

Approved 3-26-91  
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH at  
Chairperson

10:00 a.m./~~p.m.~~ on March 19, 1991 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research  
Bill Wolff, Legislative Research  
Norman Furse, Revisor's Office  
Jo Ann Buntin, Committee Secretary

Conferees appearing before the committee:

Bob Wunsch, KU Medical Center  
Lisa Getz, Wichita Hospitals  
Dr. Charles Shield, St. Francis Regional Medical Center, Wichita  
John W. Alquest, SRS  
Lila Paslay, Association for Retarded Citizens of Kansas  
Alice Hixson, Institutional Parent, Kansas City  
Yo Bestgen, Kansas Association of Rehabilitation Facilities

Chairman Ehrlich called the meeting to order at 10:00 a.m. asking for approval or correction to the minutes of March 4, 5, 6, 7, 8 and 11, 1991. Senator Burke made the motion to approve the minutes as presented, seconded by Senator Walker. The motion carried.

Hearing on:

SCR 1615 - Requesting modification, by SRS, of certain regulations relating to reimbursement for the medicaid program, transplants.

Bob Wunsch appeared before the committee on behalf of the K.U. Medical Center stating he is neither a proponent nor opponent to SCR 1615. Mr. Wunsch gave statistical information of transplants done at the Med Center and stated under certain circumstances liver transplants had to be recommended elsewhere. Senator Walker questioned how many liver and heart transplants were done at the Med Center, what criteria and cost were involved. Mr. Wunsch stated he would compile some factual information and submit it to him and the committee.

Lisa Getz, representing the Wichita Hospitals, appeared before the committee and introduced Dr. Charles Shield, Director of Organ Transplantation at St. Francis Regional Medical Center and Clinical Associate Professor of Surgery at the University of Kansas School of Medicine in Wichita who submitted written testimony and appeared in opposition to SCR 1615. Dr. Shield stated his expertise in the field of transplants developed over the last ten years, and urged the committee to continue to fund transplants for medicaid patients at the transplant center closest to their home. He provided data that travel long distances away from family support system resulted in patients electing to forgo the transplant with the expected consequences - death or additional cost to the state for long term dialysis. (Attachment 1) Dr. Shield was questioned as to the cost involved for transplants, and he stated an estimated cost for one year (start to finish) for a kidney transplant, was \$40,000 to \$50,000, (\$100,000 national average), with an additional \$3,000 to \$6,000 a year for drugs; a heart transplant would average \$60,000 to \$70,000; and bone marrow procedure would be in the \$40,000 to \$50,000 range.

John Alquest, Acting Commissioner, Income Support and Medical Services, SRS, submitted written testimony and appeared before the committee as an opponent to SCR 1615 giving the background of an agreement between the University of

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 526-S Statehouse, at 10:00 a.m./~~p.m.~~ on MARCH 19, 1991.

Kansas Medical Center and SRS regarding heart and liver transplants performed at KUMC. He stated if transplants for young children are not allowed at medical centers other than KUMC, SRS will be out of compliance with the federal Omnibus Budget Reconciliation Act of 1989. Mr. Alquest stated the issue of age discrimination was relevant if the medical staff of KUMC are unable to perform transplants upon young children, but continue to perform transplants for adults, and that federal funds for the transplants for the adults would not be available. Only by allowing transplants at other centers until such time as KUMC can provide that service for the very young child can SRS secure needed transplants for children. He also stated he would like to see the flexibility remain in regulation. (Attachment 2) Committee discussion centered on the funding package for transplants, general fund money and federal regulations involved.

Chairman Ehrlich announced HB 2075 scheduled to be heard today would be passed over in order to hear HB 2084.

HB 2084 - Governor's Commission on mental retardation and other developmental disabilities.

The Chairman announced the sponsor of the bill, Representative Blumenthal, would not be able to appear in support of his bill because of the House being in session. Lila Paslay, Association for Retarded Citizens of Kansas, submitted written testimony and appeared in support of HB 2084. Ms. Paslay stated Kansas is in desperate need of coordination to ensure that the planning for Kansans in need of services due to mental retardation/developmental disabilities have equal access to those services regardless of their level of need or where they reside. (Attachment 3) The Kansas Planning Council on Developmental Disabilities that provide a similar charge was also discussed by the committee.

