dean of School of Social Welfare at the University of Kansas.

Ms. Weick's remarks, (Attachment No. 6), indicate SB 433 would propose changes which will allow speedier issuance of temporary license and provisions for reinstating social workers who have already been licensed under current statutes. They support these provisions, but stress they are opposed to any attempts to weaken social work licensing. There has been pressure to do so by some with the belief that anyone can be a social worker and employers should be able to hire anyone they choose to carry out social work activities. Some are asking to be recognized as professional practitioners when they have not acquired proper educational requirements. She urged members to stand firm on SB 433. She noted the social work licensing statutes in Kansas are among the strongest in the United States in protecting consumers of social services. Attached to her testimony is (WHAT YOU NEED TO KNOW ABOUT PROFESSIONAL SOCIAL WORK).

Ms. Felix then offered her own prepared remarks, (Attachment No.7). Their Association supports SB 433 as it was unanimously passed the Senate. In its current form its safeguards high standards currently part of the Kansas Statutes. There is never a time when social work standards should be lowered. Our State and the Department of SRS are currently in litigation with charges of inadequately caring for children under their care, and the media is focusing a spotlight on the State's care givers. There is a mis-conception

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 5:00 a.m./p.m. on March 19, 1990

HEARINGS CONTINUED ON SB 433.

Ms. Felix continued:-

that there are not enough social workers. The shortages of social workers is primarily in rural areas of Kansas. She answered questions, detailed what an accredited social worker must do in order to be licensed; yes, field curriculum is very important in the educational process of a social worker; their position on issuing more than one temporary permit remains neutral; shortages still occur and will continue to occur in rural areas if all graduating social workers drift to urban areas and not to the rural areas of the State.

HEARINGS CLOSED ON SB 433.

Chair drew attention to committee minutes. Rep. Amos moved the minutes of March 12, 14, 15th, 1990 be approved as written. Motion seconded by Rep. Reinert, motion carried.

Chair thanked all members and conferees for their attention and for cooperation in attending the meeting held so late in the day.

Meeting adjourned at 6:48 p.m.

Kansas State Board of Nursing

Landon State Office Building
900 S.W. Jackson, Rm. 551
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913-296-4929

Lois Rich Scibetta, Ph.D., R.N.
Executive Administrator

Patsy L. Johnson, R.N., M.N.
Educational Specialist

Janette Pucci, R.N., M.S.N.
Educational Specialist



Belva J. Chang, R.N., M.N., J.D.
Practice Specialist

TO: The Honorable Marvin Littlejohn, Chairman, & Members
of the House Public Health & Welfare Committee

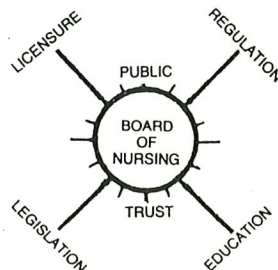
FROM: Patsy L. Johnson, R.N., M.N.
Executive Administrator

RE: SB 639

DATE: March 19, 1990

Thank you for the opportunity to comment on SB 639. The Board have asked me to express disapproval of SB 639 which allows the administration of medications in state operated institutions for the mentally retarded by medication aides.

For a few minutes, I would like you all to imagine that it is 8:00 in the morning and this is the day room in an institution for the mentally retarded. If you were residents, half of you seated at the table would still be in your night clothes because you are unable to dress yourselves. The other half of you would be playing in your breakfast food because you are unable to feed yourselves. In addition, most of you would not be sitting quietly at the table at all, but would be up and moving around because 80% of you would have behavioral management problems. Compliance with anything you are asked to do would be minimal. Most of you would be on a variety of psychotropic medications which are necessary to help you cope with day to day living. I have listed some of the common psychotropic medications given and the adverse reactions which can occur. As you can see, the side effects are quite serious.



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Attm. # 1

Now you may ask how this relates to the issue of aides administering medications. The mentally retarded are totally dependent on their care providers. Administration of medications is important not just in the resident taking the prescribed medication, but in the contact the resident has with a health care provider. Observance of the resident for both the positive and possibly adverse effects of the medication is crucial. It is necessary that licensed personnel be responsible for medications in state institutions.

