

Approved _____ 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 February 13, _____, 1991 in room 423-S of the Capitol.

All members were present except:

Rep. Cribbs, excused

Committee staff present:

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

Conferees appearing before the committee:

Representative Keith Roe
Dr. Pat Schloesser, Formerly of Dept. of Health/Environment
Orville Voth, Silver Haired Legislator, Manhattan, Ks.
Gayle Bainter, Silver Hair Legislator, Sheridan County
Lila Paslay, Association for Retarded Citizens of Kansas
Dana Kelly interested parent, Assn. for Retarded Citizens, Topeka, Ks.
Dawn Merriman, interested parent, Salina, Ks.
Cedric Moege, Silver Haired Legislator, Topeka, Ks.

Written testimony only from:

Gay Gibson for Lawrence Bechtold, Chair of State Legislative aCoimmittee,
Ks. AARP.
Linda Wright, Ks. Liaison, Alzheimers Assn.
Kevin Siek, Ks. Dept. Human Resources
Mrs. Hilda Enoch, President Kaw Valley Chapter, Older Women's League
John Kelly, Developmental Disabilities Services

Chairperson Sader called meeting to order welcoming all those present.

Chair recognized Rep. Keith Roe who has a bill request.

Rep. Roe noted this subject matter had come to his attention, and although it will be necessary in only a few situations, it is a necessary law. He explained request i.e., requiring certain dental examinations and records before cremation in certain situations where a positive identification of a body has been difficult. He drew attention to draft, (Attachment No. 1). Rep. Carmody moved to introduce this as a committee bill, seconded by Rep. Praeger, motion carried.

Chair drew attention to agenda.

HEARINGS CONTINUED ON HB 2019.

Chair recognized Dr. Pat Schloesser a former Department Head of Division of Health/Department of Health/Environment.

Dr. Schloesser noted she was pleased to have been asked to speak to committee about HB 2019. She outlined necessity of preventive care, curative care, and health screening. She noted the importance of early recognition of health needs. She gave background of early days of primary care given at first to migrant workers in the state. She outlined progression of primary care in the state. She noted that Federal programs are grossly underfunded. It is a fact that there are 100,000 children in Kansas that are uninsured, so there is an urgent need to develop new ways to deliver services. Evaluation of these services will be tricky. It will be important to build the intra-structure of a program of this type she noted. She likes language in bill that deems health providers as charitable health providers. She answered numerous questions.

Chair closed hearings on HB 2019.

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 HEALTH AND WELFARE

room 423-S Statehouse, at 1:30 a.m./p.m. on February 13, 1991

Chair drew attention to HB 2033.

Ms. Correll gave a comprehensive briefing on HB 2033. She noted there have been at least 5 bills on this same subject in years past, none of which have been enacted. She noted language regarding disabled person in this act is defined for the purpose of this bill differently but otherwise means a person who is in need of a guardian or conservator. She noted language concerns committee might wish to look at, i.e., reference to incompetence. She noted the disabled persons in this act would not be incompetent to be eligible for tax relief, only those with functional disabilities. Ms. Correll drew attention to sub sec. (c) lines 26-28, noting this language may be more restrictive than committee may intend.

Chair noted today is Older Citizens day in the Capitol, and she thanked them for coming and for their involvement in legislation.

HEARINGS BEGAN ON HB 2033:--

Orville Voth, Silver Haired Legislator, see (Attachment No. 2). Chairperson Sader informed committee that Mr. Voth is the initial sponsor of this type of legislation.) Mr. Voth noted there is ample evidence to verify that home-based care of the frail elderly, physically and mentally disadvantaged citizens is preferable to institutional care. It remains puzzling that previous attempts to pass legislation such as HB 2033 have failed. He noted enactment of HB 2033 not only will save money, but will enable home based care services to reach more people. He urged support.

Mr. Gayle Bainter, Silver Haired Legislator, Dresden, Kansas offered handout (Attachment No. 3). He urged favorable consideration of HB 2033, which would allow a tax credit to family care-givers. He quoted statistics on growing numbers of elderly disabled. The proposed tax credit of \$600 will buy only about 10 days of care in a nursing home facility. He noted HB 2033 should disprove the perception that Silver Haired Legislation supports only programs that benefit seniors, because the recipient of tax credit can be an adult of any age, and the recipient of the in-home care can be a person of any age.

Lila Pasley, Association for Retarded Citizens of Kansas offered hand-out (Attachment No. 4). She spoke in support of HB 2033 noting, if enacted it could help families with a mentally retarded family member. Financial disaster is of great concern to these families. Many expenses incurred by these families are not always tax deductible, i.e., medical and/or child care expenses; special foods; special equipment. She noted with the current daily rate of more than \$200 a day for some citizens in state institutions, a \$600 tax credit is fairly insignificant. She urged the income requirement to be removed since middle income families have the fewest financial resources from entitlement programs. She urged support for HB 2033.

Dana Kelly, parent of 19 year old Brian, who requires total care and lives at home, urged support for HB 2033, and recommended the ceiling level be lifted on the adjusted gross income of \$40,000. Middle income families who have salaries in this range, do not qualify for most entitlement programs and are financially drained because of expenses incurred caring for disabled family members at home. They can and are grateful that they can afford Blue Cross/Blue Shield, but paying entirely for other expenses would startle the imagination. She highlighted some of the expenses they incur. She noted an estimated average cost for F.Y. 1992 per patient for institutional care is \$74,898. Their family saves the state that amount each year, and has for the past 17 years. She urged support for her request to raise the ceiling income level and to pass HB 2033. (Attachment No.5).

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S Statehouse, at 1:30 a.m. on February 13, 1991

Dawn Merriman, parent of a disabled 11 year old son, offered hand-out (Attachment No. 6). She spoke of concerns with rising health insurance costs, while benefits decrease. She cited specifics in dental care, noting dental insurance will not pay, claiming it is a medical procedure for her son since he requires a general anesthetic. The medical insurance claims it is a dental procedure, so the family must pay. She supports HB 2033, however, stated that a \$1000 tax credit would be more realistic, and that increase in income requirements of \$60,000 for joint, and \$30,000 an individual, would serve more families with these concerns. She urged support.

Cedric Moege, Silver Haired Legislator offered hand-out (Attachment No.7) and spoke in support of HB 2033. He stated concerns to the practicality of the bill, i.e., income limitations for eligibility; credit cannot be claimed if child or dependent care expenses made on tax returns; definition of a "disabled person"; lack of funding mechanism to replace lost revenues to the state. He offered suggestions for funding for programs for elderly, i.e., requiring all retired persons to pay state income tax on their retirement, making taxation more equal. This tax could be ear-marked for state programs for the elderly.

Chair indicated written testimony on HB 2033 to be recorded as attachments this date are as follows:

Linda Wright, Ks. Liaison for Alzheimer's Association (Attachment No.8).
Kevin Siek, Dept. Human Resources, (Attachment No. 9).
Hilda Enoch, President of Older Women's League, (Attachment No. 10).
Lawrence Bechtold, Chair of AARP Legislative Committee, (Attachment No.11).
Basil Covey, Legislative Chair, Ks. Retired Teachers, (Attachment No.12).
John Kelly, Executive Director Ks. Planning Council on Developmental Disabilities Services, (Attachment No. 13).

