

Approved 3-30-92
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 March 16, 1992 in room 423-S of the Capitol.

All members were present except:

Rep. Bishop, excused.

Committee staff present:

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

Conferees appearing before the committee:

Dr. Robert Harder
Representative Barbara Allen (answered questions)
Greg Reser, Medical Facilities Certification Administrator, Bureau
of Adult/Child Care, Ks. Department of Health/Environment
Cathy Rooney, Director of Health Occupations Credentialing/Bureau of
Adult/Child Care, Department of Health/Environment
Bern Jones, Sign Language Interpreter Training Program, Johnson County
Community College, Overland Park, Kansas
Basis Kessler, Instructor in Division of Counselor Education/Rehabilitation
Emporia State University
William Fansler, 2nd Vice-President of Kansas Association of the Deaf
and newly appointed member of the Board of Commission for the Deaf/Hearing
Impaired

Chair called meeting to order drawing attention to 5 sets of Committee minutes. After members read minutes, Rep. Hackler made a motion to approve minutes of February 24, 25, 26, 27, and March 2nd, 1992 as presented. Motion seconded by Rep. Lynch. Discussion held, i.e., if the Chair is not contacted, or the office of the Chair notified when a Committee member plans not to attend the meeting, the absence will be recorded as unexcused.

Chair drew attention to the scheduled agenda.

STAFF BRIEFING ON HB 2913.

Mr. Furse gave a detailed explanation of the balloon and amendments proposed on HB 2913. It was noted these recommendations are proposed by the sponsors of the bill. (Attachment No. 1)

DISCUSSION ON HB 2913.

Rep. Praeger moved to amend HB 2913 per recommendations in the balloon. (See Attachment No. 1). Motion seconded by Rep. Wiard. Discussion ensued.

Dr. Robert Harder was invited to make comments since he was unable to attend Committee the day hearings were held. Dr. Harder stated the announcement of a Grant for the Robert Wood Johnson Foundation proposal will not be made until August 1st. He noted Secretary Whiteman of the Department of SRS has indicated to Dr. Harder, she is willing to put some staff time and resources into the effort, pending the outcome of the grant yet to be announced. He noted the momentum should be maintained so the project can continue to move forward.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S Statehouse, at 1:30 a/m/p.m. on March 16, 1992

DISCUSSION CONTINUED ON HB 2913.

If HB 2913 is passed, it could become the continuing vehicle in the state to insure those children who are currently uninsured. He views HB 2913, if passed, as a complimentary piece to the Robert Wood Johnson Grant. He noted there are approximately 90,000 children currently uninsured in the state of Kansas.

Vote taken. Motion carried.

Discussion continued, i.e., suggestions on adding professional people to the Board; importance of dental care of children; importance of input from community residents to the Board.

At this point Chair invited Rep. Allen to answer questions.

Rep. Hackler moved to add an additional two members to the Board, one, a licensed dentist, another, a licensed pharmacist, seconded by Rep. Scott. Motion carried.

Discussion continued, i.e., concerns of all employees of this project being state employees; some viewed this program as an Insurance Company; how many staff people will be required to operate the project; language too broad about non-school siblings. Rep. Allen answered numerous questions again at this point.

Rep. Carmody moved to amend HB 2913 on page 1, line 40, by adding "younger than 18 years of age", after the word "siblings". Motion seconded by Rep. Neufeld. Discussion continued. Vote taken. Motion carried.

Rep. Wiard moved to pass HB 2913 out favorably as amended, seconded by Rep. Praeger. No discussion. Motion carried.

STAFF BRIEFING ON SB 539.

Mr. Furse gave a comprehensive explanation of SB 539.

HEARINGS BEGAN ON SB 539.

Greg Reser, Department of Health/Environment, stated support of SB 539. He drew attention to his proposed amendments in his hand-out (Attachment No.2). He noted the Department of Health/Environment currently conducts one inspection for both licensure/certification for the Home Health Agencies. The Department respectfully recommends that SB 539 be adopted to streamline the home health agency licensure and Medicare certification process. The approach suggested is that an Agency would be required to file an annual report/pay an annual fee, have a survey system established with no more than 15 months between inspections for individual agencies and for a statewide average of not more than 12 months between inspections. He recommended passage. He then answered questions.

