Approved 2-5-91
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Carol H. Sader at
Chairperson

1:30 a.m./p.m. on January 29, 1991 in room 423-S of the Capitol.

All members were present except:

Rep. Theo Cribbs, excused absence
Rep. Tom Bishop, excused absence

Committee staff present:

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

Conferees appearing before the committee:

Linda DeCoursey, Kansas Psychological Association
Dr. David Rodeheffer (testimony read by Ms. DeCoursey)
Ron Hein, Marriage/Family Therapists Assns.
Chip Wheelen, Kansas Medical Society
Joseph F. Kroll, Director/Bureau of Adult/Child Care/ Dept. of H&E
William A. Dean, Board member of National Kidney Foundation
Robert S. Wunsch, University of Ks. Medical Center

Chairperson Sader called meeting to order with the announcement that an Air Loss Therapy Bed would be placed on display in Capitol building on Wednesday, January 30th. She explained hearings had been held in Senate in regard to these beds.

Chair announced the continuation of hearings on **HB 2017.**

Linda DeCoursey representing the Kansas Psychological Association presented testimony for Dr. David Rodeheffer who was unable to attend in person. Ms. DeCoursey gave a brief comment on reasons for opposition to **HB 2017,** i.e., it fails to adequately define type of education and training by which the Behavioral Sciences Regulatory Board should judge an applicant for registration. Concerns, i.e., examination used; what type of educational program is satisfactory; what type of supervised postgraduate experience is adequate. She noted Dr. Rodeheffer states the Kansas Psychological Association is not opposed to the Marriage/Family Therapists being registered.(Attachment No.1)

Ron Hein, Ks. Association Marriage/Family Therapy offered hand-out, (Attachment No.2). Mr. Hein prefaced his remarks by noting clarification was necessary in light of a prior conferee's comment in regard to proper credentials for persons practicing in adult care center. He clarified regulations, i.e., Nursing Home Reform Act does not require marriage/family therapists to be registered or credentialed in any way.

Mr. Hein then proceeded with his prepared comments. He noted the National Institute of Mental Health recognizes five separate and distinct professions of persons trained to provide psychotherapy: psychiatry, social work, marriage/family therapy, psychology, and nursing. Of these five professions, only marriage/family therapy is not recognized by Kansas statutes. He outlined the process taken in request for the credentialing of marriage/family therapists, drew attention to letters received during the request for crdentialing, called attention to news articles in his hand-out, and noted yellow page advertisement, (Attachment No. 3). He noted the Technical Committee report that the registration of marriage/family therapists will have minimal fiscal impact on health care costs. He answered numerous questions.

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 /a.m./p.m. on January 29, 1991.

HB 2017:--

Chip Wheelen, Kansas Medical Society offered hand-out, (Attachment No.4). He noted when the marriage/family therapists asked for licensure, it was denied and Kansas Medical Society opposed licensure. Now that group has asked for registration, and Ks. Medical Society does not oppose registration. They do however, continue to oppose licensure of marriage/family therapists.

Joseph Kroll, Director Bureau of Child Care/Department of Health/Environment offered hand-out, (Attachment No. 5). Mr. Kroll stated testimony given yesterday on HB 2017, indicated registration of marriage/family therapists was required by the Nursing Home Reform Act of 1987 for this group to practice in an adult care home. This is not the case, and he detailed requirements in his testimony.

HEARINGS CLOSED ON HB 2017.

Chair appointed a sub-committee to work on **HB 2017** with Rep. Samuelson Chair, and Rep. Wiard and Rep. Lynch respectively. Chairperson Sader requested they have a sub-committee report ready by Monday, February 4th.

HEARINGS BEGAN ON HB 2016;

Chair requested staff briefing on HB 2016. Bill Wolff gave a brief but concise explanation of **HB 2016**

William A. Dean, National Kidney Foundation Board Member (Attachment No. 6), noted **HB 2016** would re-establish the Kansas Kidney Program, an Advisory Commission on end stage renal disease (ESRD) and a program for the care/treatment of qualified persons suffering from ESRD. This program is to be administered at the University of Kansas Medical Center, (UKMC). Funding of this program provides funds for the care/treatment of ESRD patients so that no person or family in Kansas is unjustly or unduly burdened by the cost of care. This disease (ESRD) was fatal just a few years ago. Now life can be sustained until a transplant can be performed. Mr. Dean cited benefits to the state by enacting HB 2016, i.e., payment of medications for eligible patients could prevent needless complications and hospitalizations caused by patients not taking medications due to financial hardship; payment of anti-rejection drugs, (Cyclosporine) for patients without insurance coverage; payment for education and research could postpone need for treatment; consumer education/awareness of need for donated kidneys; payment for pre-dialysis education; shift financial burden to private sector through purchase of insurance for eligible patients. He urged support. Mr. Dean answered numerous questions. Ms. Beth Witten answered questions also. Mr. Dean stated if an amendment is offered it would be beneficial to say the program is to be administered by the KU Medical Center, and should include research and education for the program as well.

Robert S. Wunsch, University of Kansas Medical Center offered handout, (Attachment No. 7.) He noted neither Executive Vice Chancellor D. Kay Clawson nor Dr. Jared Grantham could appear before this committee in person, but both enthusiastically support passage of HB 2016. He noted the Medical center is located near the Kansas-Missouri state line, so health services are provided for persons in both states. Many health services are available to Missouri patients that are not availabale for Kansas patients. Often, those Kansas patients have difficulty in understanding why they are not entitled to the same benefits as kidney patients who live in Missouri. He outlined the expansion of Medicare coverage for ESRD, noting there are still limitations on that coverage. Conferees speaking on HB 2016 will suggest Kansas should reinstate a renal dialysis program similar to the current program in Missouri which is administered by the University of Missouri School of Medicine. The University of Kansas Medical Center concurs. Should this legislation be approved, the University of Kansas Medical Center would be willing to be of assistance in inplementation and administration. He answered questions.

Chair adjourned meeting at 3:02 p.m.

GUEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

Date January 29, 1991

Name	Organization	Address
JAN BUEKER	K. NASW	TOPEKA
Joseph Keale	KOHE	Topeka
Julie Heim	KAMFT	Topeka
Tom Day	KAMFT	
Chip Wheelen	Ks Medical Society	Topeka
Robert Wunsch	KUMC	Lawrence
KEITH R. LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS	TOPEKA
Irwin Samuelson		HESSTON
[redacted]		Lawrence
TOM GRESS	KHA	Topeka

KANSAS PSYCHOLOGICAL ASSOCIATION

Public Testimony on HB 2017
January 28, 1991

I am Dr. David Rodeheffer and am here today representing the Kansas Psychological Association, its president, Dr. Bruce Nystrom and its Board of Governors. We would like to thank you for this opportunity to comment on HB 2017, a registration act for marriage and family therapists.

What profession is being registered?

We are appearing in opposition to this bill because it fails to adequately define the type of education and training by which the Behavioral Sciences Regulatory Board (BSRB) should judge an applicant for registration. Instead, it directs the BSRB to decide (new section 4):

(1) what type of supervised postgraduate experience the applicant should have: "...has at least 500 hours of supervised postgraduate experience in marriage and family therapy satisfactory to the board" (subsection (2), Lines 39-40; emphasis added).

(2) what type of educational program is satisfactory: "...has completed a master's or doctoral degree... in an educational institution, approved by the board" (subsection (3)(A) Lines 41-43; emphasis added); or
"has completed a master's or doctoral degree from an educational institution in a related field for which the course work is considered by the board to be equivalent..." (subsection (3)(B) Lines 43 and 1-2; emphasis added); or
"...completed a master's or doctoral degree from an education institution in a related field with additional work... approved by the board (subsection 3, lines 3-6; emphasis added).

(3) what examination to use: "...has passed an examination approved by the board" (subsection 4, line 7; emphasis added).

As with previous proposed legislation, our organization strongly feels that the judgments this bill is asking the BSRB to make far exceeds their authority and expertise.

Any profession that wishes to be sanctioned by this state should present its credentials to the legislature in order that you can adequately judge the merits of the application and in order that it is clear what professional title the legislature is sanctioning. It should spell out in the legislation, the core course content to be expected, the hours for each area to be completed and model academic programs by which to judge an applicant's program. It should spell out

Attached
1-29-91
Attm't 1.

Central Office / 400 SW Croix / Topeka, Kansas 66611 / (913) 267-7435
Official Affiliate of the American Psychological Association

the type of training experience required in order to meet registration. This bill fails to accomplish this. In our opinion, the BSRB is in no position to define these criteria. Asking it to use its judgment puts it in an tenuous legal position, should an applicant not agree with their "judgment."

What scope of practice is being endorsed?

While not defining exactly what requirements an individual should meet in order to be called a "Marriage and Family Counselor", this bill essentially gives them the authority to diagnose and treat. New Section 2, lines 24-26 defines their scope of practice to entail "...assessment and treatment of cognitive, affective or behavioral problems within the context of marital and family systems." What educational and training requirements does this group have to give them expertise to assess and treat cognitive problems? Will they have courses on cognitive development and functioning? Will they have courses on psychopathology and its treatment? This registration act does not answer these issues. How can the Legislature endorse such a scope of practice when it does not know what type of education and training persons registered by this act will have? By contrast, both the Psychology licensing act and the registered masters level psychologists registration act are very specific as to the educational hour requirements and the core content areas of those programs.

In summary, our opposition to this bill arises from the fact that it fails to adequately define the basis for this profession. As a result, it makes it impossible to define a scope of practice commensurate with its training and educational standards and places too much authority on the BSRB to define the basis and scope of this practice.

Thank you for allowing us the time to testify on this bill. I would be glad to answer any questions now or at a later time.

PXHCU
1-29-1
Attm # 1-2

Linda's Comments for HB 2017:

I am Linda De Coursey and I am representing the Kansas Psychological Association. The testimony being passed around to you is written testimony by Dr. David Rodeheffer. He regrets that he cannot be here today to deliver his testimony in person.

If I may, I would like to reiterate Dr. Rodeheffer's written comments. I thank you for this opportunity to comment on HB 2017, which would allow registration of Marriage and Family Therapists.

The Kansas Psychological Association is appearing in opposition to this bill because it fails to adequately define the type of education and training by which the Behavorial Sciences Regulatory Board is to "judge" an applicant for registration; thereby, in our opinion places judgments on the BSRB that far exceeds their prescribed authority and expertise.