HEARINGS CLOSED ON HB 2033.

Chair drew attention to HB 2018.

Chair stated there had been questions raised in regard to HB 2018. Chair requested Ms. Correll to detail the issues and policy considerations in HB 2018.

Ms. Correll offered hand-out (Attachment No. 14) a summary of statutes K.S.A. 65-241 through K.S.A.-246.

Ms. Correll noted she, and Mr. Furse had prepared this hand-out, i.e., summary; the entire act; copy of statutes affected; and the amendments proposed by the Department of Health/Environment. She gave a background on this legislation, stated critical areas in language, explained why the fiscal year in language of the bill is important. She explained in detail the statutes regarding HB 2018. Ms. Correll then answered numerous questions, i.e., should the \$7000 floor amount be eliminated if the money is pro-rated; local health departments have their funds only for the first half of the year and this does indeed create problems for county clerks. It was noted it might be helpful to the Department of Health/Environment if quarterly payments could be adjusted. Ms. Correll noted confusion results if Department of Health/Environment interprets statutes to read the counties must comply by the state's fiscal year and this complicates matters for counties and for the Department.

At this time Chairperson Sader urged all members to study the information given by staff members (Attachment No. 14), and conversation will continue tomorrow on HB 2018.

Chair adjourned the meeting.

UEST REGISTER

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

DATE Feb 13, 1991

NAME	ORGANIZATION	ADDRESS
Opille Votr	Silver Haird League	Lawrence, Ks
Gayle C. Baister	" " "	Shawnee, KS
Larry Wilson	AARP	Topeka, Ks.
Donna Kelly	Topeka GAP, Inc	Topeka
Lela Paslay	ARC/Kansas	Shawnee
Dawn Memman	Parent	Salina
Th. Bestgen	KARF	Topeka
John Strickler	KAPS	Manhattan
KEITH R LANDIS	CHRISTIAN SENIORS COMMITTEE ON PUBLICATION FOR KANSAS	TOPEKA
Cedric Moeger	SHL	"
JAN BUEKER	K-NASW	TOPEKA
Gary Felip	K-NASW	Topeka
Palmer McCoy	JAAA Board	Lawrence, Ks
Naomi Kidd	Older Women's League ^{Sec.}	Lawrence Kansas
Kay Bailey	Elsworth County Council on Aging	Elsworth
Helen Mickleley	Ells. Co. Council on Aging	Wilson Ks.
Kathy Bateman	North K.C. Alzheimers Assoc.	Overland Park, Kansas
Harriet Duff	Greater K.C. Alzheimers Assoc.	Shawnee Mission, KS
Martha Gabehart	KS Commission on Disability Concerns	Topeka
Kevin Siek	"	"
Sandra Strand	Dg. Co. Senior Services	Lawrence
Mary Inez Segrist	# Older Women's League # Church Women United	614 Saratoga Place Lawrence 66046
Linn McDonald	Kansas Assoc of Centers for Independent Living	Topeka 66604 3455 E Topeka Blvd
Laveria Schloesser (M)	SOCC	Topeka
Teresa Floreschinger	Budget	Topeka
Joyce Volmest	3701 S. Shawnee Co. Health 3715 Lakeside	Topeka, KS 66606
Sister Mary Rosalyn Driscoll	Marian Clinic	1001 Karpis, Topeka, KS
Pat Hurley	Marian Clinic	" " 66604 66604

ALAN COBB
Steve McNeill
Michelle Campbell
- Mary Sullivan

WICHITA HOSPITALS
KDHE
DCCX
IMP/SRS

WICHITA
Tanya
Tanya
Tanya

DRAFT

HOUSE BILL NO. _____

By Representative Roe

AN ACT concerning certain dead bodies; providing for the making of certain dental examinations and records thereof or the preservation of certain dental evidence; requiring the retention of such records or evidence.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) When the death of a person is a death described in K.S.A. 22a-231 and amendments thereto and a criminal investigation is or is likely to be conducted regarding the death, the district coroner having charge of the body shall cause:

(1) A forensic dental examination to be made of the body, which examination shall include complete charting, dental x-rays and detailed dental intra-oral photographs; or

(2) the complete maxillia and mandible of the body to be removed and preserved.

(b) If a forensic dental examination is made pursuant to subsection (a), the coroner shall cause two copies of the examination records to be made.

(c) All records and copies of records of a forensic dental examination made pursuant to this section, or any maxilliae and mandible removed pursuant to this section, shall be preserved and retained in evidence until all criminal investigations and judicial proceedings that may arise from such investigations are finally determined.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.

P. H. W.
2-13-91
Attn #1.
Roe

home-community based services
HCBS not HCBC.

#2

February 14, 1990

Testimony before the House Public Health and Welfare Committee concerning HB 2033.

I am Orville Voth, Speaker, Silver Haired Legislature. Thank you for the opportunity to speak in support of HB 2033.

There is ample evidence and sufficient testimony to verify that home-based care of the frail elderly, physically and mentally disadvantaged citizens is preferable to institutional care. This has been recognized by the state by the enactment of such programs as Income Eligible Home care and Home & Community Based Care of the SRS; KDOA in-home support services under the Senior Care Act and attendant care services for functionally disabled. If this trend is seen as a positive one it is puzzling that measures similar to HB 2033, such as last year's HB 2052 and several previous attempts by the Silver Haired Legislature have failed in spite of the fact that they would save the state money.

He outlined cost

A Report of the Kansas Legislative Research Department to the Legislative Budget Committee (July 10, 1990) shows that it costs SRS \$572 per month per care recipient in the HCBC program. HB 2033 would cost \$600 per year per recipient. Which program costs less? Of course, it is probably unrealistic to expect HB 2033 to replace HCBC completely for a given care recipient. If one assumes that a beneficiary of HB 2033 continues to use HCBC services at half the current rate, i.e., 26 hours per month, HB 2033 would save \$286 of HCBC care which means that after 2-3 months the \$600 tax credit would be matched for the year. Another perspective is that HB 2033 will enable HCBS programs to reach more people.

In this year of extreme fiscal 'noteworthiness' I urge the committee to review the July 10 memorandum referred to earlier. I believe that document alone provides adequate justification for support of HB 2033.

Thank you.

PHW
2-13-91
Attn #2

To the Chair and Members of the Committee on Public Health and Welfare

I am Gayle Bainter, member of the Kansas Silver-Haired Legislature. I had the privilege of introducing SHL No. 704 to the Taxation B Committee and carrying the bill on the floor of the Silver-Haired Legislature. House Bill No. 2033 is virtually a "carbon copy" of SHL No. 704. SHL No. 704 passed by a vote of 111 to 11 with one abstention.

I urge the passage of HB No. 2033, allowing a tax credit to family care-givers. These unsung heroes and heroines deserve a reward for providing in-home care for the elderly, the handicapped, and the mentally retarded; care without which the state will pay dearly in providing institutional care.

According to a new study by the "Agency for Health Care Policy and Research", an estimated 13.3 million Americans have a disabled elderly parent or spouse and are therefore potential care-givers. In-home care will keep many from being placed in nursing homes.