Alice D. Hixson of Kansas City, parent of an institutionalized child, submitted written testimony and appeared in support of HB 2084. Her concern centered on the Commission being comprised of agency personnel and lobbyists for community services at the expense of those who are best served in institutions, and would like an institutional parent serve on the commission. (Attachment 4)

Yo Bestgen, Executive Director of the Kansas Association of Rehabilitation Facilities, submitted written testimony and appeared in support of HB 2084. Ms. Bestgen stated it is the KARF's desire in supporting this Commission that the needs of people with MR/DD be brought to a priority level by the Executive and Legislative branches of government. (Attachment 5)

The Chairman recognized written testimony from Ethel May Miller, parent of a retarded child, and Richard Morrissey, Department of Health and Environment. (Attachments 6 and 7.)

The Chairman also announced that hearing would be held on HB 2075 at the meeting tomorrow.

The meeting was adjourned at 11:05 a.m.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-19-91

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Jeanette Jennings

ARC - JCMRC

JAN HALL

ARC - JCMRC

Judy Gillenwater

ARC - JCMRC

Phyllis Kelly

Kansas State Dept of Edu

CHARLES SHIED MD

SFRMC - Wichita, Ks

Ethel May Miller

ARC - Topeka, Ks

Lila Paslay

ARC - Topeka Ks

Alice Husion

Parent, PSHIC

Jo Hurst

Parent TARC

Tom Gress

KHA

R. Fin

KPHA

Bob Williams

Ks Pharmacists Assoc.

Chip Wheelen

Ks Medical Society

MIKE I. Olson

STATE Form Ins.

George Goebel

AARP - SLK CCTF Chf.

David Hanzlick

KICK BARBARA

Kathy Siviter

JCMRC

Ellen Ross

Jo Co Mental Retardation Cent.

Judy Adolph

ARCO - Indep. Ks.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3/19/91

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Tom Sullivan  
15801 Indian Creek Pkwy  
Platte, KS 66062

Johnson Co. Mental  
Retardation Center

Kristi Hill 11403 W. 75th Apt. I

LISA Getz

WICHITA Hospitals

Mary Ellen Orlic

St Francis Reg. Med. Center

KENT Nicholas 11609 OAKMONT  
OP, KS 66210

ARC/JC

Bob Wunsch

KUMC

John Alford

SRS

Tom Hitchcock

Bd. Pharmacy

Angela Wiley 194 Canyon View Dr.  
Lansing KS 66043

Leavenworth County  
Association for Retarded Citizens

Pat Cook, 503 Pine  
Leavenworth 66048

ARC/Leavenworth

Virginia Zimmerman

ARC/Leavenworth

Gary Wilson  
Box 3304 Lawrence, KS 66046

ARC/Douglas County

CAROL A. DUCKWORTH  
2615 W. 24TH TERR., LAWRENCE, KS 66047

ARC/KANSAS

Philip Duemyer 751 N. Nelson  
Clatshe, KS  
66016

ARC/TC - People First

Martha Duemyer 10100 W 87th #205  
Mesa, KS

O.P. KS 66205 ARC of JO Co.

Fanni Mandelbaum 1561 Westover Rd

TARC - toj, KC

Joan E. Hellman 5025 Rowwood Dr  
S.M., KS 66205

JCARC - JCMRC  
KS

Martha Gabelant, 1430 SW Topeka Topeka  
4413 Merriman Dr.

Com on Disability Concern

Virginia Hausner Sh Miss, KS 66203

JCARC JCMRC



TESTIMONY BEFORE SENATE PUBLIC HEALTH COMMITTEE

Re: SCR 1615

March 19, 1991

Chairman Ehrlich, members of the committee, I am Dr. Charles Shield, Director of Organ Transplantation at St. Francis Regional Medical Center and Clinical Associate Professor of Surgery at the University of Kansas School of Medicine - Wichita, here before you today out of genuine concern for policy surrounding Medicaid transplants.