It directs the Board to decide:

For instance: (1) What type of supervised postgraduate experience the applicant should have is addressed in HB 2017 by "at least 500 hours of supversied postgraduate experience in marriage and family therapy...satisfactory to the Board

(2) The type of educational program that is satisfactory is addressed by "...has completed a master's or doctoral degree... in an educational institution approved by the Board.

...completed a master's or doctoral degree from an educational institution in a related field for which the course work is considered by the board to be equivalent to...

...completed a master's or doctoral degree from an educational institution in a related field with additional work... approved by the Board.

PH+W 1-29-91 1-3

(3) What examination is to be used is addressed in HB 2017 by "has

passed an examination approved by the board.

Any profession that wishes to be sanctioned by this State should present its credentials in order to be adequately judged by the merits of the application and in order that it is clear what professional title the legislature is sanctioning.

The bill should spell out in the statutes: The core course content to be expected. The hours for each area to be completed. A model academic program by which to to judge an applicant's program.
It should spell out the type of training experience required in order to meet registration. In our opinion, this bill fails to accomplish this.

Secondly, Dr. Rodeheffer points out his reservations of what scope of practice is being endorsed?

While not defining exactly what requirements an individual should meet to be called a "Marriage and Family Counselor", this bill essentially gives them the authority to diagnose and treat.

What educational and training requirements does this group have to give them expertise to assess and treat cognitive problems?

Will they have courses on cognitive development and functioning? Will they have courses on psycho-path-ology and its treatment?

By contrast, both the Psychology licensing act and the registered masters level psychologists registration act are very specific as to the educational hour requirements and the core content areas of those programs.

PAKW
1-29-91
1-4

In summary, our opposition to this bill arises from the fact that it fails to adequately define the basis for this profession. As a result, it makes it impossible to define a scope of practice commensurate with its training and educational standards, thereby placing too much authority on the BSRB to define the basis and scope of this practice.

Thank you again for allowing us the time to testify on HB 2017. I will be happy to take any questions back to Dr. Rodeheffer regarding our position and then get back with you with the answers.

PHCW
1-29-91
attmt # 1-5

EIN AND EBERT, CHTD.
ATTORNEYS AT LAW
5845 S.W. 29th, Topeka, Kansas 66614
Telefax 913/273-9243
913/273-1441

Ronald R. Hein
William F. Ebert
Steven D. Rosel

HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE
Presented by Ronald R. Hein
on behalf of the Kansas Association for Marriage and Family Therapy
January 28, 1991
RE: HB 2017

Madame Chairman, members of the committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Association for Marriage and Family Therapy. KAMFT is the Kansas unit of the American Association for Marriage and Family Therapy.

The National Institute of Mental Health recognizes five separate and distinct professions of persons trained to provide psychotherapy: psychiatry, social work, marriage and family therapy, psychology, and nursing. Although there are similarities in terms of curricula, delivery styles, and methodology, there also are differences between each profession. Psychiatry is the only psychotherapy profession wherein medication may be prescribed by the professional. Other than that obvious difference, the distinctions between the separate professions are more subtle.

In Kansas, of those five prfessions, only marriage and family therapy is not currently recognized by Kansas statute. Kansas also credentials professional counselors.

The KAMFT filed an application for licensure of MFTs pursuant to the credentialing process. The Technical Committee held extensive hearings and received 103 letters with regards to licensure of marriage and family therapists. Ninety-nine were in favor; four were opposed.

The letters came from a wide range of individuals, including physicians, court service officers, judges, lawyers, state representatives, insurance companies, schools, colleges, licensed social workers, licensed psychologists, licensed psychiatrists, ministers, community mental health centers, farm groups, etc. One of the opponents represented Kansas Association of Professional Psychologists, but subsequently, that group has taken a stance of neutrality on SB 257 by virtue of two amendments placed on the bill at KAPP's request and agreed to by KAMFT. A list of those writing is attached for your review. I've also attached three sample letters as examples.

In case any of the committee is concerned that registration of marriage and family therapists would have the effect of increasing health care costs, it is important to point out that the Technical Committee did address this issue, and after significant hearings and testimony, concluded that registering marriage and family therapists would have minimal impact on health care costs.

PHHW
1-29-91
Attm. # 2

Ultimately, the Technical Committee found that all nine statutory criteria had been met, and that MFTs should be credentialed at the level of registration.

Subsequently, the Secretary of Health and Environment found that all nine of the statutory criteria for credentialing had been met, but disagreed with the Technical Committee's conclusion that there should be registration. The Secretary recommended instead that the Kansas Legislature regulate the profession by passage of a law similar to the Minnesota Client Protection Act (which, ironically, fully licenses marriage and family therapists).

After the Secretary makes his recommendation to the Legislature, which is not binding on the Legislature, it is necessary for legislation to be introduced to credential an applicant group. Last year, SB 257, which provides for registration of marriage and family therapists passed the Kansas Senate 40-0.

The House referred SB 257 to interim study.

The interim committee approved a motion to draft SB 257 with amendments offered. I understand Rep. Samuelson, who made the motion, intended that motion to include an amendment offered by Kansas State during the interim. I also understand that Rep. Samuelson has that amendment and another amendment to conform the interim bill draft to the bill that passed the Senate 40-0. Staff apparently deleted three words in preparing HB 2017 that leaves a giant loophole for any unqualified person to avoid compliance with the act.

Under current Kansas law, it is perfectly legal for any person, regardless of training, qualifications, mental health problems of their own, or criminal background, to hang up their shingle and hold themselves out as a marriage and family therapist. An individual having problems in their marriage has no assurance that the marriage and family therapist has any psychotherapy training or credentials whatsoever. There is not even any assurance that that person has not previously been convicted of sexual offenses in other states, or even in this state.

Until recently an individual in the city of Topeka was practicing marriage and family therapy who did not meet any state credentialing requirements. The Board of Behavioral Sciences was impotent to do anything about the individual. At one point, the individual held himself out as a psychologist in an advertisement, despite his lack of training, and the Board of Behavioral Sciences issued a cease and desist order against the individual for that. But as long as he only held himself out as a marriage and family therapist, there was nothing anybody could do.

I've enclosed a copy of a letter which U.S. Senator Bob Dole sent to Sen. Roy Ehrlich indicating his support for SB 257 so as to help insure that Kansas will be the beneficiary of legislation which he is sponsoring at the national level which is expected to be approved in the near future.

PH&W
1-29-91

Attm# 2-2

I have also enclosed a copy of a letter that gives a true life account of the seriousness of this issue. I won't read it, but would urge you to do so. The name and location of the person writing has been deleted, although she has authorized its release if necessary to document its authenticity.

I've attached a copy of an article about a physician convicted of child molestation whose application to have his license reinstated was denied. However, he has co-authored a book on Christian child rearing and has spoken to church groups about family issues. He can hang his shingle as a marriage and family therapist and there's not a thing anyone can do about it. He can provide therapy as an MFT to children, male and female, because the state does not set minimum qualifications.

I've also attached some articles reflecting how marriage and family therapists have been utilizing in-home therapy to avoid costly placements of children out of the home. According to one article, such in-home family therapy is 80-90% effective in keeping children out of placement. Maybe such a program in Kansas could help reduce the tremendous cost on SRS for children in foster homes or in custody of SRS.

KAMFT does not argue that HB 2017 is the most perfect bill that was ever introduced. You may hear testimony to the effect that certain changes should be made in the legislation with regards to technical problems with the bill. If there are such technical problems, we would urge this committee to respond accordingly, correct the technical defects, and approve the bill as amended.

Thank you for permitting me to testify today, and I will be happy to yield for any questions.

RRH/lj
Enclosures

PHHW
1-29-91
Attm # 2-3

Letters Recieved During the Credentialing Process
PROPONENTS

Educators
Leland A. King, Director of Instruction, Olathe Dist. Schools
Keith R. Bell, Vice President, Mid-America Nazarene College
Lila Fritschen, Principal, Sherman Middle School,
Deborah Kraus Voth, Director, Early Education Center
Greg Sandstrom, Principal, Liberty Middle School
Tim Marshall, Principal, Faris Elementary School

Social Workers, Psychologists, Counselors, Psychiatrists
Mrs. Mary Rice, LBSW, Children and Youth Supervisor, SRS
Cia Verschelden, LMSW, Director, RSVP
Marva L. Williams, LBSW
Kay Ediger Gareis, LMSW, School Social Worker
Earl Robinson, LBSW
Mark A. Brown, Certified Alcohol/Drug Counselor
Lynette J. Olson, PhD, Dir., Family Life Education Resource Ctr
Donna Kater, PhD, Kansas Assoc. for Counseling and Developing
Ruth A. Hitchcock, PhD, Assoc. for Counseling and Developing
Holly Martin, LSCSW
Andy Lowe, MSW
Dennis H. Karpowitz, Licensed Psychologist
Thomas T. Graff, PhD, Licensed Psychologist, "Just being a psychologist or social worker does not mean that the person is educated/trained to provide marriage and family counseling."

Physicians
Kermit E. Krantz, MD
John W. Weigel, MD
Paul D. Wardlaw, MD, family practice
Larry B. Moeller, MD, KSU, Lafene Clinic
Howard Chris Halvorson, MD, Urologist
Roger B. Tobial, MD,
David N. Weidensaul, MD
Thomas P. Houston, MD, Program Dir., UKSM-W Family Practice
Paul W. Brown, MD, Family Medicine
David W. Bouda, MD
Jon Hall, MD
Carl Olmstead, MD
Larry Anderson, MD
Joel Weigand, MD
West Wichita Family Physicians Clinic
J. Michael Patton, MD
Jed D. Holmes, MD
Robert J. Haskins, MD
David P. Miller, MD
J. G. Streit, MD
Herbert R. Goldberg, MD
G.R. Tonn, MD
Clell B. Flowers, Jr., MD
Conrad C. Osborne, MD
Alonso Galvan, MD
E. J. Chaney, MD
Walter L. Reasin, MD
Rande C. Johnson, MD
J. D. Ure, DO
Frank J. Kutilek, MD

P Hall
1-29-91
attm# 2-4

Churches
Larry Wren, Associate Pastor, Westlink Christian Church
Wesley L. Brun, DMin, Executive Dir, Samaritan Counseling Center
Paul G Cunningham, Pastor, College Church of the Nazarene
Kenneth H. Edmiston, Chaplain, US Army retired
Reverend Marvin R. Engelsdorfer, PhD,
J. Paul Boaz, MDiv, St. Paul Presbyterian Church
Reverend Alice Monschke, Pastor, Eastminister Presbyterian
Reverend Curtis Fike
David Kingrey, Pastor
Randall E. Davey, Pastor
Reverend John Billings