The amount of income tax credit, \$600, will buy only about 10 days in a Nursing home. This fact, substantiated by the fact that the state will pay for institutional care as soon as the resources of the disabled are depleted, makes HB No. 2033 a means of saving funds rather than being a financial burden to the state.

So we are not talking about a measure that will require more state funds. HB No. 2033 when implemented would save state funds. The majority of in-home caregivers will not have a taxable income of \$13,300 in the case of a single person, or \$16,400 in the case of a married couple filing jointly. These are the amounts of taxable income needed to incur a tax liability of \$600. But if these family caregivers do have taxable income in excess of these amounts, they deserve a reward for their efforts.

To some there is the perception that the SHL supports only those programs that benefit seniors. This bill should disprove that perception because the recipient of the tax credit can be an adult of any age, and the recipient of the ~~in-home~~ care can be a person of any age.

Thank you for your time and your careful consideration of this bill.

Gayle C. Bainter
Silver-Haired Legislator, Sheridan County
RR 1, Box 27
Dresden, Kansas 67635

PHW
2-13-91
Attn. # 3



Hope through understanding

February 13, 1991

TO: Rep. Carol Sader, Chair
Members of the House Public Health
and Welfare Committee

FROM: Lila Paslay, Chair
Legislative Affairs Committee

RE: H. B. 2033

I represent the Association for Retarded Citizens of Kansas, a volunteer advocacy organization with a membership of 5,000 individuals who are involved in 37 local ARC units across the state of Kansas. Most of the members are parents with sons and daughters who have mental retardation.

The association supports H. B. 2033.

This legislation, if passed, could help in alleviating the plight of many families with members who have mental retardation/developmental disabilities. The birth of a child with mental retardation/developmental disabilities can place a family close to or over the edge of financial disaster. The recent article in the Topeka Capital Journal regarding the search of KNI for foster families gave as one of the reasons children were institutionalized was the financial problems of the families. There has been little recognition by the state of Kansas that these families who have chosen to keep their members in their home involved in their communities. Their choices have saved the state thousands of dollars over several years.

Expenses incurred by these families are not always tax deductible as medical expenses or child care expenses. Babysitting to meet needs other than employment, special foods which may not be ordered by a physician, equipment needed at home which may not be medical in nature, are a few of the examples. You will hear from families regarding these needs.

With a daily rate of more than \$200 per day for some Kansas citizens who are in state institutions, a \$600 tax credit is fairly insignificant. We would urge you to remove the income requirement. Middle income families have the fewest financial resources from entitlement programs.

We urge your support of H. B. 2033.

PPK
2-13-91
Attn # 4

February 13, 1991

Testimony to the Kansas House Public Health and Welfare
Committee:

My name is Dana Kelly. My son is Brogan Kelly. He is a 19
year old young man with severe, multiple handicaps as a result of
an accident when he was two years old. He has no purposeful
muscle control and requires my total care. He cannot feed
himself or communicate. He lives with our family at home.

I am speaking in support of H.B. 2033 allowing the \$600
credit against Kansas Income Tax liability if a qualified
relative provides in-home care to a disabled person for at least
six months of the year. However, I would strongly urge you to
lift the ceiling level of the adjusted gross income of \$40,000.
It is the middle income families who have salaries over \$40,000
who do not qualify for most entitlement programs and who are
financially drained by the costly care for our young people.
For instance, a friend of mine who has a son with similar
problems as my son recently contacted the Kansas Children's
Service League. Because of her family income, she was not
eligible to use their sliding income scale and could pay \$7 per
hour for respite care offered there. Also, the medical card my
son is privileged to have, has covered nothing we have tried to
use it for because we can afford Blue Cross/Blue Shield for him.

PH&W
2-13-91
Attch # 5

Our family expenses for my handicapped son would startle
your imagination. A new wheel chair costs about \$4,000, and
repairs seem to cost an average of \$200 to \$500. I replace my
son's gastrostomy tube every two months at \$37 per tube. His
medicines run about \$150 per month. The cloth diapers I use (4
at a time) cost \$60 to replace per set of twelve, and they last
about six months. These young Kansans are much more physically
fragile than most, and require more medical care from their
doctors.

According to the Kansas Department of Mental Health and
Retardation, the estimated average cost for f.y. 1992 in an
institution in Kansas is \$74,898. My son is far more physically
involved than the average resident in those institutions, so I
feel comfortable in telling you that I will save our state
\$74,898 (this year) and that I have saved this state that amount
for the past 17 years.

I appreciate your considering this tax break for your
constituents who work very hard to care for our disabled family
members, and I would hope you will consider raising your \$40,000
ceiling income eligibility level.

Do you have any questions?

Thank You.

Dana S. Kelly
430 Yorkshire Road
Topeka, Kansas 66606
phone 913-272-0663

PAW
2-13-91
Attne # 5-2

February 13, 1991

*Dawn
Merriman*

Representative Carol Sader, Chairman
Public Health and Welfare

House Bill No. 2033

Ms. Chairman and members of the committee:

My name is Dawn Merriman. My husband and I are parents of an 11 year old son with severe and multiple disabilities. We have been traveling to Topeka for the past five years trying to encourage legislation and funding for people with disabilities in the community service delivery systems. We want to keep our son in our home and in his community.

Many middle income parents like ourselves are finding it more and more difficult every month to make ends meet. If you can get health insurance for your child with a severe disability, the cost of that insurance continues to rise every year. Although the cost of insurance continues to rise, the benefits pay for less. Our son had surgery last summer and we were responsible for \$150.00 per day while he was in the hospital. We have over \$600.00 in medication expenses each year. For dental care he requires a general anesthetic which is a hospital procedure. The dental insurance will not pay because they say it is a medical procedure and the medical insurance will not pay because they say it is a dental procedure. We as parents pay.

*PH&W
2-13-91
Attn # 6*

There are parents who have many more expenses than we do. Modifications to home and vehicles to accommodate wheel chairs, special dietary needs, diapers, adaptive equipment of all kinds and many other day to day expenses are always an issue for families. And yet, if our son were in a state institution, all of this and more would be provided. All we are asking for is some help. It would be in the best interest of our son, our family and the taxpayers of Kansas to provide a tax credit for in-home care of people with disabilities.

We are excited about the concept of this bill. It makes good sense to help people with disabilities access services in the community and to support in-home care of people with disabilities. I do have concerns about the \$600.00 tax credit amount. I feel that \$1,000.00 tax credit would be a more realistic amount, taking into consideration all of the extra expenses of families who have a child or family member with a disability.

I also have a concern about the income requirement. There are some programs, such as SSI, for families who are low income but for those of us who are middle income and find ways to pay our bills, we receive only public education services. We would barely meet the income requirement of \$40,000.00 for joint income and yet I can honestly tell you that our medical expenses for our son exceed \$2,500.00 per year, not including the expense of health care insurance. An income requirement of \$60,000.00 for a joint income and \$30,000.00 for single income filing could serve more families and would also serve the intent of this bill--that is to save Kansas taxpayers money in the long run by keeping people with disabilities from being admitted to our state institutions.