HEARINGS CLOSED ON SB 539.

BRIEFING ON SB 540.

Ms. Correll gave a comprehensive explanation of SB 540 at the request of Chair.

HEARINGS BEGAN ON SB 540.

Cathy Rooney, Department of Health/Environment offered hand-out (Attachment No. 3). She noted SB 540 makes the necessary adjustments to the program allowing Kansas to be consistent and in full compliance with OBRA (Omnibus Budget Reconciliation Act of 1987). She detailed proposed changes as indicated in her hand-out.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 423-S Statehouse, at 1:30 /a.m./p.m. on March 16, _____, 1992

HEARINGS CONTINUED ON SB 540.

Ms. continued, noting support of SB 540. This proposal amends current statute KSA 39-936 to make the state consistent with OBRA, assuring state participation in the Medicare/Medicare programs. She drew attention to a FY 1991 annual report that was included in her hand-out. Ms. Rooney answered numerous questions. Guidelines will be set out by the Department, but procedures could vary; a specific course of instruction is approved, but not one specifically; a certificate is issued when the course of instruction is passed, and another certificate is issued when the state examination is passed. The state issues a nurse aide certificate at that time. A lengthy discussion on the issuance of a number of certificates that are granted by hospitals, schools, and the Department.

It was noted that anyone who has been out of the certified nurse aide practice for 24 consecutive months must take a mini-refresher course to regain that certification. A hospital, or other facility, may require training of an unlicensed staff person.

HEARINGS CLOSED ON SB 540.

BRIEFING ON HB 2925.

Mr. Furse gave a comprehensive explanation of HB 2925 at the request of Chairperson Sader.

HEARINGS BEGAN ON HB 2925.

Bern Jones, (A Nationally Certified Interpreter and Teacher) offered hand-out (Attachment No 4) stating that he is in the Sign Language Interpreter Training Program at Johnson County Community College in Overland Park, KS. He noted that it is important to understand that interpreting services and the maintenance of quality services of this kind are a priority in the state. The measure of control over the quality of interpreters through the Kansas Commission for the Deaf/Hearing Impaired can continue through the certification system "Quality Assurance Screening Test" (QASU). He noted two purposes of QAST, i.e., to evaluate interpreting skills; and to educate/encourage further improvement by candidates. The evaluation process is, i.e., the written test; production skills portions. He noted there are currently 5 states using this system, with Kansas among those 5. He noted, there have been inquiries from other states about the Quality Assurance Screening. He urged support, noting members of this Committee can make a difference by insuring that qualified interpreters serve both deaf/hearing citizens of Kansas. He answered questions.

Basil Kessler offered hand-out (Attachment No. 5) and noted that he is an instructor in the Division of Counselor Education and Rehabilitation at Emporia State. He stated support of the movement to have the Commission for the Deaf/Hearing Impaired to become the sole governing body of the certification and screening process of interpreters so that the quality of this service will be of the highest caliber. He detailed the numerous places where interpreters' services are needed, and the need for high quality in this profession. He believes that there is a need for quality control and collegiality within the interpreting community; having a centralized governing body will help advance the actual profession of interpreting by providing opportunities to become a more professional entity as well as enhancing peer support and networking. He believes that the Commission is the best choice for regulating and advancing the certification/screening of interpreters for the deaf. He asked support for HB 2925. He answered questions.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 a/m./p.m. on March 16, 1992

HEARINGS CONTINUED ON HB 2925.

Mr. William Fansler offered hand-out (Attachment No. 6). Mr. Fansler used an interpreter and as he used sign language to communicate, he listed various ways that the deaf/hearing impaired people need the services of interpreters, i.e., one-on-one situations where communications can be interrupted easily for clarification; limited voicing; limited signing (transliterating) to legal, mental health, educational group meeting, platform, serious medical critical situations of any nature. The most important parts of HB 2925, in his view, are to recognize that the Kansas Commission for the Deaf/Hearing Impaired should be the authorized agency in certifying interpreters in a professional manner through Quality Assurance Scening Test evaluation system, to make it affordable for interpreters who want to be evaluated and eventually be certified in different skill levels; and to set aside funding into a fee fund to be established by the Commission. He thanked Committee members for their favorable consideration of HB 2925.