Mental Health Centers
Bruce McMillan, President, Mental Health Association
John G. Randolph, PhD, Exec. Dir. Mental Health Ctr. of E.Central Kansas
Stan Ward, PhD, Dir, Farmers Assistance Counseling and Trng
Diane Wertz, Dir. Drug Abuse Education Center

Courts, Judges, and Attorneys
John L. White, Attorney,
Janet A. Chubb, Attorney
Jennings J. Newcom, Attorney
Steven J. Obermeier, Assistant District Attorney
Dennis W. Moore, District Attorney
David M. Helsel, Court Service Officer I, District Court
Elwin F. Cabbage, Attorney
John C. Fritz, Assistant District Attorney
Jane L. Becker, Court Service Officer II
Elizabeth S. Albright, Assistant Chief Probation Officer
Kent G. Voth, Attorney
Linda Schmidt, Dir. Court Special Advocate Program

Legislators
Michael O'Neal, Representative
Donna Whiteman, Representative

Others--Various Professions
Eric Muehleisen, Admin., Lafene Student Health Center
Marilyn B. Corbin, Assis. Dir., KSU Home Economics Extension
Bonnie L. Calinan, Consumer
Gary L. Viterise, PhD
George E. Elkins, John Hancock Companies
James Beasley
Kenneth Schulte, MEd
Kerry Marvin, MA
Bill Presinger, Jr.
Barbara Clemence, RN, DNSc
Gerald Franklin
Kim Hall
William H. Yandell
Glenn Veenstra, PhD
Nisha C. Jain

P H&CW
1-29-91

Attm't 2-5

Others--Various Professions
Nadine K. Belk
Jack David Jones
David W. Wright, PhD
Judy Cotton
Robert E. Norton
Darrel T. McCool
Wallace F. Davis
Phillip R. Fields
Robert P. Taylor
Helen Reiner, PhD

OPPONENTS

Marshall Saper, PhD
Lois V. Svoboda, MD
Stephen Pew, PhD
Daniel C. Claiborn, PhD

PH&W
1-29-91
Attm # 2-6

MENTAL HEALTH ASSOCIATION IN RILEY COUNTY
A Chapter of Mental Health Association in Kansas, Inc.
P. O. Box 231
Manhattan, Kansas 66502

October 27, 1987

Henry Camp, Chair
Technical Committee on
Marriage and Family Therapy
Department of Health and Environment
Topeka, Kansas 66603

Dear Dr. Camp:

The Mental Health Association in Riley County is a nonprofit, consumer organization concerned with issues affecting the mental health of citizens of Riley County and the State of Kansas. We are an affiliate of the Kansas Association for Mental Health as well as the National Mental Health Association.

The Board of Directors of the Mental Health Association in Riley County is composed of both professionals and community members who are concerned about mental health issues. As such, we would like to take this opportunity to comment on the request for licensure by the Kansas Association for Marriage and Family Therapy. The Mental Health Association in Riley County strongly supports the licensure of marriage and family therapists because we believe that this is the best way to insure that competent professional care is available to clients seeking assistance in dealing with their marital and family relationships. Furthermore, we believe that licensure will enable marriage and family therapists to work in an equitable manner with other mental health professionals such as psychologists and social workers in providing quality care for the citizens of Kansas.

Thank you for giving us the opportunity to comment on the KAMFT licensure review. Please feel free to contact the Mental Health Association in Riley County if we can be of any further assistance.

Sincerely yours,

Bruce McMillan, President
Mental Health Association in Riley County

P H&W
1-29-91
Attm't 2-9

RSVP
The Riley County Retired Senior Volunteer Program Inc., A Non-profit Corporation

412 Leavenworth
Manhattan, Kansas 66502

TALENT
EXPERIENCE
WISDOM
913-776-RSVP

November 5, 1987

Henry Camp, Ph.D., Chair
Technical Committee
Department of Health and Environment
Topeka, Kansas 66601

Dear Dr. Camp:

I am happy to be writing to you to express my support for the licensure of Marriage and Family Therapists. I am a licensed Social Worker, professionally, and I have recently used the services of a Marriage and Family Therapist in a personal custody case.

Considering the statistics on divorce and spouse and child abuse, Marriage and Family Therapists need to be vital links in the entire mental health system. People seeking such services are in crisis and require easily available, well-qualified assistance. In the case of older people, a need for marriage counseling may be their first entry into the mental health system. They are especially vulnerable to unqualified, costly service, and have no opportunity for redress, under the current regulations.

If this licensure increases the overall quality of mental health in the state of Kansas, it should be to the advantage of all mental health and social service professionals and certainly will improve service to the public.

Thank you for your work in this very critical mission.

Sincerely,

Cia Verschelden

Cia Verschelden, L.M.S.W., Ed.D.
Director

PH&CW
1-29-91
Attm# 2-8

WESTLINK CHRISTIAN CHURCH

8810 West 10th • Wichita, Kansas 67212 • (316) 722-8020

October 30, 1987

Henry Camp, Ph.D., Chair
Technical Committee
Department of Health and Environment
Topeka, Kansas 66601

Dear Dr. Camp:

I am writing you in support of the licensing effort of the Kansas Association for Marriage and Family Therapy.

We have five full-time pastors on our staff and while we do some initial therapy we generally desire to refer parishoners and others who come to a church for counseling, on to professionals who are qualified to do marriage and family therapy. When we attempt to do that, we encounter a number of problems that the licensing of KAMFT would help eliviate.

1. We are regularly "swamped" with letters and phone calls from people in the community who have begun counseling and would like to take our referrals. It is very difficult to determine whether these individuals are qualified or not. At the present time, there are no qualifications required for marriage and family therapists.
2. When making a referral, we feel a great responsibility to do so with some degree of confidence in the therapist. At the present time, with the exception of past experience, we find this difficult to do. If a person has a poor experience with a therapist, they have no recourse.
3. If the State required licensing for marriage and family therapy, this would provide a standard that would help clients know where to get help. This in turn would help us to refer with a greater degree of confidence.

I would strongly encourage you and the committee to be supportive of this effort by KAMFT. The bottom line is making the best possible help available to families in Kansas and licensure of therapists in Kansas in an important step.

Sincerely,

Larry Wren

Larry Wren
Associate Pastor

PH&W
1-29-91
Attm # 2-9

[redacted]

COMMITTEES:
AGRICULTURE, NUTRITION, AND FOR
FINANCE
RULES

United States Senate

WASHINGTON, DC 20510
February 19, 1990

Senator Roy Ehrlich
Chairman, Public Health
and Welfare Committee
Room 138-N
State Capitol
Topeka, Kansas 66612

Dear Roy:

I understand that there is a current proposal before the Kansas legislature to credential marriage and family therapists. As reported to me, this proposal was outlined last year in S.B. 257, and now is being considered again for action in this session. Based upon my knowledge of these professionals, I believe that the establishment of a regulatory program for marriage and family therapists in Kansas would be beneficial to the people of our State. Additionally, credentialing marriage and family therpaists in Kansas would be consistent with and complementary to action I am taking in Congress.

I am an original of legislation (S.1591) to provide Medicare reimbursement to marriage and family therapists who practice in Community Mental Health Centers, a primary and important site of mental health service delivery in Kansas. Marriage and family therapists currently provide services through such Centers. However, different from other mental health professionals, there is no existenting mechanism to determine the competence of individual marriage and family therapists. As a result, while a Community Mental Health Center may chose to fire a therapist for incompetence or unethical treatment, neither the consumer nor the State have recourse to take appropriate action in such a case.

In addition, it is possible that Congressional passage of S. 1591 could be applicable only to marriage and family therapists practicing in states which have regulated the profession. Should that be the case, my goal of benefitting the people of Kansas through S. 1591 would be unsuccessful.

I thought you would be interested to know of my efforts and how they relate to matters before you.

Sincerely,

PHaw
1-29-91
Attn 2-10

[redacted]

Dr. Henry Camp, Chair
Technical Committee
Department of Health and Environment
Topeka, KS 66601

Dear Dr. Camp:

As someone with a brother who is a counselor and a sister who is a marriage and family therapist, I have long been aware of the concern that almost anyone can hang up a sign in Kansas and declare him/herself in the therapy business. My brother and sister both studied and practiced in Kansas before moving to other states, so I also am aware of the problems Kansas' lack of licensure can cause for proven professionals attempting to set up a practice in another place.

Because my field is communications, I never expected this to become a personal consideration. In the past 13 months, however, it truly hit home as I realized I had no way to identify a competent professional to help me through a time my mind kept characterizing with this litany: "I feel like I died."

In 1986, new job responsibilities created an unbelievable negative stress level for me. As the year ended, my husband announced he wanted a divorce. My 21-year-old son formed a rather destructive relationship and moved it into my house. In early 1987, my 19-year-old moved out, announcing she'd decided she was gay. I was already feeling as if I'd fallen into a soap opera script when my mother's adjustment to medication for a chronic illness caused a real lack of rationality and even personal safety, and she decided her salvation was to have me care for her.

Plain dumb luck--or a rather tenuous grapevine, if you'd prefer--connected me to a marriage and family therapist who helped all of us through the divorce without what seemingly are the more usual "wars" and ego-destruction. The entire family is still growing from that experience.

On a more personal level, the same therapist quite literally kept me from making an actuality of "I feel like I died." He also connected me to a psychiatrist at Menninger's when I needed time out from my environment. He conducted co-therapy through that treatment and still is helping me try to come to terms with my massive life changes, which have gone on to include two possibilities of my having cancer. I believe he's helped me understand more in the past year about myself, relationships, life and living than I learned in all the 43 preceding years.

I suspect I may be somewhat unusual in that I can compare psychiatric

PHall
1-29-91

Attm # 2-11

treatment with marriage and family therapy. I found my psychiatric tests interesting, not only for what they revealed but also for the fact they simply confirmed concepts I had already worked through to in my counselling sessions. My psychiatrist was a warm and caring person who made sure there was no medical reason for my "crash," who held out the possibility of chemical help if I couldn't handle life on my own, and who gave me names for the problems disrupting my life. I came away from Henninger's, however, with the feeling that psychiatry is wonderful for those who are very ill and/or have no hope for recovery out in the everyday world, but that what I needed was back in my marriage and family therapist's office.

My experience and the feedback from everyone who knows me confirm that I was right. Still, it was a very expensive decision. Because Kansas doesn't license its marriage and family therapists, I never even had a hope of getting my insurance company to share part of the cost.