PHW
2-13-91
Attn #6-2

I would like to thank you for the opportunity to testify today and for the consideration and intent of House Bill No. 2033. I would be glad to answer any questions you might have.

Dawn Merriman
2515 Rockhurst
Salina, Kansas 67401
(913)827-7661

PHW
2-13-91
Attn # 6-3

Testimony on HD - 2035 - (SHL Bill 704) by Cedric [unclear] - SHL SE, [unclear]

I am in favor of this bill as far as the merits of incentives to keep the disabled (I presume means young or elderly disabled) out of care homes and in family care surroundings. SR, Hauer of SRS said last week that 7 to 8% of KS elderly are in care homes compared to 4 to 5% nationally. In my generation we kept our disabled-elderly in our homes because of moral duty considerations, but now it seems people have to be paid to exercise these family duties. I have some concerns as to the practical workings of this bill.

- 1) The 20,000 - 40,000 Income Limitation - (No KS Inc. Limit on child care)
- 2) A credit cannot be claimed if a child care or dependent care expense claim is made on State or Fed. Return.
- 3) In approx 2/3 of all US households both spouses work, so who will be at home to care for the disabled and receive a tax-credit? These items appear to severely limit eligible care-giving.
- 4) Definition of a disabled person
- 5) Lack of a funding mechanism to replace lost State Revenue

I have been in the SHL the last 4 yrs and I support the efforts of SHL to promote laws to benefit the elderly of KS. and that should be the main purpose of the SHL, however I am concerned that the SHL will not consider other important State Issues like Prof. Tax Relief, Int. & Ref., Education, etc. I feel some legislators now consider the SHL as another Lobbying group rather than a vehicle to transmit elderly views on all State Issues.

I have a suggestion for funding requested elderly programs Retired teachers, KAPERs, City Co - Judges - Fed. Retirees pay NO State Income tax on their pensions. Military over 62 get 130⁰⁰ credit Private Enterprise pensioners ~~pay~~ full State Income tax on their pension. Let's tax all Retirees fairly and equally and earmark the increased Revenue for State Elderly Programs

PHPLW
2-13-91
attn #7

February 13, 1991

Testimony on HB 2033
House Committee of Public Health and Welfare
The Honorable Carol Sader, Chair

Dear Chairman Sader and Committee Members,

Although I will be unable to attend the hearing of the House Committee of Public Health and Welfare on HB 2033 relating to Kansas tax credits for in-home care of disabled persons by family caregivers, I would like to take this opportunity to respond to the bill.

As public policy representative for the Greater Kansas City Area Alzheimer's Association and as liaison to the state of Kansas for the National Alzheimer's Association, I would like to express support of the concept of offering some form of assistance and relief to those family caregivers who manage the care of a disabled family member. In general, family caregivers provide care during the longest portion of a chronic illness or disability. There is no doubt that the services provided by family member caregivers represents a major economic savings to the health care system and to state programs such as Medicaid. Family members provide care to their loved ones frequently without assistance or respite of any type and often at economic sacrifice to themselves. Most caregivers do so willingly, but without support, caregivers may fold under the burden of care, leading to premature and perhaps even inappropriate institutionalization of their disabled family member.

As written, HB 2033 offers hope that the situation confronted by family caregivers is being acknowledged by the state of Kansas. There are, however, portions of the bill which I feel merit further consideration by the committee. I am specifically concerned about the following areas of HB 2033:

1. The \$600. tax credit allowed per disabled person falls far short of the value of the services which family caregivers render. Likewise, this amount fails to account adequately for the expenditures which family members frequently incur in their caregiving. Giving care in the home setting may require expense such as the purchase of adult briefs, a necessity for many disabled and certainly a reality for many individuals with Alzheimer's disease being cared for in the home. It would not be unusual for the expense of adult briefs alone to exceed \$600. per year for those who need them. Costs for any substantial form of respite care or other in-home assistance for caregivers would certainly go far beyond \$600. in a year. In fact, expenses for services such as these are often so prohibitive that they are not used by family caregivers even when they are needed. Costs for in-home services

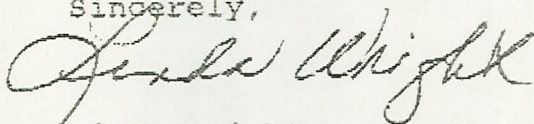
PNYW
2-13-91
attm #8

mechanism and must be handled as an out-of-pocket expenditure by the caregiver. For these reasons, tying the tax credit to value of care or to realistic expenditures for care in addition to a base tax credit would offer real support to family caregivers.

2. The limitations imposed by the definitions beginning on line twenty-one (21) of the bill virtually remove a substantial group of caregivers from receiving tax credit. Making definition (C) a requirement for qualification so narrows the eligibility as to make the tax credit available to a very few Kansans and currently, relatively few of the disabled in Kansas qualify to receive assistance under the home and community based services program. In addition, basing the disabled qualification upon this requirement would limit the assistance to the most impoverished given the current income guidelines for the home and community based services program ranging from \$407. per month or less for a single individual and from \$460 per month or less for a couple. I would like to suggest that this definition be removed from the language of the bill. In addition, I would like to see the language expanded to include the dementing illnesses, as the current language, "mental illness", is subject to varying definitions.

I thank the members of the committee for the time and thought which you are giving to this important issue. Families throughout Kansas, spouses, adult children and others do wish to provide as much care as possible for their loved ones with Alzheimer's disease and further, most wish to provide this care in the community and within the family system. In order to keep family caregivers in Kansas physically and emotionally healthy, I urge you to consider making HB 2033 one which will provide meaningful assistance to these individuals. Thank you.

Sincerely,



Linda Wright
Public Policy Representative
Kansas State Liaison
Alzheimer's Association

PXNW
2-13-91
attn #8
8-2

**Commission on Disability Concerns**

1430 S.W. Topeka Boulevard, Topeka, Kansas 66612-1877
913-296-1722 (Voice) -- 913-296-5044 (TDD)
913-296-4065 (Fax)

Joan Finney, Governor

Michael L. Johnston, Secretary

Testimony on HB 2033 by Kevin Siek,
Kansas Commission on Disability Concerns
House Committee On Public Health and Welfare
February 13, 1991

Thank you for the opportunity to testify on HB 2033, an act which would provide an income tax credit for in-home care of people with disabilities.

The Kansas Commission on Disability Concerns (KCDC) believes that HB 2033 will provide a small amount of monetary relief to people who provide in-home care services for relatives with disabilities. It may also provide an incentive for more Kansans to provide these services for their relatives. Therefore, we support the bill in concept.

KCDC does suggest that some of the language in the bill needs to be made clearer. Under the definition of "disabled person" it is not clear whether this includes both adults and children. KCDC believes that there should be no age limit on eligibility.

KCDC also suggests that the cap on income be removed or at least raised so that more middle income Kansans would be eligible for the tax credit. Attendant services (in-home care) cost between \$4,000 and \$12,000 dollars per person per year. By comparison it costs approximately \$30,000 per person per year to keep a person in a nursing home. It is clear from these figures that by providing in-home services these families are saving the state far more than \$600 per year. For this reason we believe that the income limitation should be removed, because any one who is providing in-home care to a relative is already saving the state a considerable amount of money.