In preparing this testimony, I gathered data with regard to education preparation. In state institutions, a Mental Retardation Technician I (MRT) has the following education:

Behavioral Modification	30 hours	
Growth and Development	30 hours	
Certified Aide course	90 hours	(didactic 50) (clinical 40)
Medication Aide course	60 hours	(didactic 45) (clinical 15)
TOTAL	210 hours	

In comparison the licensed mental health technician (LMHT) program requires 1100 hours, 550 of each didactic and clinical. A Board exam is required to determine minimal competence.

I talked with a licensed mental health technician who supervises medication aides. She gave me some examples of the problems they are experiencing. Over 20 medication errors per week are sometimes prevented when LMHT's are double checking the MRT's. The mentally retarded do not say "NO" when offered the wrong medication. LMHT's supervise this group since often there is only one RN for over 200 residents. LMHT's spend 30-45 minutes daily explaining to MRT's medication changes. A medication aide was asked to look up an side effect of a drug being administered. She did not know how to do it.

As I look around, I do not see one mentally retarded conferee. There is no Mike Lechner here to provide you with a personal point of view. Although administrators from state mental retardation institutions are trying to provide the safest care within budgetary restrictions, this is not the avenue to take. How many medication errors does it take?

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Attn. #1
pg. 2.

In response to SB 639, the Board asks for an interim study to determine if the medication aides (Mental Retardation Technician) in state institutions are safe practitioners. What is the rate of medication errors by medication aides as compared to LPN's or LMHT's? The Board administers a LMHT licensing examination to determine minimal competency for this group. We propose a study to determine if randomly selected medication aides could answer correctly those questions directed at mental retardation. This could be developed into a certification program to assure minimal standards are met. Institutional licensure is not an accepted procedure. Mental retardation technicians have less education, but are paid the same salary, and are allowed the same practice as LMHT's in state institutions. Let them pass a similar examination and meet minimum standards.

In conclusion, the Board is opposed to SB 639. Before changing the nurse practice act, let us study what are the present results of such a program. The Board would offer full support for such a study. Now is the time to say, "Let's wait and see."

Thank you for allowing me to comment on SB 639. I would be glad to respond to questions.

PLJ:bph

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Attn. #1
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PSYCHOTROPIC MEDICATIONS

SERENTIL - Tranquilizer effective in treatment of schizophrenia, alcoholism, and psychoneuroses, management of hyperactivity and uncooperativeness with mental deficiency and chronic brain syndrome.

Adverse reactions - Drowsiness, hypotension, dizziness, weakness, tremor, restlessness, rigidity, slurring dry mouth, nausea and vomiting, constipation, incontinence, itching, rash, irreversible tardive dyskinesia (involuntary, dyskinetic movement).

HALDOL - Management of manifestations of psychotic disorders.

Adverse reactions - Neuromuscular reactions (Parkinson-like symptoms, restlessness, hyperreflexia), tardive dyskinesia, insomnia, anxiety, agitation, drowsiness, headache, confusion, grand mal seizures, hallucinations, rapid heart rate, hypotension.

LITHIUM - Treatment of individuals with diagnosis of Bipolar Disorder (Manic-depressive).

Adverse reactions - Diarrhea, vomiting, drowsiness, muscular weakness and lack of coordination, fine hand tremor, polyuria (frequent urination), blackout spells.

THORAZINE - Management of manifestations of psychotic disorders, control manifestations of manic type of manic - depressive illness.

Adverse reactions - drowsiness, jaundice, postural hypotension, spasm of neck muscles, motor restlessness, pseudo-parkinsonism, tardive dyskinesia, urticarial or photosensitivity (due to exposure to sun).