Of course, my skills and training insure that eventually I'll work my way out of the financial disaster this has created. I have to wonder, though, about those who need help but don't have my advantages.

I also have to worry about those who don't "luck into" a really good counselor when they desperately need one. I have to wonder if their going to an unethical or unqualified therapist--more than one of whom has practiced in the [redacted] area in the 15 years I've lived here--could possibly be worse than their seeing none.

In any case, I know for a fact I wouldn't be around to write this letter if I hadn't been lucky on several levels. I urge you to consider licensure as a means to insure that others have an equal chance.

Sincerely,

[redacted]

PH&W
1-29-91

attm 2-12

The Topeka Capital-Journal, Sunday, October 14, 1990

Doctor guilty of molestation denied reinstatement of license

By the Associated Press

A physician who co-authored a book on Christian child-rearing and then spent four years in prison for molesting a teen-age patient was denied reinstatement of his medical license Saturday.

The Kansas Board of Healing Arts ordered a more thorough review of whether Herbert L. Ketterman can resume treating patients.

Ketterman, 63, of Leawood, was freed from prison in April 1989.

"I think it is the feeling of the board that we cannot make an adequate decision based on the information we have at this time," board president Frank G. Bichlmeier said after the board voted unanimously to reject Ketterman's request for reinstatement.

Ketterman, a former Kansas City general practitioner, pleaded guilty in Johnson County District Court in 1984 to a felony charge of taking indecent liberties with the girl when she was 14.

Prosecutors said Ketterman began having sex with the Overland Park girl when she was 12 and continued until she was 14. The girl's mother also pleaded guilty to attempted indecent liberties with a child. She was sentenced to two to five years in prison.

Ketterman, who surrendered his medical license in 1985, told authorities in March that he wanted to practice medicine in Kansas again.

In an interview last spring, Ketterman said he had paid his debt to society and deserved to get his license back. Since his release from prison, he has worked on a book, spent time with his family and spoken before church groups about family issues.

Ketterman, his ex-wife, Grace Ketterman, and attorney Dan Markowitz appeared before the board Saturday to discuss reinstating his license. They met privately for more than 30 minutes.

Board members reviewed Ketterman's background in that session, said Steve A. Schwarm, the board's litigation counsel. Based on the information, Schwarm said, the board declined to reinstate the doctor's license.

Ketterman made no statements in a later public session, and could not be reached for comment.

PHHC
1-29-91

Attm # 2-13

AROUND THE NETWORK

Laura M. Markowitz

TRIAL BY NEWSPAPER

Last November, press accounts of Kitty Dukakis's much-publicized hospitalization for drinking rubbing alcohol were filled with psychological speculation about her emotional state. The *Boston Globe* took a somewhat different angle than most publications. Focusing on how the relationship between Kitty Dukakis and her husband, failed presidential candidate and Massachusetts governor Michael Dukakis, may have contributed to her desperate act, the *Globe* prominently featured the observations of several family therapists. Ironically, the family therapists quoted by the *Globe*, like the Dukakises, got an unwelcome taste of life in the media spotlight when the article itself became a national news story.

UPI/BETTMAN NEWSPHOTOS

Anyone who has ever attended a family therapy case consultation would be familiar with the observations made in the article. It suggested that Kitty Dukakis's substance abuse and depression might be in part a result of her role in her marriage. The story quoted various therapists saying that in a period of emotional stress for the Dukakises, Kitty Dukakis, as the emotionally expressive spouse, might feel the burden for both of them while her husband remained remote. There was the recommendation that instead of only focusing on Kitty Dukakis as the problem, both she and her husband participate in couples therapy and that the entire family might be included.

Claiming that the psychologists quoted in the *Globe* article may have made sensationalist interpretations about living people without adequate information, the Massachusetts Board of Registration of Psychologists notified them that it was considering possible disciplinary action and asked for letters of explanation from the four. Editorial writers in newspapers around the country used the story to debate the propriety of therapists commenting on the emotional state of public figures. Some denounced the psychologists in the *Globe* story. From within the profession, the editor of *The Brown University Family Therapy Letter* went so far as to assail the psychologists for "an amazing degree of arrogance, simplemindedness, and insensitivity."

"It felt like a trial by newspaper," says Barry Dym, director of the Cambridge Family Institute and one of the psychologists involved. He was appalled by the Board's handling of the matter. "They never asked me if I had really said what I was quoted as saying," says Dym. "They just assumed I had. When the *Globe* reporter first called me, I told her I could only speak speculatively, that I don't know the Dukakises, and if I did I wouldn't talk about them with her."

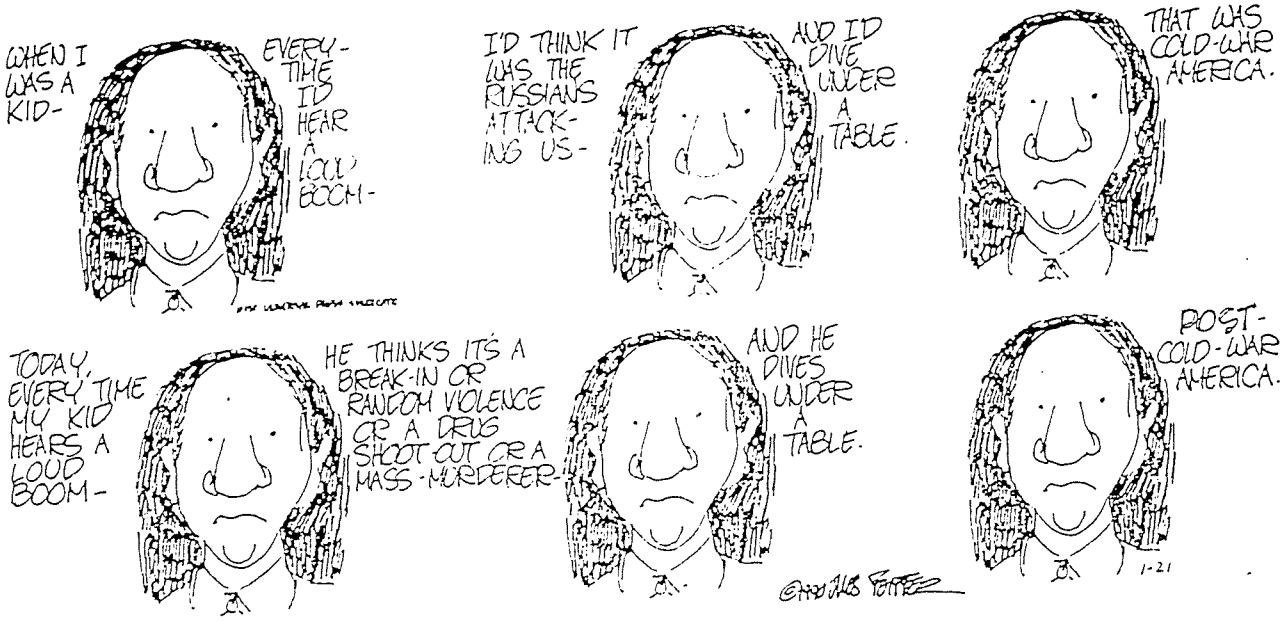
The *Globe* reporter manipulated his words to imply a greater intimacy with the Dukakises than he claimed, according to Dym. "I had tried to stay away from specifics, saying things like, 'One can imagine when an expressive woman and a stoic man divide things up that way emotionally, if this stoic man becomes preoccupied or depressed and becomes inaccessible, she would feel troubled.' I said 'she,' and the reporter wrote 'Kitty' in brackets."

David Kantor, head of the Kantor Family Institute in Cambridge, was also interviewed for the Dukakis piece. Recalls Kantor, "I told the reporter I couldn't comment on the Dukakises specifically, but I could say something about the cultural, psychological, and systemic influences of gender behavior. I reiterated that the story I wanted to contribute to was the universality of intimacy struggles." But what received far greater play in the *Globe* story was a comment attributed to Kantor that advises Michael Dukakis "to resign as governor to give the couple the privacy they need . . ." When he read the story, Kantor was shocked. "My words had been joined together in such a way as to change the meaning," Kantor says.

On December 8, 1989, the Board announced that it was satisfied with the psychologists' explanations and would not take further action. Still, the Dukakis story should serve therapists as a cautionary tale for some time to come, forcing them to examine more closely their relationship to the press. The American Psychological Association's ethical code tells psychologists to "be guided by the primary obligation to aid the public in developing informed judgments, opinions, and choices." But many believe these guidelines are too loosely worded and open to wide interpretation. In a time when the media seems increasingly fascinated with the opinions of mental health professionals on the downfall of public figures and other news stories, where is the line between professional obligation and sensationalistic invasion of privacy? Says Dym, "I think mental health professionals should interpret public events for people, otherwise they will know less, and they will not know where to go for services when they need them. It's not just our right, it's our responsibility to educate people, but we need to make sure the information is accurate."

IN-HOME THERAPY

None of her previous family therapy training quite prepared Jacqueline Sparks for her introduction to in-home family service. "I was trying to conduct a session with a mother and her four teenage daughters who lived in a housing project, but curious neighbors and kids kept wandering through, and whenever the girls saw their friends drive by, they would shout to them," recalls Sparks,



a regional director for Familystrength, in New Hampshire. "Doing in-home work makes you realize just how much having a family waiting to see you in your waiting room, surrounded by your own pictures and furniture, protects you. When I go into people's homes, it's my belief that they are doing the best they can which protects me."

Many other therapists are learning to work in their clients' kitchens and living rooms, as crisis-oriented, home-based family service programs have gained tremendous popularity in recent years as an alternative to costly foster care placement. The goal of home-based programs is to provide intensive, even round-the-clock, services to overloaded families with children who might otherwise be removed from the home. These programs are targeted for families that need more than a once-a-week clinic appointment, plugging them into other services as needed. In a time of budgetary belt tightening for social services, funding for home-based programs has quintupled in the last four years. Twenty-five states currently have such programs. "By 1985, it was a fact that the child welfare system had been overwhelmed by demand," says Doug Nelson of the Center for the Study of Social Policy. "There was a shortage of placement sites. This shortage set the stage for less expensive alternatives to foster care."

The origins of the in-home therapy model go back to 1974, when Homebuilders in Tacoma, Washington, and Families Inc., in Iowa, began operation. These two independent models developed along the same lines but differed mainly in length and intensity of service. Today, most in-home programs are a derivative of one or both of these models. The Homebuilders model is based on changing one or two key behaviors to get the family out of crisis. Services are limited to six weeks, and in-home workers, who are on call seven days a week, 24 hours a day, carry only two families at a time. The Homebuilders approach emphasizes concrete, practical service, everything from cleaning toilets and chauffering kids to the dentist, to babysitting so the mother can have some time to herself. Families Inc. also provides hard services for families, but they work with them for up to four months, and Families Inc. workers carry 10 to 12 cases at a time.