PH&W
2-13-91
Attm # 9

This concludes my testimony on HB 2033. We hope that you will consider these recommendations when discussing the bill.

JNW
2-13-90
alter # 9-2

K A W V A L L E Y C H A P T E R

O L D E R W O M E N ' S L E A G U E

1500 El Dorado Drive
Lawrence, KS 66047
Feb. 12, 1991

Rep. Carol Sader, Chr. and Members
House Public Health and Welfare Committee
State Capitol
Topeka, KS

Re - House Bill 2033--Income Tax Credit

Dear Rep. Sader and Members of the House Public Health & Welfare
Committee:

HB 2033, allowing tax credit for the unpaid caregiver, who in many cases has given up her own opportunity for employment, along with the benefits which would secure her own later years, who lives, often, in isolation because of her round-the-clock responsibilities, who depletes her own life savings to secure what respite care and community support services she can afford, deserves much more from our State than a \$600 annual tax credit! This is surely not salary, nor will it provide for her own future needs. At best, it will buy some additional community services during the year--or possibly an afternoon off with friends, occasionally, whom she's had to stop seeing...

Compared to the services she is providing, (the front-line defenses against nursing home confinement) and the exorbitant Medicaid expenses she is saving our State and federal gov't, the \$600 tax credit is, at best, a pittance! Perhaps it lets her know she is appreciated, that her tremendous dedication and sacrifice are, at least, recognized. Yet, it would not pay for one month of her services, nor surely, one month in a nursing home!

Our National Older Women's League has long recognized the plight of the unpaid, unsung, isolated caregiver (whom I have called "she" because that is the gender of the caregiver more than 85% of the time)--often elderly herself, often sacrificing her own health (requiring, then, her own and her loved one's nursing home confinement, as well.)

Our Kaw Valley O.W.L. Chapter urges the passage of HB 2033 as a first step only toward recognition of the plight of the caregiver. Without her sacrifice, our State's Medicaid expenses would be even more of a tremendous burden than they now are; yet with little encouragement or support, she, too, is at risk. We urge that this Committee be cognizant of and supportive of the whole continuum of home-community-based care that can serve to keep people in their homes and out of institutional care, within their own families and neighborhoods, for as long as they are able and desirous of

PH/LLW
2-13-91
attn # 10

being there, with the supportive services they need at a fraction of the cost of confinement. Prime in this continuum is the service provided by a spouse, child, or parent for his/her loved one. He/she deserves our recognition, our support and our encouragement in the dedicated, committed service he/she performs. A tax credit for the unpaid caregiver is surely not too much of a financial hardship on our State when we consider the alternatives it safeguards. We urge passage of HB 2033.

Very truly yours,



Hilda Enoch, Pres.

for the Kaw Valley Chapter of O.W.L.

copies: Rep. Sandra Praeger
KINH Pres. Petey Cerf, Adm. Dir. Margaret Farley, Legis-
lative Liaison Marilyn Bradt

PNW
2-13-91
attm #10
10-2



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Dr. J. Paul Jewell
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TESTIMONY IN SUPPORT OF HB 2033

I am Lawrence Bechtold and I am the Chair of the State Legislative Committee of the Kansas AARP. May I express my appreciation for permitting me to speak in support of HB 2033. It is my belief that this bill would provide some relief to those who often find it their responsibility to care for relatives who desire to remain at home and who do so at considerable financial expense.

The State Legislative Committee has particular interest in this bill because our legislative priorities for 1991 include support for programs for victims of Alzheimers and related diseases. The burden of care usually falls upon a member who is a wage earner. In too many cases of this nature, insurance will not cover costs of in-home or hospital care. The provision of some tax credit would be a beginning for addressing this serious need.

We would encourage the committee to carefully analyze the proposed method for determining the tax credit for individual or joint return filers. More flexibility in this matter would allow for the wide range of costs that are incurred by the in-home providers to those who are disabled.

Thank you for hearing our remarks and position on this important legislation.

D. Jewell
2-13-91
Attn # 11



Kansas Retired Teachers Association

School is never out for Retired Teachers
1990 - 1991

Basil Covey



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February 13, 1991

Rep. Carol Sader
Chairperson, Public Health
and Welfare Committee
R 423-S

Rep. Sader:

The Kansas Retired Teachers want to go on record in favor of HB 2033.

Most retired teachers are 65 years and older and have constant worry about going to a nursing home.

Many ill spouses tell their well spouse, "Don't you dare put me in a nursing home!"

Most elderly people want to stay in their own homes as long as possible. It will be far less costly to the families and if credits for in-home care of disabled and ill individuals are granted by HB 2033 on income it will be a savings.

Sincerely,

Basil Covey
Basil Covey
Legislative Chairman

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PHW
2-13-91
Attn #12



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TESTIMONY

before the

House Committee on Public Health and Welfare

concerning

House Bill 2033

February 13, 1991

Chairperson Sader, members of the House Committee on Public Health and Welfare, thank you for the opportunity to speak to you today concerning House Bill 2033, which would allow a tax credit for in-home care of an individual with a disability.

I am John Kelly, Executive Director of the Kansas Planning Council on Developmental Disabilities Services (KPCDDS).

The KPCDDS is a 100% federally assisted State agency whose overall mission is to advocate for the highest quality of life for Kansas citizens with developmental disabilities. We believe that this bill, which provides a financial incentive for persons with chronic physical or mental limitations to remain in a community setting of their choice, is a commendable step.

However, I respectfully submit to you for consideration the following issues:

PHW
2-13-91
Attn. #13

Section 1(a): By definition, a person with a developmental disability has a severe and chronic disability, and one which is expected to be lifelong in duration. Even when one applies a best case scenario to a person with a disability, one finds that there are expensive out of pocket medical, non-medical (custodial) expenses which are not satisfied by insurance carriers. Therefore, I would encourage the Committee to consider providing a tax deduction instead of a tax credit.

Section 1(b)(2): I would encourage the Committee to increase the allowable income for the claimant. A claimant as a single filer must have an income which does not exceed \$20,000, which essentially prohibits the middle income from accessing the bill's incentive.

Section 1(b)(c): This section provides the first instance that the bill includes children. I would encourage the Committee to clarify early on in Section 1 that this bill includes individuals with disabilities of all ages: children through adult.

Additionally, I respectfully request that the Committee consider the adoption of "people first" language when addressing persons with disabilities.

Thank you for your consideration of these issues.

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2-13-91
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SUMMARY OF K.S.A. 65-241 THROUGH K.S.A. 65-246

Statutes That Provide for the Distribution of State Financial Assistance for Local Health Departments

The 1982 Legislature enacted an act made up of six statutes that set out the procedure for distributing state financial assistance to local health departments. The 1982 act was the first attempt by the state to provide direct financial assistance to local health departments and was, as enacted in 1982, conceived of as a simple procedure under which state appropriated funds could be distributed to local health departments in quarterly payments transferred from the state to local agencies. In the past several years, the 1982 act has been reinterpreted in a manner that has given rise to a number of issues and questions which make it necessary for the Legislature to either reaffirm the original intent of the 1982 law or revise the law to reflect new policies adopted by the Legislature. Whether or not the Legislature decides to change the state policy as it now appears in the six statutes found at K.S.A. 65-241 *et seq.*, it may be desirable to clarify the existing laws so there is no misunderstanding as to their intent.