Physicians' Desk Reference, 1988

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Attn #1
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State of Kansas
Mike Hayden, Governor

Department of Health and Environment
Kansas Health and Environmental Laboratory

Stanley C. Grant, Ph.D., Secretary

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Testimony presented to
House Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

Senate Bill 552

In the absence of a comprehensive state laboratory licensure law, the 1988 Legislature established and strengthened specific requirements for those Kansas laboratories performing prenatal serological tests for syphilis, serological tests for human immunodeficiency virus, and tests for controlled substances. The purpose of this regulatory responsibility is to ensure the accuracy and reliability of laboratory tests which are especially important to the health care, insurability, and/or employability of any Kansas citizen. Resulting laboratory approval programs are now operational and do monitor the analytical capability of these laboratories through on-site evaluation of several specific laboratory components which are essential to the production of accurate laboratory results including required participation in quarterly unknown performance evaluation tests.

It is clear that the hundreds of thousands of these laboratory tests which are performed in Kansas clinical laboratories each year should be subject to the same regulatory review regardless of the specific nature of specimens involved in the test process. Although these laboratory tests were originally designed to be performed on blood (serological) specimens, major scientific advances in the past two years now include similar tests on other body fluids. For this reason, we would urge that the words "serological" be stricken from the statute so that the same monitoring control is required to ensure an accurate final result regardless of the exact nature of specimens tested.

Testimony presented by: Theresa L. Hodges, Section Chief
Laboratory Improvement Program Office
Kansas Health and Environmental Laboratory
March 19, 1990

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Attn. #2

MARVIN A. KAISER, Ph.D., *Chairperson*
MARY ANN GABEL, *Executive Director*



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Social Workers

REGISTERED PROFESSIONALS:
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Professional Counselors

TESTIMONY BEFORE THE HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

S.B. 433

March 19, 1990

CHAIRPERSON LITTLEJOHN, VICE-CHAIRPERSON BUEHLER AND COMMITTEE MEMBERS:

I am Mary Ann Gabel, Executive Director of the Behavioral Sciences Regulatory Board, appearing before you today on behalf of the board and Dr. Marvin A. Kaiser, Chairperson, who is unable to attend. The board generally concurs with this legislation from the standpoint of its concern for protecting the public and advancing the needs of agencies that employ social workers. The board, however, wishes to point out sections of the bill that may create administrative concerns for the board and/or the Legislature.

Section (h) (page 2, line 28)

The proposed amendment in this section may create delays in issuing temporary licenses to applicants. The board meets as a whole every two-to-three months and this amendment shifts issuance of a temporary social work license from "certification by

P. Gabel
3-19-90
Attn. #3

the executive director" to the board. The current procedure followed is to authorize the Executive Director to make a determination as to an applicant's eligibility following a review of each application and related documents, under guidelines established by the board. The temporary license is issued when the applicant is found eligible for licensure pending satisfactory completion of the examination. Given the board's schedule of meetings, persons may be delayed an opportunity to practice under a temporary license until such time as the board convenes a meeting.

It has been suggested that the board could hold conference calls to handle these requests. The legislature needs to be aware that there would be additional costs incurred by the board should this means of handling applications for temporary licensure be utilized.

Section (j) (page 3, line 11).

The proposed amendments in this section shorten the required notification time by one work week. The board pointed out the ever increasing workloads imposed on limited board staff through the budget appeal process. H.B. 2616 was amended by the House Appropriations Committee, passed the House and was sent to the Senate, to add one additional full-time position to address this concern.

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Section (d) (page 3, lines 29-42).

The proposed amendments in this section will create an administrative expense to the board in terms of retention of files and will necessitate additional storage space. The amendment permits persons to renew their social work license at any time following expiration by satisfying a 60-hour continuing education requirement, paying a renewal fee and a late renewal fee. Approximately 283 licenses expired in FY'88 and 180 licenses in FY'89, for a total of 463 licensure files in a two-year period of time. Based on the current rate of expirations there is no reason to believe these numbers will decrease.

The current statute requires persons to renew their expired license within one year of date of expiration. Current procedure requires the board office to retain records of each expired licensee for a two-year period of time following expiration. After the two years, the expired file is purged and only the original license number and date of issuance are retained. With this amendment, the board will be required to retain all expired licensure files for an indefinite period of time in addition to new licensure files, which average 300-400 per year.