Chair thanked conferees who could not give tesimony today because of time constraints, for offering to return tomorrow. She thanked all those who did offer comments.

Chair adjourned the meeting at 3:09 p.m.

HOUSE BILL No. 2913

By Representatives Allen, Barkis, Glasscock and Wagnon

2-10

8 AN ACT enacting the Kansas healthy kids program act; creating the
9 Kansas healthy kids corporation; providing for the powers, duties
10 and functions thereof; establishing the healthy kids trust fund.

11
12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. This act shall be known and may be cited as the
14 Kansas healthy kids program act.

15 Sec. 2. The legislature finds that increased access to health care
16 services could improve children's health and reduce the incidence
17 and costs of childhood illness and disabilities among children in this
18 state. Many children do not have access to primary and preventive
19 health care services. It is the intent of the legislature that a nonprofit
20 corporation be organized to facilitate a program to bring preventive
21 and primary care health care services to children, if necessary
22 through the use of school facilities in this state when more appro-
23 priate sites are unavailable, and to provide comprehensive health
24 insurance coverage to such children. A goal for the corporation is
25 to cooperate with any existing preventive service programs funded
26 by the public or the private sector.

27 Sec. 3. (a) There is hereby created a body politic and corporate
28 to be known as the Kansas healthy kids corporation. The Kansas
29 healthy kids corporation is hereby constituted a public instrumen-
30 tality and the exercise of the authority and powers conferred by this
31 act shall be deemed and held to be the performance of an essential
32 governmental function. The corporation shall be governed by a board
33 of directors who shall be residents of this state.

34 (b) The Kansas healthy kids corporation board of directors shall:

35 (1) Develop a program which will provide, based on ability to
36 pay, comprehensive health insurance benefits, including preventive
37 and primary care services and basic dental care to all Kansas school
38 aged children who are not otherwise covered by public or private
39 insurance programs, grades kindergarten through 12, and their non-
40 school siblings ~~and implement such program in at least three pilot
41 school districts by July 1, 1993~~ and subsequent to the establishment
42 of such pilot programs provide for the expansion of the program to
43 other school districts as appropriate;

[, such program to have children enrolled and be providing
services in at least three pilot school districts on or
before July 1, 1994,

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1 (2) establish, with consultation from experts, appropriate profes-
2 sional organizations and others, a list of benefits appropriate to chil-

[and, except as provided in this act, such insurance program shall not be subject to any law requiring the coverage or the offer of coverage of a health care service or benefit

3 dren which will be included in the insurance program;
4 (3) establish eligibility criteria which children and their families
5 must meet in order to participate in the program;

6 (4) develop and implement a plan to publicize the Kansas healthy
7 kids program, the eligibility requirements of the program and the
8 procedures for enrollment in the program;

9 (5) accept and receive grants, loans, gifts or donations from any
10 public or private entity in support of the Kansas healthy kids
11 program;

12 (6) develop funding sources for the Kansas healthy kids program;

13 (7) employ staff necessary to administer the Kansas healthy kids
14 program;

15 (8) establish the administrative and accounting procedures for the
16 operation of the corporation;

17 (9) enter into contracts as may be necessary under the Kansas
18 healthy kids program act including contracts, as the board deems
19 appropriate, with corporations or other entities for administrative
20 and other services for the corporation; ~~and~~

(10) coordinate the development of the Kansas healthy kids program with other public or private initiatives in order to promote efficiency and coordination and to avoid duplication of effort; and

21 ~~(10)~~ report on its activities to the governor and to the legislature
22 on or before February 1 each year.

23 (c) In establishing the program under subsection ~~(a)~~ the cor-
24 poration shall construct the program so that coverage is secondary
25 to any other available coverage, and the corporation may establish
26 procedures for coordinating benefits under this program with benefits
27 under other public and private coverage.

(11)
(b)

The insurance benefits part of the program under subsection (b) and the location of the three pilot school districts shall be established by the board of directors on or before July 1, 1993.