K.S.A. 65-241 sets out definitions of terms that are used in the statutes that follow. Two of the definitions may be of particular importance in discussing policy issues that arise in conjunction with H.B. 2018. "Fiscal year" is defined for purposes of the act as the calendar year January 1 through December 31. This represents the fiscal year of city and county governments and becomes important in terms of submission of budgets by local units of government and the times set out in the law for the distribution of state funds to local health agencies.

"State financial assistance" is defined to mean the total amount of money available for distribution to local health departments, *i.e.*, the total amount of money appropriated by the Legislature to the Department of Health and Environment for distribution to local health departments. Note that the definition does not refer to "grants" or in any way imply that the funding appropriated by the Legislature is other than money intended to be distributed as set out in the act.

K.S.A. 65-242 sets out the manner in which the state agency is to distribute funds appropriated by the Legislature. As written, the statute provides that after January 1, 1983, each local health department that applies for state funds is to receive an amount from the state appropriated funds equal to the amount of money which the local health department receives from **local tax revenues and federal revenue sharing funds**. (There is no mention in the statute of money received in the previous year or any reference to any other requirement to be met other than the matching of local tax revenues and federal revenue sharing **received by the local health department**.)

The statute goes on to qualify the state matching of local tax revenues allocated to the local health department by stating (1) that no local health department may receive more state money than the amount that is computed by multiplying \$.75 by the number equal to the population of the county or counties served by the local health department, regardless of the amount the local health department would receive if the state matched the amount of local tax revenues and federal revenue sharing funds allocated to the local health department, or (2) no local health department may receive less than \$7,000 regardless of the local tax revenues and federal revenue sharing funds allocated to the department at the local level. In effect the statute provides for matching the local tax revenues the local unit of government or governments decide to allocate to the local health department, subject to a state determined cap and floor.

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The statute goes on to provide in subsection (b) how any money that remains in the state appropriated funding is to be distributed if there is money remaining after all local health departments have been allocated either the amount necessary to match the local tax revenues that are a part of their budget or the amount they are allowed to receive during their fiscal year under the cap or the floor, *i.e.*, provides for the distribution of any money appropriated by the Legislature if the appropriation exceeds the amount the local health departments are entitled to receive under the provisions of subsection (a).

Subsection (c) sets out the method to be followed in distributing state financial assistance if the amount of money appropriated by the Legislature is not sufficient to match the amount of tax revenues budgeted for the local health departments, subject to the cap and floor set out in subsection (a), *i.e.*, the method for distributing state funds if the Legislature fails to appropriate sufficient state funds to match locally budgeted tax revenues as modified by applying the cap and the floor.

POLICY QUESTIONS:

DOES THE COMMITTEE WISH TO RETAIN THE CAP ON THE AMOUNT OF STATE FUNDS THAT ANY ONE LOCAL HEALTH DEPARTMENT MAY RECEIVE OR REMOVE THE CAP?

IF A CAP IS TO BE RETAINED, SHOULD IT BE CHANGED?

IF THE CAP IS REMOVED SHOULD THE METHOD OF ALLOCATING STATE FUNDS BE CHANGED?

DOES THE COMMITTEE WISH TO RETAIN THE FLOOR THAT REQUIRES THAT EACH LOCAL HEALTH DEPARTMENT RECEIVE AT LEAST A STATUTORILY SET MINIMUM AMOUNT OF STATE AID REGARDLESS OF THE AMOUNT OF LOCAL TAX REVENUES THE LOCAL UNIT OF GOVERNMENT ALLOCATES TO THE LOCAL HEALTH AGENCY?

IF THE FLOOR IS RETAINED, SHOULD IT BE CHANGED?

SHOULD ANY CHANGES BE MADE IN THE WAY IN WHICH EXCESS STATE FUNDS ARE TO BE ALLOCATED?

SHOULD ANY CHANGE BE MADE IN THE WAY IN WHICH STATE FUNDS ARE TO BE ALLOCATED WHEN STATE FUNDS ARE INSUFFICIENT TO MATCH LOCAL TAX REVENUES?

SHOULD THE FLOOR BE RETAINED WHEN STATE FUNDS MUST BE REALLOCATED BECAUSE APPROPRIATIONS ARE INSUFFICIENT?

K.S.A. 65-243 authorizes the governing board of any local health department to apply for state financial assistance. (In most of the counties of the state the governing board is the board of county commissioners.) The statute goes on to state that application for state financial assistance is to be made by the submission of the budget of the local health department for the next fiscal year following the application, *i.e.*, the budget for the county fiscal year beginning the next January 1. The

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budget submitted to the Secretary of Health and Environment must show the amount of the budget that is to be funded by local tax revenues and any other information the Secretary may require.

The statute goes on to specify the population figures to be used in distributing the state financial assistance and to authorize the Secretary to adopt rules and regulations.

K.S.A. 65-244 requires the Secretary, before the beginning of the next county fiscal year and after reviewing the local health department budgets, to determine the amount of state financial assistance due to each local health department for the county fiscal year beginning January 1. The statute goes on to state that the Secretary is to pay the amount due each local health department in quarterly payments (January 1, April 1, July 1, and October 1). The statute further directs the Director of Accounts and Reports to make the payments to the governing body of the local health department quarterly after the Secretary has certified the total amount due for the county fiscal year.

POLICY QUESTIONS:

STATE DEPARTMENT PERSONNEL APPEAR TO HAVE PROBLEMS WITH WORKING WITH THE EXISTING LAW IN TERMS OF THE COUNTY FISCAL YEAR AND HAVE PROPOSED A STATUTORY CHANGE. THIS PROBLEM MAY ARISE, IN PART FROM THE AGENCY INTERPRETATION OF THE LAWS.

DOES THE COMMITTEE WANT TO CHANGE THE CURRENT LAW TO MAKE THE COUNTIES CONFORM TO THE STATE FISCAL YEAR?

CAN THE COUNTIES CONFORM TO THE STATE FISCAL YEAR GIVEN THE STATE LAWS RELATING TO TIMETABLES FOR COUNTY BUDGET PUBLICATION, ETC?

DOES IT NEED TO BE CLARIFIED THAT IF MORE OR LESS FUNDS ARE AVAILABLE THROUGH APPROPRIATIONS FOR THE STATE FISCAL YEAR (THE LAST HALF OF THE COUNTY FISCAL YEAR) THE SECRETARY IS TO APPLY THE FORMULAS FOR REDUCING OR ADDING TO THE AMOUNTS DUE THE LOCAL GOVERNING BODIES AS SET OUT IN K.S.A. 65-242 FOR THE LAST HALF OF THE COUNTY FISCAL YEAR?

K.S.A. 65-244 provides for the situation in which an overpayment or an underpayment to a local health department governing body is made.

POLICY QUESTION:

SHOULD THE STATUTE BE CHANGED TO REQUIRE THAT ANY OVERPAYMENT BE RECOUPED ONLY THROUGH WITHHOLDING FROM THE NEXT QUARTERLY PAYMENT RATHER THAN THROUGH THE RETURN OF FUNDS BY THE LOCAL GOVERNING BODY?