Critics of the Homebuilders model say providers can't make much of a dent in family problems in only four to six weeks. But David Haapala, one of the creators of Homebuilders, believes that much can be accomplished as long as workers' expectations don't grow too grandiose. "We know we're not going to change everything there is to change in four weeks," says Haapala. "Actually, we try to counteract our own tendency as family therapists to find new problems to tackle. We just want to make enough gains so the family won't need us to be there." After the intensive intervention, Homebuilders clients are usually referred to outpatient therapy.

Family therapists are excited about the growth of in-home family services and see it as a natural progression of the family therapy movement. "Feminists and community organizers raised good criticisms about family therapy for ignoring issues of gender roles, class, and race," says Wendy Deutelbaum of the National Resource Center on Family Based Services. "Home-based approaches take family therapy one step further and see family dysfunction as it is connected to larger social dysfunction, like poverty and racial discrimination."

"It's a shot in the arm for the field," says Jay Lappin, a New Jersey family therapist who has done in-home work. "It is pushing us to test our theories in the trenches. When we stay in our offices all the time, our world-view tends to narrow. Also, we depend on the family for background information and descriptions of their processes—we have to hunt around and ask a lot of questions. In-home therapy compresses the diagnostic

PH ed Attn 2-15
1-29-91

The Family Therapy Network
and
The Institute for Juvenile Research
announce

An International Training Scholarship in Family Therapy

October-December 1990

Many therapists around the world still do not have access to family therapy training in their own country. Nor do they have the financial resources to travel abroad. The International Training Scholarship in Family Therapy, set up by The Family Therapy Network and the Institute for Juvenile Research (IJR) in Chicago, Illinois, will sponsor two foreign therapists in a three-month training program at IJR which will offer a rich exposure to a variety of family therapy models.

The Institute for Juvenile Research is one of the premier training centers in the United States. Founded in 1909, IJR was the country's first child guidance clinic. Today its Family Systems Program offers psychiatrists, psychologists, and social workers a unique training experience integrating structural, strategic, and systemic approaches.

The Director of IJR is Lee Combrinck-Graham, M.D. The Training Staff includes: Douglas Breunlin, M.S.S.A.; Rocco Cimmarusti, M.S.W.; Betty Varrer, M.A.; and Richard Schwartz, Ph.D.

Recipients of the international training scholarship will attend didactic courses, observe live supervision, sit in on clinical staffing and research meetings, and have access to IJR's extensive library of family therapy videotapes.

The Scholarship will include:

- Free tuition at IJR
- Transportation to the United States
- Room and board
- A weekly stipend

Applicants must:

- Speak English
- Live outside the United States
- Have a graduate degree in a mental health discipline and two years of post-graduate clinical experience.

To apply, please submit a vita, three letters of reference, and a 1,000-word essay describing professional interests and indicating how the applicant will use the training experience to promote family therapy in his or her native country.

Return all these by June 15, 1990 to: **The International Training Scholarship in Family Therapy**, c/o The Family Therapy Network, 7703 13th St., N.W., Washington, D.C. 20012.

process. Being in their environment constantly reminds me what family therapy is all about."

Providing in-home service does throw therapists into a world filled with far more potential danger than the office-bound practitioner typically encounters. But, advocates argue, the in-home approach reaches clients who might not otherwise get services. "I remember seeing one client who lived in a building where a cop had been killed the week before while investigating a drug-related call," says Homebuilders' Haapala. "She had four children, no electricity, only a few candles. There was practically nothing in the house, including food. I wasn't sure if there was anything we could do for her until she admitted she was addicted to heroin and cocaine. We helped her strategize how she could get help for her addictions and we managed to place her children with her mother. Otherwise, she probably would have had no hope of getting them back again."

Some studies report that in-home family therapy is 80 to 90 percent effective in keeping children out of placement. Advocates are touting home based programs as ushering in a whole new philosophy in the child welfare system, one based on keeping families together rather than splitting them apart. Still, home-based programs have a long way to go before they change the nature of child welfare. At present, home-based services of the total amount—some five billion dollars—of public expenditures for child welfare.

ARTICLES INVITED

Our readers are invited to submit articles on any topic to the *Networker*. Of particular interest are pieces for our "Case Studies" and "Week in the Life" departments, as well as questions for "Behind the Mirror." In addition, here are some of the themes we will be examining in future issues:

- Creativity and the Family
- The Crack Epidemic: Do We Have any Answers
- Sexual Abuse
- Family Therapy and Schizophrenia
- Consulting with Larger Systems
- Working with Small Children

Please send three, double-spaced copies of any manuscript to Submissions Editor, *Family Therapy Networker*, 7703 13th St., NW, Washington, DC 20012. ■

PNEC attn 2-16
1-29-91

Mary Sykes Wylie

PRESERVING FAMILIES

Child welfare agencies now remove more than a quarter of a million children from their families every year. Abused, neglected, delinquent, emotionally disturbed, or just "difficult," these children are placed in detention centers, mental hospitals, training schools, and foster homes—often scuttled from one setting to another for years of their childhood. In the meantime, little is done for their families, and children often return home to the same dysfunctional situations that first led to their placement.

In recent years, a handful of innovative state welfare agencies have begun to take a different approach to child placement, redirecting their attention to the whole family rather than focusing exclusively on the "problem" child. Child welfare agencies in Washington State, Maryland, Maine, Minnesota, Georgia, Illinois, and Wisconsin are among those which have adopted a family systems perspective. All are grounded in family therapy and systems theories. While details vary, these family preservation programs share many elements in common. They are flexible, providing a range of services according to need. These include funding for emergencies (imminent threat of eviction, for example), family counseling, skill-training, and ordinary human support—like giving a mother a ride to buy groceries, helping fix the family car, advising a teenage girl on makeup. Staff members, often working in teams, see families at home, and are available 24 hours a day, seven days a week. Caseloads are limited, and when necessary, workers can spend from 10 to 25 or more hours a week with a family in crisis.

Charles E. Hayward, head of Delaware's DSCYF, reports that family systems training has helped everybody on his staff from maintenance men to psychiatrists.

One of the newest and most comprehensive family preservation programs was begun last spring by Delaware's Department of Services to Children, Youth, and Their Families (DSCYF). Department Secretary Charles Hayward decided that to make the entire agency more "user friendly," the new program would demand commitment, sensitivity, and skill from *all* agency workers. So DSCYF began an ambitious family systems training program from which *no* staff member was exempt—from top-level managers through caseworkers and secretaries, to cooks and custodians. Taught by family therapists Jay Lappin, Ruth Sefardi, Jorge Colapinto, and John Brendler, all trainers from the Philadelphia Child Guidance Clinic, the course began with a one-half-day introduction required for all 730 DSCYF employees, and continued with more intense two, three, and five-day sessions for contact staff and supervisors.

Jay Lappin conducted the initial half-day courses, and remembers the dilemma of constructing a presentation that would teach something to everybody—psychiatrists, case workers, secretaries, and maintenance people alike. Besides introducing basic theoretical concepts, he illustrated shifting ideas about family life from the '50s to the present by using television clips from family sitcoms. Lappin said these shows, even when drenched in nostalgia and fantasy, challenged stereotypes about families by mirroring the changing role of women, the increase in single-parent families, growing visibility of working-class and black family life, and the existence of "unorthodox" family constellations in American society. To illustrate this last theme, Lappin used "My Favorite Martian."

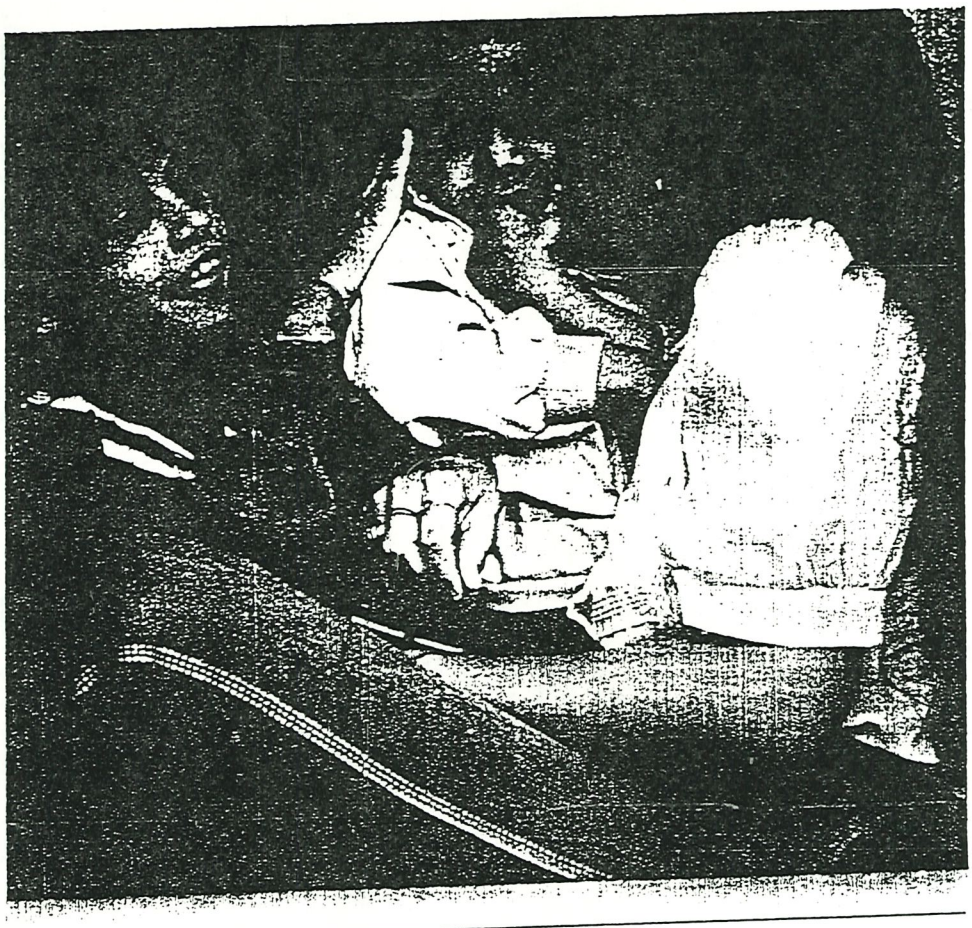
According to Delaware family preservation program director Patrick McCarthy, the idea was not to make family therapists of the entire staff, but to shift their focus from the individual to the family. The emphasis on systems and networks was intended also to help them see client families as the collective responsibility of all staff members, not just professional case workers. "We're not all therapists," said McCarthy, "but that doesn't mean that we all shouldn't be therapeutic."