28 Sec. 4. (a) The board of directors of the Kansas healthy kids
29 corporation shall consist of the following members:

30 (1) One board certified pediatrician appointed by the governor;

31 (2) one person who is a representative of the insurance industry
32 appointed by the governor;

33 (3) four representatives of the business community, one ap-
34 pointed from each congressional district by the governor;

35 (4) one licensed nurse appointed by the governor;

36 (5) two community leaders or persons representing the population
37 to be served appointed by the president of the senate;

38 (6) two community leaders or persons representing the population
39 to be served appointed by the speaker of the house of
40 representatives;

41 (7) one member of the house of representatives appointed by the
42 speaker of the house of representatives;

43 (8) one member of the house of representatives appointed by the

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Department of Health and Environment
Azzie Young, Ph.D., Secretary

Reply to:

Testimony presented to

House Public Health and Welfare Committee

by

The Kansas Department of Health and Environment

Senate Bill No. 539

Background

In 1987, Congress passed the Omnibus Budget Reconciliation Act of 1987 (OBRA '87) which required that the Health Care Financing Administration implement a flexible survey cycle in order to reduce the predictability of home health agency inspections. Many of the requirements authorized by OBRA '87 were implemented as part of Medicare home health regulations published August 14, 1989.

In March 1991, the Health Care Financing Administration established a survey system with no more than fifteen months between inspections for individual agencies and for a state-wide average of not more than twelve months between inspections. Certification periods are not time limited.

Issues

Since the Department conducts one inspection for both licensure and certification purposes, the objective of reducing the predictability of the survey cannot be accomplished unless the same rules are used for both certification and licensure. The Department proposed similar legislation in 1989 to change the annual licensure cycle for nursing homes, and last year, the Legislature amended child care law for similar purposes.

This same approach is adopted for home health agencies in Senate Bill 539. Under this approach, an agency would be required to file an annual report and pay an annual fee even though the license would not be "renewed." The amendments to Senate Bill 539 implement this change and also include the federal language establishing a maximum time between surveys.

Recommendation

The Department respectfully recommends that the committee adopt Senate Bill 539 which will streamline the home health agency licensure and Medicare certification process.

Presented by: Greg L. Reser, Medical Facilities Certification Administrator
Bureau of Adult and Child Care
Kansas Department of Health and Environment
March 16, 1992

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Department of Health and Environment
Azzie Young, Ph.D., Secretary

Reply to:

TESTIMONY PRESENTED TO THE
HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

BY

THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Senate Bill 540

Kansas has been a leader in nurse aide training, testing, and certification since the program was established in 1978. Over 50,000 persons have been certified as nurse aides since the program began. In 1987 and 1989 the United States Congress enacted a series of nursing home reform laws referred to as OBRA. Part of OBRA dealt with nurse aide training, testing, and registry requirements since a majority of states did not have training and testing requirements for nurse aides in place. In April 1991, the federal Health Care Financing Administration (HCFA) audited the state for compliance with OBRA nurse aide requirements. The audit resulted in two citations for good management practices. However, a plan of correction was requested since the state program did not require nurse aides who have been out of the field for two years to complete a refresher course. Final federal regulations to implement OBRA nurse aide requirements were issued September 26, 1991, pointing out the need to make a few additional adjustments to the state program.

Senate Bill 540 makes the necessary adjustments to the program allowing Kansas to be consistent and in full compliance with OBRA. The following are the proposed amendments to KSA 39-936:

KSA 39-936(c)(1), page one, lines 32-39, is being deleted since it is a repeat of item (2) on page two, lines 16-21.

KSA 39-936(c)(4), which is item (3), page three, lines 2-8, is being amended to delete the collection of the examination fee and to allow collection of a certification fee. The current examination fee is \$7.50 and the proposed certification fee will be \$10 - the certification fee will be set in rules and

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regulations. OBRA does not prohibit a state from charging a certification fee to cover the state costs for certification of the trainee. However, OBRA does restrict a state from imposing upon the nurse aide trainee a training or examination fee or a fee to be placed on the registry.

New item (4), page three, lines 9-12, requires the department to establish a state registry containing information about nurse aides in accordance with OBRA. OBRA requires the registry to contain basic information about each nurse aide trainee (course; examination scores; address; identification number; if certified; any administrative confirmation of abuse, neglect, or exploitation; etc.).