K.S.A. 65-246 states that state financial assistance may not be substituted for or used to reduce or eliminate money available to the local health department from the federal government

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or substituted for or used to reduce or eliminate money available from local tax revenues. The statute does not state that the local governing board must maintain the same level of local funding from one year to the next. It states that once the local health department budget for the next county fiscal year has been published and submitted to the Secretary, the governing board may not substitute the state financial assistance for any local or federal funds budgeted for the local health department for the county fiscal year for which the budget was submitted.

POLICY QUESTIONS:

DOES THE COMMITTEE WISH TO AMEND THE STATUTE TO REFLECT THE INTERPRETATION THAT THE STATE AGENCY AND LOCAL HEALTH DEPARTMENT DIRECTORS HAVE GIVEN TO THE STATUTE?

IF THE STATUTE IS TO BE AMENDED, SHOULD IT SET OUT HOW THE MAINTENANCE OF LOCAL EFFORT IS TO BE DEFINED? BY MILL LEVY? BY AMOUNT OF REVENUE RAISED BY A MILL LEVY? BY TOTAL FUNDS ALLOCATED TO LOCAL HEALTH? IN OTHER WAYS?

IF THE STATUTE IS TO BE AMENDED TO REFLECT THE STATE AGENCY'S INTERPRETATION REGARDING A MAINTENANCE OF LOCAL EFFORT, SHOULD THERE BE AN EXCEPTION IF THE LOCAL BOARD OF COUNTY COMMISSIONERS HAS MADE A GOOD FAITH EFFORT TO COMPLY?

Prepared by Emalene Correll
Kansas Legislative Research Department
February 13, 1991

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attn. #13
1/4/91*

county attorney shall aid in the collection of fees charged for community nursing care services which have been rendered to any person in his county.

History: L. 1967, ch. 345, § 6; L. 1973, ch. 247, § 5; July 1.

65-226 to 65-240. Reserved.

STATE FINANCIAL ASSISTANCE TO LOCAL HEALTH DEPARTMENTS

65-241. State financial assistance to local health departments; definitions. As used in K.S.A. 65-241 to 65-246, inclusive: (a) "Local health department" means any county, city-county or multicounty department of health.

(b) "Secretary" means secretary of health and environment.

(c) "Fiscal year" means the period commencing January 1 of any year and ending December 31 of the same year.

(d) "State financial assistance" means the total amount of money available for distribution to local health departments under this act.

History: L. 1982, ch. 257, § 1; L. 1983, ch. 205, § 1; July 1.

65-242. Same; formula; computation of assistance. (a) For the purpose of insuring that adequate public health services are available to all inhabitants of the state of Kansas, the state shall participate, from and after January 1, 1983, in the financing of the operation of local health departments. Subject to appropriations therefor each local health department which applies for state financial assistance under this act shall receive an amount of money equal to the amount of money which the local health department receives from local tax revenues and from federal revenue sharing funds, except that state financial assistance to any one local health department shall not exceed (1) an amount equal to \$.75 multiplied by the number equal to the population of the county, if the local health department is a county or city-county department of health, or counties, if the local health department is a multicounty department of health, in which the local health department is located or (2) an amount equal to \$7,000, if the local health department is a county or city-county department of health, or \$7,000 multiplied by a number equal to

the number of counties in which the local health department is located, if the local health department is a multicounty department of health, whichever amount computed under (a)(1) or (a)(2) is the larger amount.

(b) Notwithstanding any limitation placed by subsection (a) on the amount of state financial assistance which any one local health department may receive, if any money remains after the first computation of state financial assistance under subsection (a), such money shall be distributed to each local health department which will receive state financial assistance under subsection (a) in proportion that the number equal to the population of the county, if the local health department is a county or city-county department of health, or counties, if the local health department is a multicounty department of health, in which the local health department is located bears to the total population of all counties in which local health departments which will receive state financial assistance under subsection (a) are located.

(c) If the amount of money appropriated for state financial assistance under subsection (a) of this section is not adequate to provide each local health department which applies for state financial assistance with the maximum amount of state financial assistance the local health department is eligible to receive under subsection (a), the secretary shall prorate the money appropriated for such purpose among all local health departments applying for such financial assistance in proportion that the amount of state financial assistance each such local health department would have received if the amount of money appropriated for state financial assistance under subsection (a) had been adequate to provide each such local health department with the maximum amount of state financial assistance the local health department was eligible to receive under subsection (a) bears to the total amount of money which would need to be appropriated under subsection (a) to provide all such local health departments with the maximum amount of state financial assistance the local health departments were eligible to receive under subsection (a).

History: L. 1982, ch. 257, § 2; July 1.

65-243.

ance; submission figures governing management may be provided upon request. The local health department's annual budget is submitted to the state for review. The state may receive from the federal revenue information. (b) The population figures available from the bureau of the state financial assistance. (c) The regulations of this act.

History:

65-244.

amount of each local health department's financial assistance for each year. Under 65-243, the amount of state financial assistance for each local health department is applied for such purpose. (b) The secretary shall prorate the money appropriated for such purpose among all local health departments applying for such financial assistance in proportion that the amount of state financial assistance each such local health department would have received if the amount of money appropriated for state financial assistance under subsection (a) had been adequate to provide each such local health department with the maximum amount of state financial assistance the local health department was eligible to receive under subsection (a) bears to the total amount of money which would need to be appropriated under subsection (a) to provide all such local health departments with the maximum amount of state financial assistance the local health departments were eligible to receive under subsection (a). (c) The secretary shall prorate the amount of state financial assistance for each local health department which applies for state financial assistance. The regulations of this act shall be subject to the secretary's approval.

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attm. JB
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65-243. Same; application for assistance; submission of annual budget; population figures; rules and regulations. (a) The governing board of any local health department may apply for the financial assistance provided under K.S.A. 65-242, by submitting annually to the secretary the budget of the local health department for the fiscal year immediately following the date the budget is submitted showing the amount of money the local health department will receive from local tax revenues and from the federal revenue sharing fund and such other information as the secretary may require.

(b) The secretary shall use official state population figures based upon population figures available from the United States bureau of the census to determine the population of counties for computing state financial assistance under K.S.A. 65-242.

(c) The secretary may adopt rules and regulations necessary for the administration of this act.

History: L. 1982, ch. 257, § 3; July 1.

65-244. Same; determination of amount of state financial assistance due each local health department; payment of financial assistance. (a) Prior to the beginning of each fiscal year and after review of the annual budget submitted under K.S.A. 65-243, the secretary shall determine the amount of state financial assistance due to each local health department which has applied for such financial assistance.

(b) The state financial assistance due to each local health department applying therefor shall be paid in four quarterly installments. The moneys received in any quarter may be used at any time during the year. Installments shall be paid as follows: January 1 for the quarter beginning January 1 and ending March 31; April 1 for the quarter beginning April 1 and ending June 30; July 1 for the quarter beginning July 1 and ending September 30; and October 1 for the quarter beginning October 1 and ending December 31.