With regard to the 60-hour continuing education requirement, the board requested clarification from the Senate as to when the hours are to be completed, since the amendment only requires completion. Clarification was not provided and it is still not clear to the board whether the legislative intent is to permit

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the continuing education to be taken anytime regardless of the period of time it covers, which could span either months or years.

Thank you for permitting the board an opportunity to present these administrative concerns to your committee. I will be happy to attempt to answer any questions you may have.

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3-19-90
Attn #3
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SOCIAL AND REHABILITATION SERVICES TESTIMONY
Winston Barton, Secretary

Senate Bill 433
3-19-90

Mr. Chairman and Committee members, I appreciate the opportunity to address you today. I am Linda Perrier and I will present the testimony for Social and Rehabilitation Services. S.R.S. endorses Senate Bill 433 and in addition would recommend the committee consider these changes to the bill.

Section 1. K.S.A. 1989 Supp. 65-6309 is amended to read 65-6309 (a) through (g)

NO RECOMMENDED CHANGES

Section 1. K.S.A. 1989 Supp. 65-6309(h) Upon ~~certification by the executive director~~ application, the board shall issue temporary licenses to persons who have ~~met all qualifications for licensure under provisions of this act, except passage of the required examination, who must wait for completion of the next examination;~~ completed the requirements for a degree in social work, who have paid the required fee and who have submitted documentation as required by the board under the following provisions: (1) The temporary license shall expire upon receipt and recording of the person's examination score by the board if such person fails the examination or upon the date the board issues or denies the person a license to practice social work if such person passes the examination; (2) such persons shall take the next license examination subsequent to the date of issuance of the temporary license unless there are extenuating circumstances accepted by the board; (3) no person may be granted a temporary license more than once; and (4) no person may work under a temporary license except under the supervision of a licensed social worker. Nothing in this subsection shall affect any temporary permit to practice issued under this

line 28
add →

line 38

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subsection prior to the effective date of this act and in effect on the effective date of this act. Such temporary permit shall be subject to the provisions of this subsequent in effect at the time of its issuance and shall continue to be effective until the date of expiration of the permit as provided under this subsection at the time of issuance of such temporary permit.

(i) through (j) NO RECOMMENDED CHANGES

Section 2. K.S.A. 65-6313 is hereby amended to read as follows: 65-6313(a) through (c) NO RECOMMENDED CHANGES

(d) If the application for renewal, including payment of the required renewal fee, is not made on or before the date of the expiration of the license, the license is void, and no license shall be reinstated except upon payment of the required renewal fee established under K.S.A. 65-6314 and amendments thereto, ~~plus a penalty equal to the renewal fee,~~ and proof satisfactory to the board of ~~compliance--with--the~~ the completion of 60 hours of continuing education requirements fixed by the board. Upon receipt of such payment and proof, the board ~~may~~ shall reinstate the license. ~~except--that--no license shall be reinstated if such payment and proof is received more than one year after--the--date--of--the--expiration--of--the--license.~~ A license shall be reinstated under this subsection, upon receipt of such payment and proof, at any time after the expiration of such license.

(e) NO CHANGES RECOMMENDED

The above recommended change would allow all social workers in Kansas, particularly those who were grandfathered into the licensing act and do not now

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meet the new criteria for licensure, to allow their social work license to lapse and then be renewed without the need to return to college and obtain additional credentials or a different degree. This provision would be particularly helpful to social workers wishing to take a hiatus from social work practice in order to care for young children. SRS does not see a need for a penalty fee when a licensee does not intend to practice social work for a number of years; payment of the renewal fee at the time of licensure should suffice. In a sense, this will allow social workers to enter an inactive status and then renew their license without the need to reapply, and thus pay another application fee, obtain new references or take the licensing examination. The social workers' obligation, in order to become relicensed, would be to pay the renewal fee and provide proof of 60 continuing education hours.