On the whole, staff members have been positive about the program, though they grumble occasionally about the time taken from already overloaded workdays. The training seems to have raised staff consciousness about the systemic implications of their work, increased their skills in dealing with clients, and boosted their morale. Lappin said that learning to look at family systems helped participants regard even egregiously "bad" families less as undifferentiated sinks of pathology than as complex networks with hidden capacities for change.

Besides providing better service to clients, family preservation projects revive enthusiasm in burned-out case workers. Rocco Cimarusti, a faculty member of the Juvenile Research Institute in Chicago who provided family systems training to employees of the Illinois Department of Children and Family Services, believes caseworkers are often scapegoated for the failures of child-protection systems as a whole, their work scorned by other professionals. Learning family systems, he believes, gives them a sense of professional validation, besides arming them with the skills to put into practice what many already know intuitively. "They don't quote Gregory Bateson, but they know that it's not enough to look only for the internal deficiencies of a single person," says Cimarusti. "They are aware of relationships, and want to know about hierarchies, boundaries, complementarity, life cycles, and family histories—these all resonate for them."

Probably one of family preservation's strongest selling points is economic. Joy Duva of the Child Welfare League of America reports that while the cost of family preservation services average $2,500 to $4,000 per family, foster care can range from $3,000 to $100,000 per year, and institutions run up average annual costs of between $30 and $40 thousand per resident. Said Duva, "But this is nothing compared to the human cost."

P Hrel attmt 1-29-91 2-17



Edna McConnell Clark Foundation Report 1987

PROGRAM FOR CHILDREN

The goal of the Foundation's Children's Program can be summed up in one phrase: *family preservation*. It is based on the belief that children should never be unnecessarily removed from their homes and placed in foster care — there are great psychological and developmental advantages for children who can remain safely with their families. Family preservation translates this belief into a practical plan of action. It is a specific, definable method of empowering families and helping them stay together in times of crisis. It is a method grounded in a philosophy of what troubled families need and want and can achieve.

Family Preservation

Family preservation is a radical departure from traditional efforts to help troubled families. For many years, out-of-home care was the usual social service "solution" for children whose parents failed to nurture and protect them. Intended as a short-term response to child abuse and neglect, foster care slowly grew into a full-blown system. As child welfare agencies found themselves beset by high caseloads, inadequate resources and adverse media coverage, they increasingly relied on foster care as the option of first, not last, resort. Not only were many children unnecessarily placed, but many remained in care for their entire childhood, shunted from home to home, only to "graduate" into an adult world for which they were not prepared.

In the 1970's, critics of foster care, both within and outside the system, began calling attention to these problems. They enlarged the customary focus

P H+CW 1-29-91

Attm # 2-18

on the abused and neglected child to include the foster child, who invariably suffers a sense of loss, anger, and diminished self-esteem as a result of separation and placement. Eventually, dissatisfaction with foster care culminated in Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, which was intended to reorient national policy priorities squarely in favor of placement prevention and family reunification. Family preservation emerged as a new method to support troubled families and keep them together.

Family preservation services for a family facing imminent removal of a child are short-term, in-home, and highly concentrated. Intervention proceeds from the notion that a family crisis presents an opportunity for its members to confront their problems and begin to work toward greater health and stability. Given proper supports and skills, parents can learn to fulfill their responsibility for the safety and well-being of their children. And whenever the family preservation service "works" — which is most of the time — a foster care placement that might otherwise have been thought to be necessary and inevitable turns out not to be necessary at all.

The Foundation supports family preservation efforts in three strategically related areas: model direct services, state programs and fiscal policies, and judicial and legal reforms.

Direct Services

At first, the Foundation funded a diverse set of direct service programs — some using a very short-term treatment, others intervening for a longer term; some relying on individual counseling, others on group sessions. One of those programs was Homebuilders, of the Behavioral Sciences Institute in the state of Washington. This past year, impressed by the careful design and demonstrated efficacy of the Homebuilders approach, we have focused on promoting its model of family preservation. Homebuilders staff work intensively with each client family for four to six weeks, making themselves available to the family around the clock. Besides teaching family management and parenting skills, Homebuilders helps the family find basic health and social services, including support groups. Operating in Washington since 1974, the program has had notable success, with 89 percent of its families still intact a full year after services have ended.

The Foundation wanted to see how effective Homebuilders would be in helping the very troubled families of the urban poor; with our assistance, it initiated a branch program with three caseworkers in the Bronx last April. Although only a couple dozen families have participated thus far, the Bronx program shows every sign of meeting the test, with 25 of 30 children remaining in their families to date. With this new and promising project, the Foundation has now supported a total of twelve direct service programs.

State Programs and Fiscal Policies

Private agency programs, however, reach only a small portion of families involved in the public child welfare system. State governments must also begin to promote family preservation and to effect reforms in legal, administrative, and fiscal policies. Historically, they have been reticent to do so, remaining skeptical about the effectiveness and cost-efficiency of family preservation. To help inform states of its viability, the Foundation has made seven grants over the past two-and-a-half years — two of these in 1987 — to state child welfare agencies. The results to date have been mixed. We have learned that introducing a new concept through the complex and overburdened bureaucracies of state governments can be delicate and difficult. Some states — notably Nebraska — have greatly ex-

PH&W
1-29-91
Attm # 2-19

panded the number of agencies and professionals committed to family preservation. But others have failed to develop the specific programming, policy support, or public funding for making family preservation an ongoing service.

Recognizing that state agencies often require sustained encouragement, the Foundation has funded experts from such organizations as the Center for the Study of Social Policy, the Children's Defense Fund, the Child Welfare League of America, the Changing Services for Children project at Bank Street College of Education, and the National Conference of State Legislatures to assist states in making reforms. Technical assistance from the National Conference of State Legislatures and the Center for the Study of Social Policy, for example, helped Iowa develop new legislation that establishes three family preservation programs and authorizes more flexibility in funding so that caseworkers can prepare innovative service "packages" for families in crisis. Other states have picked up these ideas without direct Foundation funding. New York's Office of Mental Health has been so impressed by the early performance of the Bronx Homebuilders that it plans to fund three new family preservation programs across the state. New Jersey has begun a statewide replication of Homebuilders, and is operating programs in four counties; eventually, Homebuilders will cover all of that state's twenty-one counties. In short, much remains to be done with state governments, but we are confident that our efforts and those of others are starting to pay off.

Judicial and Legal Reforms

Finally, because judges play such a crucial role in foster care decisions and have important responsibilities under Public Law 96-272, the Foundation has funded several projects to improve judicial practice affecting family preservation. The Federal law requires judges to determine whether "reasonable efforts" are made to prevent placement. A finding that the child welfare agency has failed to make such efforts may result in a case losing federal funding, thus creating a potentially strong incentive for placement prevention. In July, the Foundation published a "reasonable efforts" implementation booklet prepared by the Youth Law Center, the National Center for Youth Law, the National Council of Juvenile and Family Court Judges, and the Child Welfare League of America. Not only judges, but also caseworkers, attorneys, parents, and children, will benefit from these guidelines, which delineate the responsibilities of those authorized to provide services and make decisions about families. The Foundation funded two courts—one in Kentucky, the other in Michigan—and child welfare agency staff, advocates, and attorneys to implement the guidelines. The experience gained in these sites should assist other court systems in fulfilling the reasonable efforts requirement.

The Foundation's strategy for family preservation strives for carefully coordinated reforms in casework practice, public resource allocation, administrative policy, and judicial performance. We believe that these reforms must be comprehensive and complementary in order to be effective. Furthermore, although family preservation may appear to be narrowly focused, it has, in our view, the potential to revolutionize child welfare practice as a whole. If government commits itself to a philosophy that family integrity is the best means of protecting and nurturing children, much of the social services system may follow suit. Child protective services, income maintenance, health and medical care, substance abuse, and domestic abuse programs—all of these services can and should be restructured to make sustaining the family the first option in response to family crises. Given the chance to prove itself, family preservation could fundamentally reshape the way in which our society serves children and families in need.

PN+CW
1-29-91
Attn 2-20

▶MARKETING PROGRAMS & SERVICES-See Advertising Agencies & Counselors; Sales Promotion Service; Telemarketing Services

Marriage & Family Counselors

Baumann Carol 5847 SW 29 ——— 273-7292
Bellows-Blakely Karen
522 SW Washburn Av ——— 234-6844

BELOHLAVEK & WADE
ALLIED FAMILY MEDICINE & COUNSEL.
INDIVIDUAL • GROUP • COUPLES
GENERAL • SEX THERAPY
1115 S W 10 ——— 233-8268

Cain Brent 5847 SW 29 ——— 273-7292
Catholic Social Service
Individual & Family Counseling
306 SW Van Buren ——— 233-6300

CHARTER COUNSELING CENTER OF LAWRENCE
Outpatient Counseling For
Children, Adolescents & Adults
- Individual & Family Therapy
- Emotional & Behavioral Problems
- Depression & Stress
- Eating Disorders

Day & Evening Appointments
3210 Mesa Way Lawrence ——— 841-6000

CHRISTIAN COUNSELING SERVICES
Individual • Marital • Career • Family
Carroll Ohlde, PhD, M. Div.
Psychologist - Minister
1716 SW Gage Blvd ——— 272-0703

CIVIC CENTER COUNSELING CLINIC
Individual • Marriage
Divorce Adjustment Therapies
No Fee For Initial Consultation
R. DON STRONG, Ph.D.
★ See Display Ad This Classification
510 SW 14 ——— 232-8625

Clinical Practice Associates
2933 SW Woodside Dr ——— 271-0855
COMMUNITY SERVICE OFFICE-MENNINGER 234 S Kansas Av ——— 232-7214

CONFIDENTIAL PROFESSIONAL SERVICES
BRENDA J. ALEXANDER - MSW
MARITAL THERAPY • MEDIATION • DIVORCE
SEE LISTING UNDER PSYCHOTHERAPY
[illegible]21 SW Twilight Dr ——— 273-8852