(c) The secretary shall certify to the director of accounts and reports the total amount of state financial assistance due each quarter to each local health department which has applied for such financial assistance. The director of accounts and reports shall draw warrants on the state treasurer payable to the governing board of

each such local health department upon vouchers executed as provided by law and approved by the secretary.

History: L. 1982, ch. 257, § 4; July 1.

65-245. Same; overpayment or underpayment to local health department; procedure. In the event any local health department is paid more than it is entitled to receive under any distribution made under this act, the secretary shall notify the governing board of the local health department of the amount of such overpayment, and such governing board shall remit the same to the secretary. The secretary shall remit any moneys so received to the state treasurer, and the state treasurer shall deposit the same in the state treasury. If any such governing board fails to remit, the secretary shall deduct the excess amount paid from future payments becoming due to such local health department. In the event any local health department is paid less than the amount to which it is entitled under any distribution made under this act, the secretary shall pay the additional amount due at any time within the year in which the underpayment was made or within 60 days after the end of such year.

History: L. 1982, ch. 257, § 5; July 1.

65-246. Same; other moneys available to local health departments. Moneys available under this act for financial assistance to local health departments shall not be substituted for or used to reduce or eliminate moneys available to local health departments from the federal government or substituted for or used to reduce or eliminate moneys available from local tax revenues. Nothing in this act shall be construed to authorize a reduction or elimination of moneys available to local health departments from the federal government or to authorize the reduction or elimination of moneys made available by the state to local health departments in addition to moneys available under this act.

History: L. 1982, ch. 257, § 6; July 1.

Article 2a.—REGIONAL HEALTH PROGRAMS

65-2a01.

History: L. 1972, ch. 228, § 1; L. 1974, ch. 352, § 71; Repealed, L. 1976, ch. 280, § 25; July 1.

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14-6*

HOUSE BILL No. 2018

By Special Committee on Public Health and Welfare

Re Proposal No. 32

12-28

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2-13-91
atom. #13
14-7*

10 AN ACT concerning local health departments; eliminating the per
11 capita cap on state financial assistance; excluding special project
12 grants and fees when determining state financial assistance;
13 amending K.S.A. 65-242 and 65-246 and repealing the existing
14 sections.
15

16 *Be it enacted by the Legislature of the State of Kansas:*

17 Section 1. K.S.A. 65-242 is hereby amended to read as follows:

18 65-242. (a) For the purpose of insuring that adequate public health
19 services are available to all inhabitants of the state of Kansas, the
20 state shall participate, from and after January 1, 1983, in the
21 financing of the operation of local health departments. Subject to
22 appropriations therefor each local health department which applies
23 for state financial assistance under this act shall receive, ~~an amount~~
24 ~~of money equal to the amount of money which the local health~~
25 ~~department receives from local tax revenues and from federal rev-~~
26 ~~enue sharing funds, except that state financial assistance to any~~
27 ~~one local health department shall not exceed (1) an amount equal~~
28 ~~to \$.75 multiplied by the number equal to the population of~~
29 ~~the county, if the local health department is a county or city-~~
30 ~~county department of health, or counties, if the local health~~
31 ~~department is a multicounty department of health, in which~~
32 ~~the local health department is located or (2) be less than an~~
33 ~~amount equal to \$7,000, if the local health department is a county~~
34 ~~or city-county department of health, or \$7,000 multiplied by a num-~~
35 ~~ber equal to the number of counties in which the local health de-~~
36 ~~partment is located, if the local health department is a multicounty~~
37 ~~department of health, whichever amount computed under (a)(1)~~
38 ~~or (a)(2) is the larger amount. The amount of state financial as-~~
39 ~~sistance to the local health department shall be based on the pop-~~
40 ~~ulation of the county, if the local health department is a county or~~
41 ~~city-county department of health, or counties, if the local health~~
42 ~~department is a multicounty department of health.~~

county or city-county or multicounty

financial assistance based on the population of the county in proportion to the total population of the state. If the local health department is a multicounty department of health, it shall receive financial assistance based on the total population of its counties in proportion to the total population of the state, except that: 1) no county, city-county or multicounty department shall receive

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per county; and 2) receipts and expenditures from local tax revenues must equal or exceed the amount received by each county, city-county, or multicounty department of health under this act for each twelve month period commencing July 1 and ending June 30.

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43 (b) Notwithstanding any limitation placed by subsection (a)

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1 on the amount of state financial assistance which any one local
2 health department may receive, If any money remains after the
3 first computation of state financial assistance under subsection (a),
4 such money shall be distributed to each local health department
5 which will receive state financial assistance under subsection (a) in
6 proportion that the number equal to the population of the county,
7 if the local health department is a county or city-county department
8 of health, or counties, if the local health department is a multicounty
9 department of health, in which the local health department is located
10 bears to the total population of all counties in which local health
11 departments which will receive state financial assistance under sub-
12 section (a) are located.

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13 (c) If the amount of money appropriated for state financial as-
14 sistance under subsection (a) of this section is not adequate to provide
15 each local health department which applies for state financial as-
16 sistance with ~~the maximum amount of state financial assistance the~~
17 ~~local health department is eligible to receive under subsection (a),~~
18 the secretary shall prorate the money appropriated for such purpose
19 among all local health departments applying for such financial as-
20 sistance in proportion that the amount of state financial assistance
21 each such local health department would have received if the amount
22 of money appropriated for state financial assistance under subsection
23 (a) had been adequate to provide each such local health department
24 with ~~the maximum amount of state financial assistance the local~~
25 ~~health department was eligible to receive under subsection (a) bears~~
26 ~~to the total amount of money which would need to be appropriated~~
27 ~~under subsection (a) to provide all such local health departments~~
28 ~~with the maximum amount of state financial assistance the local~~
29 ~~health departments were eligible to receive under subsection (a).~~

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an amount equal to \$.75 multiplied by the number equal to the population of the county, if the local health department is a county or city-county department of health, or counties, if the local health department is a multi-county department of health or a minimum of \$7,000 per county.

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30 Sec. 2. K.S.A. 65-246 is hereby amended to read as follows: 65-
31 246. (a) Moneys available under this act for financial assistance to
32 local health departments shall not be substituted for or used to
33 reduce or eliminate moneys available to local health departments
34 from the federal government or substituted for or used to reduce
35 or eliminate moneys available from local tax revenues. Nothing in
36 this act shall be construed to authorize a reduction or elimination
37 of moneys available to local health departments from the federal
38 government or to authorize the reduction or elimination of moneys
39 made available by the state to local health departments in addition
40 to moneys available under this act.

except one time special project moneys received by local health departments which are restricted by ordinance or resolution by the governing board, and capital expenditures shall not be included in local tax revenue when comparing local tax revenues to determine the amount available from local tax revenues.

41 (b) ~~Moneys received by local health departments from fees~~
42 ~~charged for services or one-time special project grants shall not be~~
43 ~~included in the sum of money which the local health department~~

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1 ~~receives from local tax revenues when determining the amount such~~
2 ~~department will receive from state financial assistance pursuant to~~ DELETED
3 ~~K.S.A. 65-242, and amendments thereto.~~
4 Sec. 3. K.S.A. 65-242 and 65-246 are hereby repealed.
5 Sec. 4. This act shall take effect and be in force from and after
6 its publication in the statute book.

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