My expertise in this field has been developed over the last ten years. My professional involvement is local, regional and national in scope. Regionally, I am the President of the Board of Directors of the Mid-West Organ Bank which serves as the organ procurement organization for the University of Missouri at Columbia, St. Lukes Research Hospital, the University of Kansas School of Medicine - Kansas City, KS and St. Francis Regional Medical Center, Wichita. Nationally I have been active with UNOS, the United Network for Organ Sharing - the national organ procurement and transplantation network. I have chaired two standing committees and am a member of other committees within UNOS.

Because my expertise is in renal transplantation, I'll begin there, but I will provide you information on heart and bone marrow transplantation in a moment.

On behalf of St. Francis Regional Medical Center I urge you to continue to fund transplants for Medicaid patients at the transplant center closest to their home. Transplantation costs less in the long run when compared to prolonging life through renal dialysis, which Medicaid assures in the local area. Medicaid dialysis patients tend to be young and they are generally on dialysis for many years. The first year cost for a transplant is equivalent to a year of dialysis. All patients with functioning kidney grafts after the first year are limited to only those costs associated with the immunity suppressive drugs they must take. The drugs cost \$3,000 - \$5,000 a year compared with \$35,000 to \$45,000 a year for dialysis.

Senate P H&W  
Attachment #1  
3-19-91

Please keep in mind that 43% of all Medicaid patients are treated in Wichita hospitals. The transplant procedure involves more than the surgery itself, it requires frequent clinical follow up.

The visits per week during the first month after surgery are three. Two the second month and one the third with a lab visit every other week after six months. These follow up visits are essential to ensure that the kidney is not lost to rejection. Patients who have their transplants close to home will have the majority of their follow up as out-patients. That way they have a family support system to ensure they follow their regimen adequately.

In the recent past, the initial hospital stay after a kidney transplant was as long as six weeks. The current length of stay at St. Francis Regional Medical Center, Wichita, is one week. The decrease in initial hospital stay is a result of the ability to frequently follow the patient as an out-patient. Since the ability exists for early hospital dismissal, and since patients fare well on out-patient follow up, it stands to reason that transplants can be done successfully and cost-effectively when performed close to home. As a doctor who has spent many years in transplantation, I feel a need to convince you that it is in the patient's best interest to be treated near home. With Wichita treating 43% of the Medicaid population in Kansas it makes sense for our potential transplants to be done in Wichita, as is their dialysis.

The transplant programs at St. Francis Regional Medical Center include; renal, combined renal/pancreas, cardiac and bone marrow.

Let me give you some historical data:

361 kidney transplants have been performed (in 292 patients) since 10/81. The current 1 year kidney graft survival rate in the primary transplant recipient (first kidney transplant) is 91%. The current 4-year survival rate is 82%.

The heart transplant program has performed 38 transplants with 100% survival at 1 and 3 years.

The bone marrow program has performed 19 bone marrow transplants in 18 patients.

Looking at Medicaid transplants:

Renal: three Medicaid patients received one kidney from 10/81 through 4/90. Two patients were not transplanted who were diagnosed as needing transplants - one died waiting, the other moved out of state.

Heart: began in '86, 9 Medicaid patients were evaluated as needing heart transplants, 4 have been referred to KU Med Center the five remaining have not been referred due to family considerations relating to distance. Of those, there will be no survivors - they are given a 5% chance of survival at 1 year from being diagnosed as needing a heart transplant.

Bone marrow: 6 were transplanted at St. Francis, 1 transplant that had complications was done in Seattle.

In conclusion:

It is obvious from the above data that Medicaid patients can be successfully transplanted in the Wichita area, where they live with consideration given to being cost-effective. The data also suggests that the requirement for traveling long distances away from their family support system results in patients electing to forgo the transplant with the expected consequences; death or additional cost to the state for long term dialysis.



KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES  
Robert C. Harder, Acting Secretary

Senate Public Health and Welfare Committee

Testimony on Senate Concurrent Resolution No. 1615

The University of Kansas Medical Center (KUMC) and the Department of Social and Rehabilitation Services (SRS) entered into an agreement on November 15, 1989 that all heart transplants funded by the Medicaid/MediKan program would be performed at KUMC in Kansas City, Kansas. The agreement provided that the hospital would contribute the non-federal share of reimbursement. In addition, liver transplants were to be restricted to KUMC when the Chancellor of the University certified that KUMC was capable of performing these transplants. Since liver transplants were already covered through the Medical Assistance Program, the cost sharing provisions did not apply.