The recommendation regarding a temporary license in Section 1. 65-6309 would streamline the process for issuing a temporary license to social workers. SRS believes it is imperative in obtaining qualified social workers to serve SRS clients that the application process for social work licenses be as timely as possible. With the social worker examinations being reduced from four to three times a year in 1990, with the requirement that the filing date for applications for the licensing examination now be made approximately 3 1/2 months in advance of the examination and with a six-week time period for scoring the examination, the issuance of temporary licenses in a timely manner is necessary if social workers in Kansas are to gain access to employment. The provisions in Section 1. 65-6309 should allow the board the ability to issue a temporary social work license in a timely manner after the board is provided proof that the applicant completed the requirements for a degree in an accredited or approved social work program.

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3-19-90
Attm #4
293.

Jacque Gilbo
K-State

BSW EDUCATION AND RESOURCES

Social work education in the United States is the professional educational preparation for persons engaging in "social work." The development of professional social work education has its roots in the early social reform movements of the late 19th century with considerable refinement developed in the mid 20th century.

Professional education for social workers began at the graduate level. Formal provisions for accredited professional education for undergraduate students began in the early 1970's. There are now over 400 nationally accredited undergraduate social work education programs in the United States. In Kansas there are 10 accredited undergraduate social work education programs.

In 1989 approximately 215 persons received baccalaureate degrees in social work (BSW). At the present time there are approximately 1000 students with declared majors in social work. The directors of the undergraduate programs estimate that there will be approximately 200 BSW graduates in 1990.

One of the values of undergraduate social work education in Kansas is the geographical distribution of the programs. These 10 programs are located as follows:

- Wichita State University, Wichita
- Pittsburg State University, Southeast
- Kansas State University, Manhattan and Hays (Central, Northern and Northeast)
- University of Kansas, Lawrence and Kansas City (Eastern)
- Washburn University, Topeka
- Bethaney College, Lindsborg, the Salina area
- Tabor College, Hillsboro
- Bethel College, Newton
- St. Mary of the Plains, Dodge City
- Southwestern College, Winfield

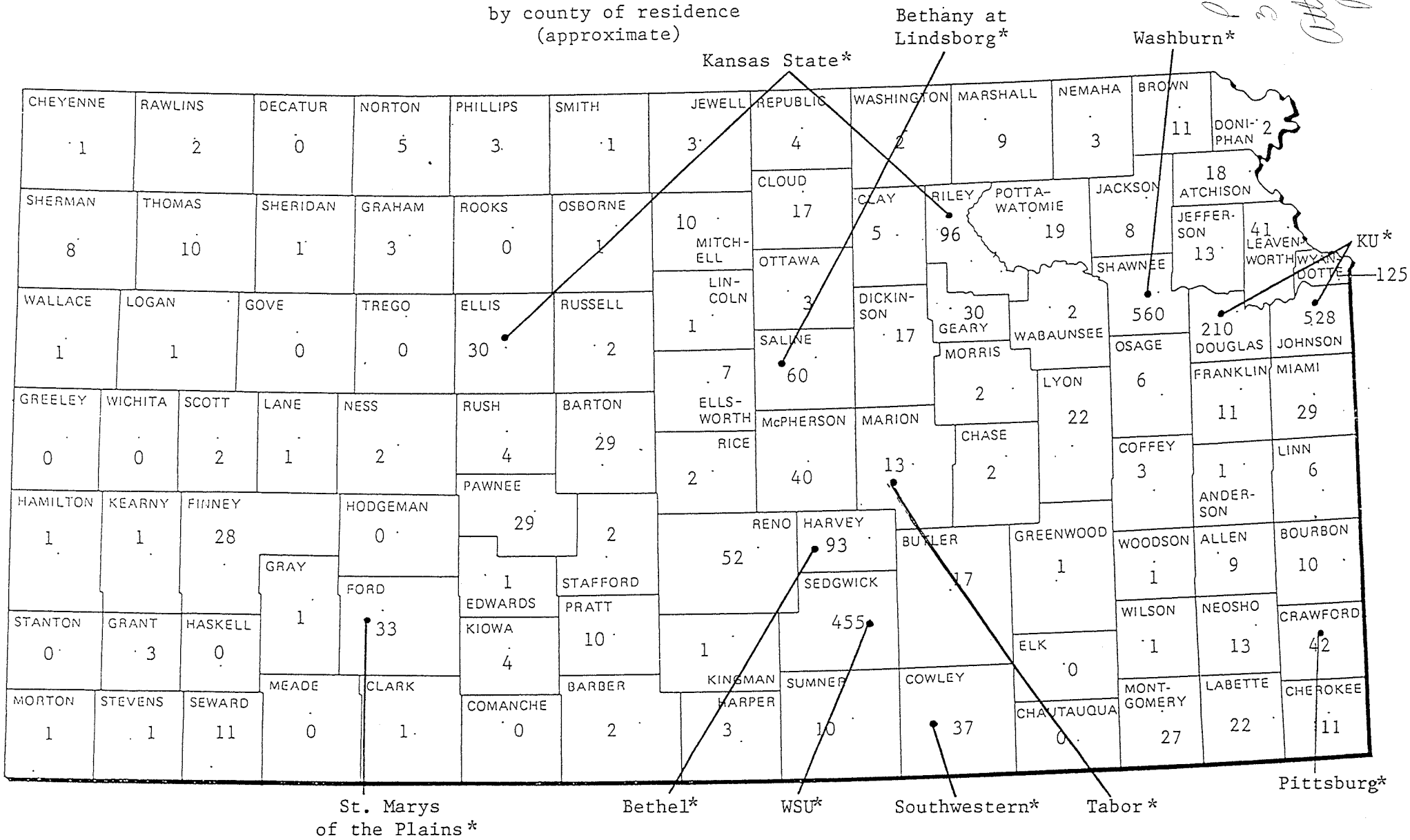
The state is actively supporting social work education in Kansas. The programs, distributed as they are, attract students from all regions of the state. The BSW programs are in an excellent position to serve the needs of the state in the professional training of social service delivery personnel to serve virtually all areas of the state.