New item (5), page three, lines 13-15, requires adult care homes to contact the state nurse aide registry prior to using persons as a certified nurse aides. This provision is consistent with OBRA requirements as well as complements the enforcement of the state nurse aide certification requirement by stopping employment of persons with forged or inappropriate certificates. In addition, the registry identifies to callers which aides who have an administrative hearing confirmation of abuse, neglect, or exploitation of any adult care home resident in accordance with KSA 39-1404, et seq. Current federal regulations prohibit a facility from using a person convicted in a court of law of abuse, neglect, or mistreatment of an individual and, as of April 1, 1992, anyone with an administrative hearing confirmation of abuse, neglect, or exploitation of an adult care home resident.

New item (6), page three, lines 16-23, beginning July 1, 1993, mandates adult care homes to require any nurse aide who has been out of the field for a two-year period to complete a refresher course. The department is to prepare guidelines for such a course and to approve or disapprove such courses. This provision is consistent with OBRA requirements and addresses the compliance issue identified by the HCFA auditors.

In conclusion, the department supports Senate Bill 540. The bill proposes amending KSA 39-936 to make the state program consistent and comply with OBRA; thus, assuring state participation in the Medicare/Medicaid programs.

Included with this testimony is a FY 1991 annual report that briefly describes the magnitude of the state training, testing, and certification program for nurse aides and the registry.

Presented by: Cathy Rooney, Director
Health Occupations Credentialing
Bureau of Adult and Child Care
March 16, 1992

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KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

Health Occupations Credentialing
Bureau of Adult and Child Care

FY 1991 - Nurse Aide Programs

Introduction

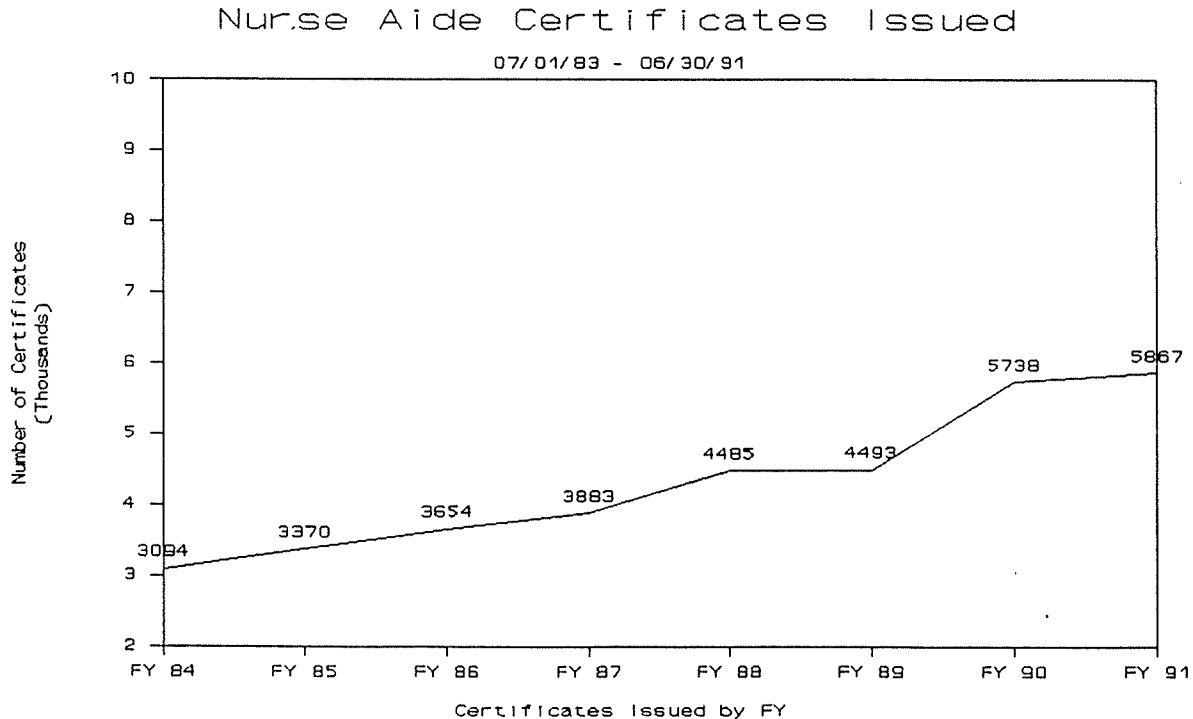
The goal of state and federal laws governing the nurse aide program is to improve the quality of care provided in nursing facilities by ensuring that each nurse aide has the training, practical knowledge, and skills to care for residents and to ensure that no nurse aide is known to have abused, neglected, or exploited a resident. It is a joint responsibility between nursing facilities and the Kansas Department of Health and Environment to meet this goal.