After the agreement was signed SRS was informed that KUMC could not perform transplants on very young children because they lacked experience in this area. In addition, some of the supporting staff for after care (i.e. a pediatric gastroenterologist for liver transplants) had resigned. If KUMC could not perform transplants on very young children, the only hope for survival of these children was to go to other medical centers for transplantation. The medical staff of KUMC recommended to SRS that young children needing transplants be referred to other transplant centers. Therefore, SRS changed K.A.R.s 30-5-81 and 30-5-88 to agree with the recommendation of KUMC medical staff.

The first adult liver transplant was performed at KUMC on February 27, 1990. There was one additional adult liver transplant at KUMC and one child received a transplant at the University of Nebraska in FY 90. In FY 91, four adult transplants have been performed at KUMC, two children at University of Nebraska and one at the University of Colorado. Upon the recommendation of KUMC, it was necessary to send the children to the other centers because of the lack of surgical expertise in the very young children and lack of supporting medical staff for post operative care.

The only heart transplant performed in FY 90 was for a child who was 18 days old the day of the transplant. This was performed in Children's Memorial Hospital, Chicago, Illinois. One adult received a heart transplant at KUMC in FY 91.

If transplants for young children are not allowed at medical centers other than KUMC, SRS will be out of compliance with the federal Omnibus Budget Reconciliation Act of 1989. This Act requires the coverage of all services which are found to be medically necessary for eligible children. Non-compliance would mean loss of federal matching money for Medicaid.

Further, the issue of age discrimination is also relevant to this discussion. If the medical staff of KUMC are unable to perform transplants upon young children, but continue to perform transplants for adults, federal funds for the transplants for the adults will not be available.

Only by allowing transplants at other centers until such time as KUMC can provide that service for the very young child can SRS secure needed transplants for children.

John W. Alquest  
Acting Commissioner  
Income Support/Medical Services  
296-6750

3-18-91

Senate P H&W  
Attachment #2  
3-19-91



*Hope through understanding*

March 19, 1991

TO: Sen. Roy Erlich, Chairman  
Members, ~~Governmental Organization~~ Committee  
*Public Health & Welfare*

FROM: Lila Paslay, Chairperson  
Legislative Affairs

RE: H. B. 2084

Today I am representing the members of the Association for Retarded Citizens of Kansas. The primary purpose of the association is to advocate on behalf of persons in Kansas with mental retardation. The association has a membership of approximately 5,000 individuals who belong to the 37 local ARC units across the state.

We are in support of H. B. 2084.

We believe that Kansas is in desperate need of coordination to ensure that the planning for Kansans in need of services due to mental retardation/developmental disabilities have equal access to those services regardless of their level of need or where they reside.

The long history of planning and coordination in the state has not been good. There have been numerous state plans developed by task forces, committees and SRS staff. There has been difficulty in the past in communication between the parents/advocates, providers and SRS regarding the existing programs and the needed expansion. We believe a Governor's Commission on Mental Retardation can provide the forum for some assurance of appropriate and needed services being given the priority for decision making at the executive level.

There are policies in place which we believe are a deterrent to the provision of services in Kansas. A Commission would be the appropriate body to address those deterrents. It is often difficult to determine whether barriers to services are regulations developed by governmental agencies, policies developed by the state, or simply an oversight on the part of providers.

We believe the responsibilities assigned through H. B. 2084 could assist as we continue to work toward the provision of quality programs addressing the needs of all Kansans with mental retardation.

TESTIMONY REGARDING HOUSE BILL NO. 2084  
March 19, 1991

I would like to preface my comments with a personal statement. My name is Alice Hixson and I am a resident of Kansas City, Kansas. I am the mother of a profoundly retarded son, Philip, who suffered a pre-natal brain injury. He thus has no control over his bizarre behavior. We tried as a family to cope with this behavior. We could not. Community resources tried and frankly told us they could not help. Our family situation turned from bad to worse to chaos. Philip's brother, Stan, began having severe emotional problems. After Philip was responsible for an automobile accident, we yielded to Dr. Leybourne's (child psychiatrist at KU Medical Center) advice and Philip was admitted to Parsons State Hospital. It was a heart-wrenching decision, which turned out to be a wise one. In fact, daily I thank God and the State of Kansas for providing this home for Philip. After his departure, our family returned to a normal state and Stan began to adjust in school and with his peers. I must be honest and state that there are still scars in our family resulting from this AWFUL time.