Faculty of the social work education programs are, without exception, deeply interested in the quality of social work services. Each of the programs either have, or are working to develop, close working relationships with SRS and other public social service agencies.

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3-19-90
Attch. # 5

Licensed Social Workers in Kansas
 1989
 by county of residence
 (approximate)

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 #5
 O'Brien
 Page 2



*BSW Programs in Kansas

Testimony prepared for the
House Committee on Public Health & Welfare
Hearing on Senate Bill No. 433

March 19, 1990

Presented by Ann Weick, Dean, University of Kansas
School of Social Welfare

I am here today as a member of the Social Work Coalition to urge your support for Senate Bill No. 433. The Coalition is a group of social work administrators, educators, and practitioners from around the state who are working to protect the well-being of clients by maintaining the existing standards set by Kansas statutes. The bill you are considering proposes changes which will allow speedier issuance of a temporary license and a provision for reinstating social workers who have already been licensed under the statutes. Each of these measures offers sensible approaches to resolving some minor problems with the existing statutes and we support their adoption.

At the same time, we recommend against accepting any amendments which would dilute the intent of the licensing law. We are aware of continuing attempts to weaken social work licensing. Some of the pressure comes from those who believe that anyone can do social work and that employers should be able to hire anyone they choose to carry out social work activities. Other pressure comes from groups who are not social workers but who are seeking professional recognition through the social work statutes. They are, in fact, asking to be recognized as professional practitioners when they do not have the nationally accredited educational preparation and the code of ethics that are two important hallmarks of a profession. In both instances, these attempts run counter to a long history that has established social work as a legitimate profession and dramatically subvert the protection offered consumers who rely on the social work statutes in determining who is qualified to offer social work services.

As you are well aware, there is a pressing need to find ways to insure that there is a sufficient supply of social workers to carry out important roles in the social service arena. This is a crucial issue for other professions such as nursing and medicine as well. Ways must be found to attract social workers into the public sector and, as importantly, keep them there. You are well aware of the problems. The salaries of social workers are not competitive. Lack of ancillary staff such as clerical workers and transportation workers means that social workers spend too much time doing jobs that do not use their professional skills. Opportunities for advancement are limited. These and other factors make it difficult to recruit and retain a professional work force.