Cross Point Ministries Inc
3124 SW 29 ——— 272-0004

DELGADO CUCA R MSW
INDIVIDUAL & FAMILY CRISIS STRESS
DEPRESSION
ADULT ADOLESCENT MARRIAGE
FAMILY COUNSELING
3600 SW Burlingame ——— 357-6142

Dick Verla W 5847 SW 29 ——— 273-7292
Eberhart-Wright Alice
[illegible]00 SW Burlingame Rd ——— 267-0156

FAMILY SERVICE & GUIDANCE CENTER OF TOPEKA INC
Outpatient Services
2914 SW Plass Ct ——— 267-0088
First Church Of The Nazarene
1001 SW Buchanan ——— 232-3316
Heyde Sherry 5847 SW 29 ——— 273-7292
Hill Sara MSW 325 Frazier ——— 273-7500
Hunter-Levy Kathleen LMHT
4125 SW Gage Center ——— 273-5610
Jain Sharat K 5040 SW 28 ——— 271-0858
Evenings & Emergency ——— 271-7141
Jain Sudha 5040 SW 28 ——— 271-0858
Levy Edwin Z 4125 SW Gage Center —273-5610

LUTHERAN SOCIAL SERVICE
INDIVIDUAL • MARITAL • FAMILY
PSYCHOLOGIST - MINISTER
CARROLL OHLDE, Ph D
1716 SW Gage Blvd ——— 272-0703

Marquardt Allan H 2115 W 10 ——— 233-3326
Maxfield Richard B
1208 SW Tyler ——— 234-1010

MCKAMY ELIZABETH H
LSCSW
Family • Individual • Group
Midlife Crisis • Grief • Chronic Illness • ACOA
3600 SW Burlingame Rd ——— 267-0156

MCNEER C CONRAD REV
MARRIAGE & FAMILY THERAPIST
FELLOW, AMERICAN ASSOCIATION
OF PASTORAL COUNSELORS
3600 SW Burlingame Rd ——— 267-0150

MENNINGER
MARRIAGE AND FAMILY COUNSELING — Menninger
MENNINGER
5800 SW 6 ——— 273-7500

METROPOLITAN CLINIC OF COUNSELING OF KANSAS INC-MCC
820 SE Quincy ——— 232-6383
Mills Carrol 1822 SW High Av ——— 232-5286
Moseley Jack 5847 SW 29 ——— 273-7292
Potter Greg 3601 SW 29 ——— 273-1661

POWELL & ASSOC
Individual • Marriage • Family
Children • Group • Adoptions • Sex
Counseling • Stress Mgt. • Divorce
Psych. Eval.
Career Counseling•Evening Appts•Insurance
5847 SW 29 ——— 273-7292

Procter Robert L
PhD Licensed In Kansas
Clinical Psychologist
1001 SW Garfield Av ——— 235-2793

PSYCHOTHERAPY SERVICES
- ANGER • CONTROL
- COMMUNICATION • CODEPENDENCY
- CHEMICAL DEPENDENCY ISSUES
- SEXUAL / INTIMACY ISSUES

DAVID JENSEN, MSW, AND ASSOCIATES
4125 SW Gage Center Dr ——— 271-1662

SHADOW WOOD MENTAL HEALTH SERVICES
MARRIAGE AND FAMILY COUNSELING
INDIVIDUAL AND GROUP THERAPY
Women's Issues • Eating Disorders
Divorce Mediation • Incest Survivors
Grief Work • Sex Therapy • Hypnosis
Children of Divorce • Stepparenting
Connie Reynolds, M.S.W. AAMFT
Joann Wood, M.S.W., LSCSW
George Berlin, M.S.W., LSCSW
Donald Frey, LSCSW
Colleen Ellis, LSCSW Janet Snower, LSCSW
Gail Smith, LSCSW
Jane Flett, M.S.W., LSCSW
Jon Farrell-Higgins, Ph.D.
Jack Moseley, M.S.W., LSCSW
Joanne B. Lyon, Ph.D.
273-6751
2933 SW Woodside Dr

SHAWNEE COMMUNITY MENTAL HEALTH CENTER
24 HOUR EMERGENCY SERVICE
OUTPATIENT SERVICE
2401 SW 6 ——— 233-1730

Go for the gold.
Gold Pages discount coupons.

SHUNGA CREEK MENTAL HEALTH SERVICES
INDIVIDUAL & GROUP THERAPY
MARRIAGE & FAMILY COUNSELING
SEE AD AT MENTAL HEALTH CLINICS
5040 SW 28 ——— 273-6200

STORMONT-VAIL PASTORAL COUNSELING CENTER
INDIVIDUALS • COUPLES • FAMILIES • GROUPS
Rev. C. Conrad McNeer
Rev. Tyrus C. Petty
Douglas D. Sheafor, MD (Medical Director)
3600 Burlingame Rd ——— 267-4210
Or ——— 354-6160

STRONG R DON
Counseling Office 510 SW 14 ——— 232-8625
STUCKY PATRICIA
3600 SW Burlingame Rd ——— 267-0156
TOPEKA PSYCHIATRIC CENTER-PA
Ofc
Selig,Richard H LSCSW-ACSW
823 SW Mulvane ——— 233-7138

TOWLE PHILIP E
MARITAL, PRE-MARITAL,
STEPPARENT, CHILDREN
AND FAMILY ISSUES
3641 SW Plass Av ——— 266-2525

Twemlow Stuart W 5040 SW 28 ——— 272-5222
University United Methodist Church
1621 SW College Av ——— 235-2331

▶MARTIAL ARTS-See Karate & Other Martial Arts-Instruction

Mason Contractors

Brick Masters Inc
2737 SW Osborn Rd ——— 273-3021
CHILSON WALT MASONRY
4009 N Kansas Av ——— 286-2383
DESCH & SAUNDERS MASONRY
FIREPLACES - PATIOS - VENEERS
STONE - BRICK - BLOCK - NEW & REPAIR
1636 SE Hudson ——— 354-4806
Or ——— 354-8712

Gardner Masonry
3940 SE US Hwy 40 ——— 232-6028
Greeson Mike Masonry 623 NW 43 ——— 286-2613
Jayhawk Masonry Inc
330 NW Norris ——— 232-6920
POWELL MASONRY CORP
RESIDENTIAL • LIGHT COMMERCIAL
FIREPLACES - NEW OR REMODEL
George Powell • Keith Powell
2318 SE 28 Ct ——— 267-1145

Rutherford Masonry Construction
PO Box 247 Auburn ——— 671-2385

Business people: Have you thought about your ad in *The One and Only* Southwestern Bell Yellow Pages recently? Do you take bid work? Be sure and say so in your Yellow Pages ad.

SCOTT MASONRY INC
Complete Masonry Work
Brick Stone Block
Brick Cleaning & Restoring
All Types Stone
DAVID SCOTT -
DON SCOTT - OWNERS
4720 SW Topeka Av ——— 862-0394
If No Answer Call ——— 266-5566
Or ——— 286-2141

SHAMROCK MASONRY
Tom Brand 25 Years Experience
Rt 2 Box 291 Valley Falls ——— 945-6851
Stewart James Lowell & Sons
Masonry 7024 SW Indian Hills Rd—256-2456

Mason Contractors Equipment & Supplies

Wholesale Roofing & Masonry Supply
1001 SE 2 ——— 232-2428

▶MASQUERADE COSTUMES-See Costumes-Masquerade & Theatrical

Massage

Appearance Plus Salon 5334 SW 17—272-6581

D MAGGIE KELLEY
REGISTERED MASSAGE THERAPIST
CERTIFIED INSTRUCTOR
MEMBER AMTA & IMF
707 SE Quincy ——— 233-7073

Heartland Massage Therapy
2400 SW 29 ——— 266-0777
HEARTLAND THERAPY
I.M.F. CERTIFIED THERAPIST
SWEDISH • JAPANESE • THERAPEUTIC
MALE OR FEMALE - BY APPT.
2400 W 29th ——— 266-0777

Kelley D Maggie 707 SE Quincy ——— 233-7073
Over The Rainbow 412 SW 14 ——— 232-6711
TOPEKA NATURAL THERAPEUTICS
Certified Therapeutic Massage
John J. Parker, NTS,
Lynn Stallard, MsT
- Flotation Tanks • Cranio-Sacral
- Reflexology • Shiatsu
- Acupressure • Relaxation Music
- Energy Breathing & Awareness Consulting

2901 SW Burlingame Rd ——— 266-3016

Triad Natural Theraputics
1887 NE Burgess Ct W ——— 234-3124
Whole New You 901 SW Fairlawn Rd-273-6398
YWCA
SWEDISH MASSAGE
REFLEXOLOGY
BY APPOINTMENT
225 SW 12 ——— 233-1750

Dial toll free 1-800-SWB-BOOK (1-800-792-2665) for additional copies of this directory.

PH-W 1-24-91 attm #3
R. Hein

KANSAS MEDICAL SOCIETY
1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383
Kansas WATS 800-332-0156 FAX 913-235-5114

January 28, 1991

TO: House Public Health and Welfare Committee

FROM: Kansas Medical Society Chip Wheelen

SUBJECT: House Bill 2017, Registration of Marriage and Family Therapists

The Kansas Medical Society wishes to express its support of the concept of registration of marriage and family therapists.

The question of credentialing this category of practitioners was referred to the Kansas Psychiatric Society when an application for licensure was considered by the Credentialing Committee of the Kansas Department of Health and Environment. After review by the KPS, it was concluded that the practice engaged in by marriage and family therapists does not pose sufficient potential harm to the public to warrant licensure. For that reason and others, the application for licensure was opposed at that time.

The KPS report was relayed to the Legislative Committee of the Kansas Medical Society at which time it was pointed out that primary care physicians are oftentimes confronted with patients who are suffering the consequences of dysfunctional family situations. Because such patients are not mentally ill, medical treatment by a psychiatrist or other physician is not indicated. Instead, the patient (or family) should be referred to a professional who specializes in marriage and family counseling. If the title "marriage and family therapist" (MFT) is legally protected by a registration requirement, a referring physician can be assured that the MFT has met minimum standards to become registered and can be disciplined if he or she engages in any form of unprofessional conduct. It is for this reason that our Legislative Committee endorsed registration. We do, however, continue to oppose licensure of this group.

Thank you for considering our comments on this subject.