Although we cannot really communicate with Philip, we are able to visit him. And when his behavior permits, we can have him home for short periods of time. Unfortunately, there are many families which face the dilemma we faced. If our children could live at home or in the community, we would choose this.

This brings me to House Bill 2084. We institutional parents are concerned how little consideration is given to those of us who know that the institution is the only safe, secure and caring placement. We, as institutionalized parents, plead for direct representation by parents or other family members on this Commission, possibly under No. 7. We are concerned that this Commission may turn out to be comprised of agency personnel and lobbyists for community services at the expense of those who are best served in institutions.

We plead for TRUE, not token, representation. We are submitting the name of an individual admirably suited to be such a representative. She is:

Sharon Bird (Mrs. Alvin)  
1920 E. 13th St.  
Winfield, Kansas 67156 (1-316-221-7393)

Sharon is the mother of two severely handicapped sons. One is now deceased; the other is a resident of Winfield State Hospital. She is the wife of a Winfield, Kansas physician. She has been employed as a para-professional in a pre-vocational classroom under District #609. She is the founder and president of the Parents' Organization of Winfield State Hospital. She is a diligent and dedicated advocate for the institutionalized developmentally disabled residents of Kansas.

Respectfully submitted,

*Alice D. Hixson*  
Alice D. Hixson

ALICE D HIXSON  
1017 N 25TH ST  
KANSAS CITY KS 66102



Kansas Association of  
Rehabilitation Facilities

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

TO: Senate Public Health & Welfare Committee  
Senator Ehrlich, Chair

FROM: Yo Bestgen  
Executive Director  
Kansas Association of Rehabilitation Facilities

RE: HB 2084; Governor's Commission on Mental Retardation and  
other Developmental Disabilities

DATE: March 19, 1991

My name is Yo Bestgen and I am the Executive Director of the Kansas Association of Rehabilitation Facilities. I represent forty-two community based facilities that serve approximately 5,000 children and adults with mental retardation and developmental disabilities in Kansas. In addition, community facilities have a waiting list of 1300 individuals desiring community services.

I am speaking in support of HB 2084, a bill to establish the Governor's Commission on Mental Retardation and other Developmental Disabilities.

It is the KARF's desire in supporting this Commission that the needs of people with MR/DD be brought to a priority level by the Executive and Legislative branches of government. For too long issues for these individuals have been addressed through current practice and the convenience of available resources rather than with vision. It is necessary that our State direct its efforts to developing, not a plan, but an initiative towards a comprehensive system of services for those currently being served and the unserved citizenry in Kansas.

I request that the members of this Committee take seriously the charge of such a Commission. I would request that you support HB 2084 and establish the Governor's Commission on Mental Retardation and other Developmental Disabilities.

Senate P H&W  
Attachment #5  
3-19-91

To: Senate Public Health & Welfare Comm.  
Senator Roy M. Ehrlich, Chr.

Date: March 19, 1991

From: Ethel May Miller, Parent Advocate  
Mental Retardation/Dev. Dis. Services

Re: HB 2084

Introductory Remarks:

As a parent of a profoundly retarded, developmentally disabled, multiply handicapped daughter, I appreciate having the opportunity of speaking in support of HB 2084 which would establish a Governor's Commission on Mental Retardation and other Developmental Disabilities.

I am a charter member of the Topeka and Kansas Associations for Retarded Citizens and a past vice president of the ARC/USA. I also helped organize our Topeka Community Mental Retardation Center and served as Exec. Director of that Center for 15 years. Our retarded daughter has resided at Winfield State Hospital and Training Center for over 40 years.

1. Since 1959 I have been privileged to serve on various state committees or commissions involving efforts to obtain, and better coordinate, services for those who, through no fault of their own, or their parents, happen to be mentally retarded/developmentally disabled. If time permitted, I could certainly testify as to some of the various developments that have come about because of the involvement of representative people from various aspects of mental retardation/dev. dis. services working with various Governors, legislators, and state administrators.