P. H. W.
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These problems will not be solved by weakening the social work licensing statutes. Instead, the problems require careful analysis, long-range planning and, eventually, additional resources. Because of the fiscal challenges facing the legislature this session, this is clearly not the time for us to propose strategies that require funding. What we will be doing instead is to strengthen our already existing partnership with the Department of Social and Rehabilitation Services to focus on the development of creative strategies to address the serious challenges facing professional social workers in the public sector. We hope to design a long-range plan that will improve the professional work environment so that social workers can do what they do best: provide high quality social services to the citizens of Kansas.

In the meantime, we urge you to stand firm on Senate Bill No. 433. They are modest proposals but they will round off some rough corners. Our social work licensing statutes are among the strongest in the United States in protecting consumers of social services. Let's retain that strength and work toward solutions that will maintain the Kansas commitment to its most vulnerable citizens.

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What You Need to Know About Professional Social Work

1. Are all people called social workers professionals?

No. The term is sometimes used very loosely to describe any person who provides a social service. In some cases, it is merely a job classification established by an employer and does not require professional social work education or experience.

2. Does Kansas require professional training for social workers?

Yes. In Kansas, a degree from an approved social work program is required for those who are called social workers. In this way, consumers are assured that most social workers have been specifically trained for the social services they provide.

3. Why do you say that in Kansas most social workers are professionally trained, rather than all social workers?

Kansas started licensing social workers in 1975. The law provided a "grandfather" clause for employees with a social work title who did not have the educational background required by the new law. Those social workers may have an associate license, called an LASW (Licensed Associate Social Worker) or an LBSW.

4. What is meant by an "approved social work program"?

An approved social work program is one that is approved by the Behavioral Sciences Regulatory Board. There are two methods of approval. The Board recognizes programs accredited by the American Council on Social Work Education (ACSWE) or through a formal review process to determine that a program was in compliance with Kansas regulations at time of applicants' graduation. This assures that students have specific course work, extensive supervised field experience, and three letters of reference before they are eligible to take the licensing exam.

5. Who can be licensed as a social worker in Kansas?

There are three levels of social work licensing in Kansas: To be licensed at the baccalaureate and masters level, an applicant must complete a BSW or MSW degree from an approved social work program and pass a national licensing exam. The clinical specialty license requires LMSW license, two years of supervised clinical experience, plus successfully passing a clinical licensing exam.

6. Why is a license important?

A license protects the public because it tells them what they can expect from a professional social worker. In Kansas, the public is assured that a social worker has a bachelors or masters degree from an approved social work program and has successfully passed the national licensing exam.

7. In addition to professional education, how else does a license protect consumers?

A nationally recognized code of ethics is one of the hallmarks of a profession. As professionals, social workers agree to provide social services in a manner consistent with these ethical standards. If the conduct of a social worker is called into question, a consumer may lodge a formal complaint with the state board responsible for overseeing their license. If a charge proves valid, the board can sanction the social worker, including removing his or her license to practice. A consumer may file similar charges with the National Association of Social Workers, the professional association of social workers.

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8. What are the other major "helping" professions?

There are several recognized professions whose purpose is to offer direct helping services to consumers. In addition to social work, clinical psychology, medicine, and psychiatry are also recognized as helping professions. In each of these areas, the profession prescribes a nationally-approved program of education to prepare practitioners. Graduates from these programs who meet state requirements are those licensed to practice their profession. While there may be some overlap in specific tasks, each profession has distinct areas of expertise.

9. Can college graduates other than social workers practice social work?

The field of human services is growing rapidly, and some claim to have training similar to one of the recognized helping professions. People who graduate with an undergraduate degree in sociology and psychology, for example, do learn about human behavior and social concerns. However, their curriculum does not prepare them to work directly with individuals who need social services. These degrees are seen by the respective disciplines as preparatory to further education in these fields.