CW/cb

Attached
1-29-91
Attm. #4

State of Kansas
[redacted]r
Governor Joan Finney
Department of Health and Environment
Division of Health
Landon State Office Bldg., Topeka, KS 66612-1290

Acting
Stanley C. Grant, Ph.D., Secretary

Reply to: _____
FAX (913) 296-6231

296-1240

January 29, 1991

The Honorable Carol H. Sader, Chairperson
House Public Health and Welfare Committee
State House - Room 272-W

RE: House Bill 2017

Dear Representative Sader:

Testimony was presented on January 28 regarding House Bill 2017 indicating that registration of marriage and family therapists was required by the Nursing Home Reform Act of 1987 in order for marriage and family therapists to practice in an adult care home.

The Bureau of Adult and Child Care, Kansas Department of Health and Environment (KDHE) is charged with the responsibility to implement this federal legislation. We were asked to review the Nursing Home Reform Act and regulations adopted pursuant to that Act to ascertain whether such a requirement existed. No basis for the testimony could be found.

There is a long standing federal regulation, re-confirmed in CFR 483.75 effective October 1, 1990 that a facility "must operate and provide services in compliance with all applicable federal, state, and local laws and accepted professional standards." This has never been construed, however, to require that a particular occupation or profession be registered or licensed.

KDHE believes it is important for the Committee to know that the Nursing Home Reform Act does <u>not</u> require marriage and family therapists to be registered or credentialed in any way.

Thank you for your consideration.

Sincerely,

Joseph F. Kroll

Joseph F. Kroll, Director
Bureau of Adult and Child Care

JFK/lh

pc: Richard J. Morrissey, Deputy Director, Division of Health

PHWelf
1-29-91
attm #5

Charles Konigsberg, Jr., M.D., M.P.H.
Director of Health
(913) 296-1343

[redacted]
Director of Environment
(913) 296-1535

Lorne Phillips, Ph.D.
Director of Information Systems
(913) 296-1415

Roger Carlson, Ph.D.
Director of the Kansas Health and Environment Laboratory
(913) 296-1619

KANSAS HOUSE PUBLIC HEALTH & WELFARE COMMITTEE TESTIMONY

BILL DEAN
NATIONAL KIDNEY FOUNDATION BOARD MEMBER
&
PUBLIC POLICY COMMITTEE CHAIR

January 28, 1991

HB 2016, re-established the Kansas Kidney Program, establishes an Advisory Commission on end stage renal disease (ESRD) and a program for the care and treatment of qualified persons suffering from ESRD.

This program is to be administered at the University of Kansas Medical Center (UKMC) by a newly established department, under an Advisory Commission of physicians, dialysis center administrators, nurses, surgeons, social workers, consumers, and legislators. Funding of this program provides funds for the care and treatment of ESRD patients so that no person or family in Kansas is unjustly or unduly burdened by the cost of care.

To give you some history, Kansas legislators were progressive in establishing a Renal Disease Program in 1970, but funding was inadequate to meet the needs and was quickly used up by a few patients. In the last few years no more than 16 patients, from five facilities, received assistance through this limited program. From 1984 to 1988 there was no funding and the legislation was repealed in 1988.

End stage renal disease (ESRD) is a life-threatening disease which, only a few years ago, was fatal. Technology has extended life expectancy through treatments of dialysis and transplantation. However, the costs associated with these life-sustaining treatments cause financial and psychological burdens for those unable to pay.

Dialysis treatments usually involves three (3) dialysis sessions per week for approximately four hours each session costing about $130.00. On an annual basis, each patient incurs dialysis costs of approximately $35,600. Medicare pays 80% or $29,400.00 leaving $6,190.00 per year as the patient's or a third party payer's responsibility. Added to the patient's responsibility is the one time deductible amount of $100.00 annually and the $29.90 per month insurance premium for Part B Medicare coverage. Under HB 2016, these premiums would be covered for qualified ESRD patients.

Kansas does have QMB (Qualified Medicare Beneficiary) Program. Beth Witten will address this program in her testimony.

PHWW
1-29-91
attm #6

Other necessary medical services provided by physician's are subject to the 80/20 percent co-payment requirements of Medicare Part B insurance. Transplant patient's immunosuppressive drugs are covered for a period of one year from date of dismissal from the hospital, after a successful transplant. The transplant patient must pay for these expensive medications from year two and beyond.

Finally, no costs for transportation to dialysis centers and no costs for many medications are covered by Medicare.

INCIDENCE

ESRD patients reside in 100 of our 105 counties in Kansas. In 1989, newly diagnosed ESRD patients had the following co-existing diseases:

Diabetes	32%
Hypertension	28%
Glomerulonephritis	20%

Demographics of the current ESRD patient are as follows:

86% white	12% black	1% Asian	1% American Indian
58% male	41% female		

The average age of newly diagnosed patients is early 60's, but 1% were under age 1 and 6% are over age 80.

Treatment modalities data as of 8-31-90 reflects:

Center hemodialysis	792
Home dialysis	356
Transplants	374

Of the total 1,522 ESRD patients in Kansas, 25% are transplant patients.

The 1990 Kansas Legislative Interim Study by the Public Health and Welfare Committee requested that we supply a budget request for patients needing assistance in dealing with ESRD. An in-depth study reflected the following needs:

Direct Treatment	(dialysis/transplant patients)		
Inpatient	(111 patients)	$401,200	(12%)
Outpatient	(101 patients)	809,000	(24%

PHHW
1-29-91
Attm# 6-2

Indirect treatment (dialysis/transplant patients)

Transportation	(171 patients)	$205,200	(6%)
EPO (drug)	(282 patients)	454,584	(14%)
Cyclosporine	(68 patients)	244,800	(7%)
Other medicines	(599 patients)	718,800	(21%)
Premiums	(267 patients)	198,684	(6%)
Medicare & Supplement Transplant Asst.	(24 patients)	16,500	(1%)
Education: In community pre-dialysis patient & professional		72,832	(2%)
Research: Prevention , innovation and cost-containment		75,000	(2%)
Administration:		159,830	(5%)
Total.....			$3,356,430
Estimated cost/Kansas ESRD patient		2,205 per year	

Benefits to State by enacting HB 2016:

* Payment of medications for eligible patients could prevent needless complications and hospitalizations caused by non-compliance due to financial hardship.

* Payment of Cyclosporine (anti-rejection drugs) for patients without insurance coverage could extend the more cost effective mode of transplant to those who could not or would not consider this option.

* Payment of EPO for persons without insurance coverage would allow greater rehabilitation.

* Payment for education and research could postpone need for treatment. (Current rate of patient increase is 21% for the period 12/31/89 through 8/31/90).

PHHW
1-29-91
Attm# 6-3

* Consumer education/awareness of need for donated kidneys will allow for more transplants resulting in less dialysis costs and transplant patients improved quality of life.

* Payment for pre-dialysis education could promote choice of cost effective modes of treatment.

* Shift financial burden to private sector through purchase of insurance for eligible patients lowering burden on Medicaid for inpatient and out patient care and drug benefits.

Based on legislators' recommendations, a request was made that the program be administered at the University of Kansas Medical Center.

KUMC officials endorsed and supported the program within the fiscal note outlined above. Having the program administered by the University of Kansas Medical Center, provides several cost containment option s.

* Coordination with KUMC's circuit program could provide greater access to educational opportunities for a greater number of professionals and patients at lower cost.

* KUMC contracting with drug manufacturers (Amgen, Sandoz, etc.) to keep costs of drugs to the program at a minimum.

* Centralized purchasing and distribution of costly medications for greater cost savings to the Program and to Kansas Medicaid.

The Special Legislative Interim Committee of Public Health and Welfare concluded that qualified ESRD patients in Kansas would benefit by the creation of a program of state financial assistance. In reaching this conclusion, the Committee was aware that there are other life-threatening health conditions that afflict Kansans and that many of those Kansans would be benefited by legislation that targeted them and their disease or condition for state financial assistance. Nevertheless, it was the Interim Committee's belief that persons suffering from ESRD will be better able to return to or maintain a life style and living standards commensurate with the general population of the state if they can receive state financial assistance that enables them to receive adequate care for the condition they suffer.

Pltrcu
1-29-91

Attm #6-4

The Special Legislative Interim Committee of Public Health and Welfare recommended HB 3016 be drafted to re-initiate in Kansas an end stage renal disease program.

I ask for your support and passage of HB 2016.

Sincerely,

William A. Dean

WAD/mb

code: NKF testimony

Attached
1-20-91
Attach 6-5

Testimony before the House Public Health & Welfare Committee
on HB 2016

January 29, 1991

Robert S. Wunsch
University of Kansas Medical Center

Thank you Madam Chairman. I am appearing as a conferee on behalf of the University of Kansas Medical Center. Unfortunately, neither Executive Vice Chancellor D. Kay Clawson nor Dr. Jared Grantham, who holds international prominence as a nephrologist, could appear because of prior commitments which could not be cancelled. They both enthusiastically support the passage of HB 2016

At the University of Kansas Medical Center, we feel very strongly about our state-wide responsibility for health care programs and the quality of health services available to Kansas citizens and would wholeheartedly endorse almost any proposal which would enhance or improve the quality of health care for our citizens. Because the Medical Center is located near the Kansas-Missouri state line, we provide health services for a large number of patients from Missouri and, therefore, are very familiar with the Missouri kidney program. Many additional services provided to Missouri residents under the auspices of this program are not available to Kansas residents. Oftentimes, our Kansas patients have difficulty understanding why they are not entitled to the same benefits that Missouri residents receive. With the expansion of Medicare coverage for End Stage Renal Disease (ESRD) in 1972, the quality of life for persons suffering from renal disease was significantly improved; however, there are still limitations to that coverage. Some Kansans are without adequate coverage when their Medicare benefits are exhausted.

Attached
1-29-91
Attm # 7

Conferees today and tomorrow will suggest that Kansas should reinstate a renal dialysis program similar to the current program in Missouri which is administered by the University of Missouri School of Medicine. We concur in the opinion that the Missouri plan is an excellent model for states considering the establishment of a similar program. The Missouri program includes a research component allowing grants to health care providers and medical schools who are conducting research in End Stage Renal Dialysis. Our own Nephrology faculty have received awards from the Missouri program for such research undertakings during recent years.

Should the Legislature determine that such a program be initiated in Kansas, we at the University of Kansas Medical Center would be very willing to be of assistance in its implementation and administration. Approximately 3/4 of the nephrologists in Kansas were trained at the Medical Center. We feel we have an excellent base upon which this program could develop and prosper.

If the Legislature enacts and funds HB 2016, please know that the faculty and staff at the University of Kansas Medical Center will be wholehearted in its support of and commitment to this program and will enthusiastically implement and administer the same.

Thank you.

PHell
1-29-91
Attm. 7-2