I could also testify as to some of the frustrations, fears, and tears that sometimes resulted as committee plans, reports etc. simply ended up on shelves someplace. Thus I particularly welcome and support the duties of the Governor's Commission as outlined in HB 2084. I have learned that committees that simply meet, without specific tasks, and individual involvement or responsibilities, end up being used primarily as sounding boards for various budget and funding problems.

2. I also believe that commissions, to be truly effective, need to know that their reports and recommendations will be looked at by the Governor and legislators. I welcome the inclusion of such a requirement (to report) as in Sec. 2. (d).

3. I have long felt that a priority need in Mental Retardation/Dev. Dis. Services is to overcome the barriers and/or problems in bringing about the "coordinated and cooperative" development and implementation of needed services whereby state institutions and community programs are perceived as being of equal importance, rather than viewing one as more deserving of state legislative attention and assistance than the other.

It certainly seems to me that the establishment of a Governor's Commission as recommended via HB 2084 will increase the possibilities of this and other goals actually being accomplished. I urge your support of this bill.

*Ethel May Miller*  
Ethel May Miller (Mrs. Adrian)  
3934 S/W. Wanamaker Rd.  
Topeka, Ks 66610  
Senate P. H&W  
Attachment #6,3-19-91



# State of Kansas

Joan Finney, Governor

Department of Health and Environment

Division of Health

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

Landon State Office Bldg., Topeka, KS 66612-1290

Reply to: \_\_\_\_\_

FAX (913) 296-6231

Testimony presented to  
Senate Public Health and Welfare

by

The Kansas Department of Health and Environment

House Bill 2084

The mission of the Division of Health, Kansas Department of Health and Environment (KDHE), is to protect and promote the health of Kansans through a variety of public health service delivery and regulatory programs. A number of these programs specifically address the areas of mental retardation and development disabilities. For this reason, representation by KDHE should be included in the formation of such a commission.

One program with a specific focus on developmental disabilities is the Kansas Infant-Toddler Program (PL 99-457, H). PL 99-457 is a federal law which is a 1986 amendment to PL 94-142, the Individuals with Disabilities Education Act (IDEA), formerly known as the Education of the Handicapped Act (EHA). This law extends special education and early intervention services to birth through five year old children. KDHE is designated by the Governor as the "lead agency" for the portion of the law, Part H, dealing with services to infants and toddlers (birth-two years of age) and their families. The Department of Education oversees the program for the 3-5 year olds. The Infant-Toddler program is administered under the umbrella of Services for Children with Special Health Care Needs (the State Crippled Children's program). It is designed to: enhance the development of handicapped infants and toddlers; decrease their potential for developing developmental delay; reduce the need for institutionalization, special education and related services when the child reaches school age; maximize the potential for independent living after eighteen years of age; and enhance the capacity of families to meet the special needs of their infant and toddler with handicaps.

The Infant-Toddler program is considered a model that fits within KDHE's overall focus and emphasis on health prevention activities. Specific to the area of mental retardation and developmental disabilities, KDHE has been an active participant over the last two years in a multi-agency/organizational effort to develop a State Plan for the Prevention of Developmental Disabilities. This document identifies KDHE as a "key player" in addressing primary and secondary prevention of mental retardation and developmental disabilities. This role is supported by the agency. The promotion of prevention efforts is consistent, as well, with the conclusion by the SRS

Senate P H&W  
Attachment #7

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

James Power, P.E.  
Director of Environment  
(913) 296-1535

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

Roger Carlson, Ph.D. 3-19-91  
Director of the Kansas Health  
and Environment Laboratory  
(913) 296-1619

Task Force Study, that increased efforts relative to the prevention of mental retardation and developmental disabilities is needed.

Finally, in addition to service programs which address mental retardation and developmental disabilities, KDHE has the regulatory responsibility for ICF-MRs. With institutionalization a major issue for this population, KDHE would contribute to the overall effectiveness of the commission.

**Recommendation**

The Department recommends that the committee report H.B. 2084 as amended favorably for passage.

Testimony presented by: Richard Morrissey  
Deputy Director  
Division of Health  
March 19, 1991