Additionally there are some graduate programs which claim to prepare students for specific work in the human service arena (e.g. human development, family therapy, etc.). There is no way to judge the qualifications of people graduating from these programs, except by the statements of faculty or administrators in those programs. Because these programs do not represent an accepted profession, they do not have a national accrediting body which sets standards and approves educational preparation, nor do they have a national professional association which safeguards ethical behavior.

10. Do people who are not social workers (or psychologists or nurses or other professionals) do tasks that social workers do?

Yes. In the arena of human services, individuals without professional credentials may do certain tasks that social workers do. There is a lot of helping that goes on outside of professional work, such as skilled listening. However, the ability to be helpful to others does not make someone a social worker. This requires specialized course work, supervised field training and a well-developed value orientation.

11. Don't educational requirements limit the number of social workers?

Educational requirements do affect the number of people who may earn social work degrees. That is true for every profession. However, the requirements are in place because professional helping requires professional education. If anyone could do social work, regardless of background or training, there would be no reason for a profession. The same is true for nursing, teaching, and the legal profession.

12. Is it true that there is a social work shortage in Kansas? And if so, what can be done about it?

As a rural state, Kansas experiences certain chronic professional shortages in a number of areas including social work, nursing, and medicine. These shortages occur mainly in the more remote areas. Because the need for trained professionals is as true there as in the rest of the state, it is important to develop incentives to attract professionals to these areas through increased salaries, enhanced work benefits and other creative strategies.

13. Would auxiliary social service workers fill the gap in these remote areas?

As a temporary measure, auxiliary staff may be helpful in meeting some social service needs in areas where there is a chronic social worker shortage. In order to protect services to consumers, these auxiliary workers need to have the following:

- a. A background in a social science of human service discipline
- b. A well-defined but limited area of work activity
- c. Regular, on-the-job, professionally-designed training
- d. The close supervision of a licensed social worker.

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Gigi Felix, LMSW
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TESTIMONY TO THE HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

March 19, 1990

Good afternoon Mr. Chairman and members of the House Public Health and Welfare Committee. I am Gigi Felix, the Executive Director of the Kansas Chapter of the National Association of Social Workers which represents almost 1500 professional Social Workers in the state of Kansas. I am here on behalf of the K-NASW Board of Directors and the membership of the organization in SUPPORT OF SB 433 as it unanimously passed the Senate. The bill in its current form safeguards the high standards currently part of Kansas statutes. It requires a solid educational and experiential background of people seeking licensure within the state, and allows ALL qualified people to practice.

Standards are a major concern of K-NASW and the profession as a whole. We understand the vulnerability of persons who seek social work services, and the need to have the best possible professionals working with them. The reasoning to keep social work standards high is the same for high standards governing medical and legal personnel. The public must be safeguarded from "quacks" in these areas, and I doubt anyone would seek to lower the standards in these professions. Well, social work is also a profession that not just "anyone" can do! Social workers are in every setting that involves people ... schools, correctional facilities, hospitals, and mental health to name a few, and their functions should not be given to inadequately prepared people. After all, the therapeutic process is medicine for the mind and service providers should not have a different standard than physical health care providers.

There is never a time when social work standards should be lowered. But this is a time when the state should especially be careful. The state of Kansas and SRS are currently in litigation with charges of inadequately caring for the children under their care, and the media is focusing a spotlight on the state's care givers.

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There is a misconception that there are not enough social work accredited programs in the area to keep the "supply" high enough to meet the demands of employers. On Feb. 5th I sent a letter to each member of this committee explaining number of accredited schools in both Kansas and the neighboring states including Arkansas, Colorado, Iowa, Missouri, Nebraska, New Mexico, Oklahoma, and Texas.

Just a recap:

- * There are **15 accredited Masters (MSW) level programs** in the neighborhood - 1 is in Kansas.
- * There are **67 accredited Baccalaureate (BSW) level programs** in the neighborhood - 10 are in Kansas.
- * Approximately **200 BSW and 100 MSW graduates** enter the work force from the Kansas schools **annually**.

There is no shortage of qualified social workers!

Honoring the request that testimony be kept short this afternoon, I will conclude and stand for any questions the committee might have of me. Thank you for the opportunity to address you today.

PHell
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