This report illustrates the magnitude of the Kansas nurse aide certification, course training, testing, and registry program; general supply and demand of certified nurse aides; characteristics of nurse aide trainees; and the program's compliance with federal Omnibus Budget Reconciliation Acts (OBRA) of 1987 and 1989 (also known as nursing home reform laws).

Certifications

Since October 1978, the Kansas Department of Health and Environment has certified 50,857 persons as nurse aides. A state nurse aide certificate means the person has successfully completed a 90-hour state-approved course, a skills demonstration evaluation, and state examination. All persons who have received a certificate are listed in the Kansas nurse aide registry and meet training and testing standards of both Kansas and federal laws.

In FY 1991, 5,867 persons were certified as nurse aides. The graph below shows the increase of persons being certified in Kansas from FY 1984 through FY 1991:



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Since FY 1984, the average rate of growth of persons receiving certificates has been 12 percent. This gradual increase in persons being certified may reflect the nursing facilities' need for additional staff required to meet the increased residents' health care needs. The 28 percent increase that was experienced from FY 1989 to FY 1990 may reflect the increased abilities to educate nursing facilities¹ and enforce standards regarding the nurse aide program due to OBRA, the formation of the Credentialing Unit within the bureau, and computer and office automation.

Supply and Demand²

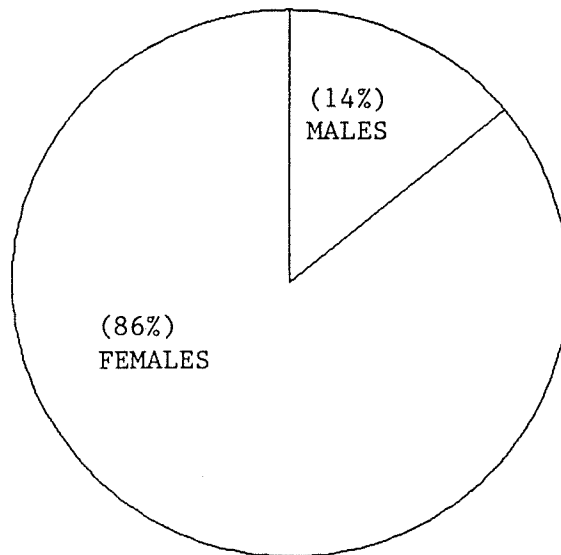
The supply of annually certified nurse aids should adequately meet the employment demands of the nursing facilities who are required to use certified nurse aides. We believe this is true even giving consideration to the estimated 50 percent turnover rate of nurse aides. For example, in calendar year 1990 there were 9,593 FTEs nurse aide positions in 419 nursing facilities (9,353 FTEs in nursing homes and an estimated 240 FTEs in hospital distinct part long-term care units). During that same year, 5,537 persons were certified as nurse aides. Thus, 58 percent of FTE positions could be filled with new trainees alone.

For nursing homes during calendar year 1990, 25,297 residents were provided care by a direct care staff totaling 13,084.9 FTEs. Thus, 72 percent (or 9,353) of direct care staff were nurse aides, seven percent (or 972.6) were RNs, 15 percent (or 1,928.4) were LPNs, and six percent (or 830.9) were activities directors and social services designees.

Trainee Characteristics

Figures show that nurse aide trainees were primarily female between the ages of 20-29 who had a high school diploma or GED. The preceding graphs are the specific breakdowns on gender, age, and education level of nurse aide trainees in the last six months:

% of Nurse Aide Trainees by Gender

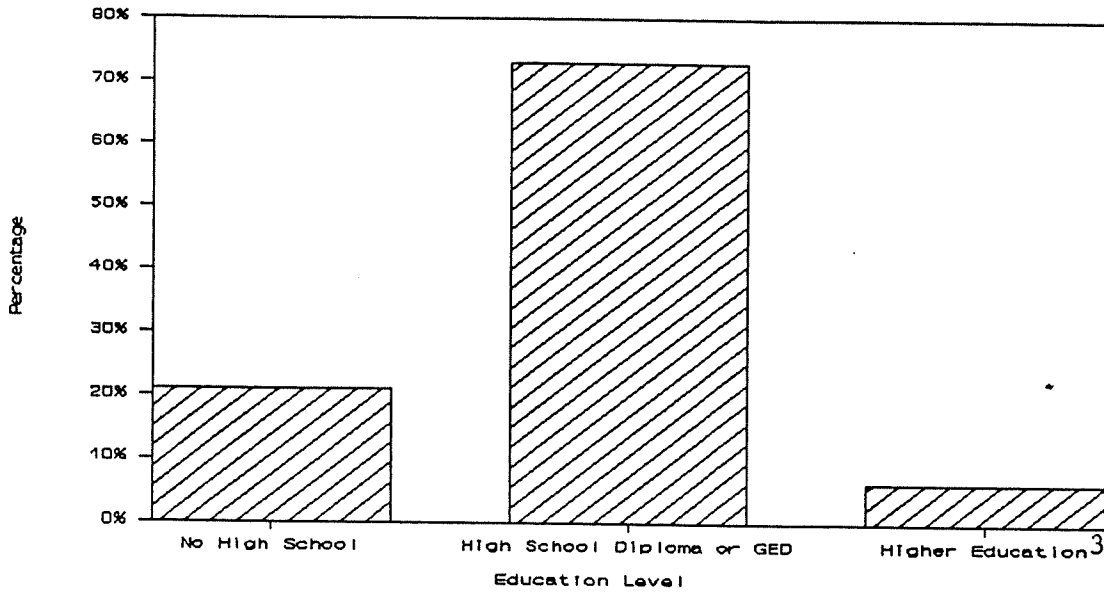


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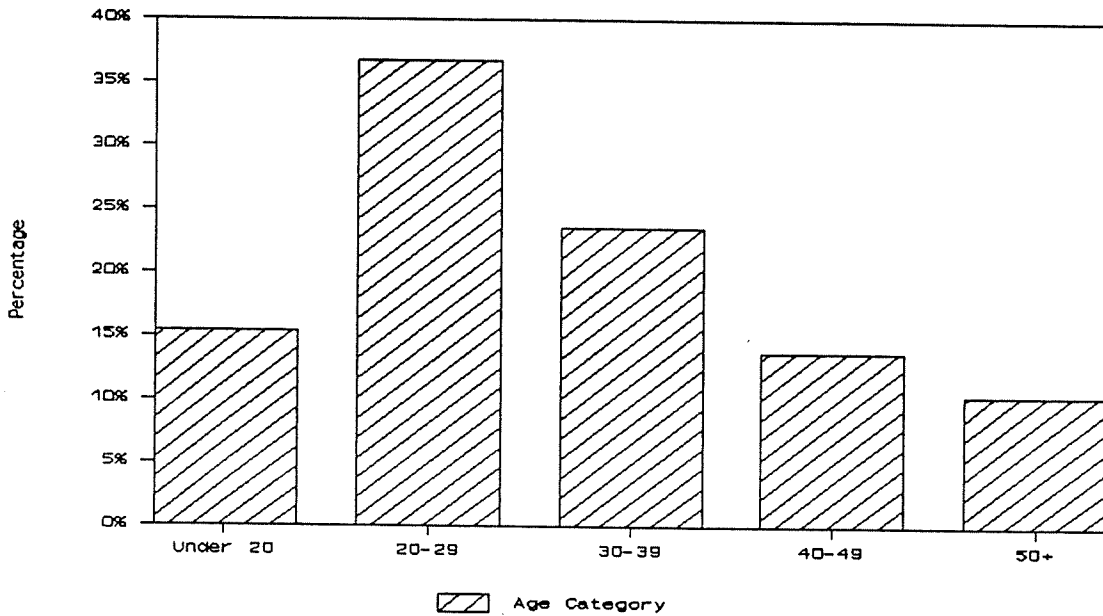
¹Nursing facilities refer to the nursing homes and hospital distinct part long-term care units in Kansas.

²Data obtained from Annual Nursing Home Survey, KDHE, 12-31-90.

% of Nurse Aide Trainees by Education



% of Nurse Aide Trainees by Age



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³Higher education is defined as LPN training, diploma nursing, associate, bachelor, master, or education specialist degrees or PhDs.

Registry

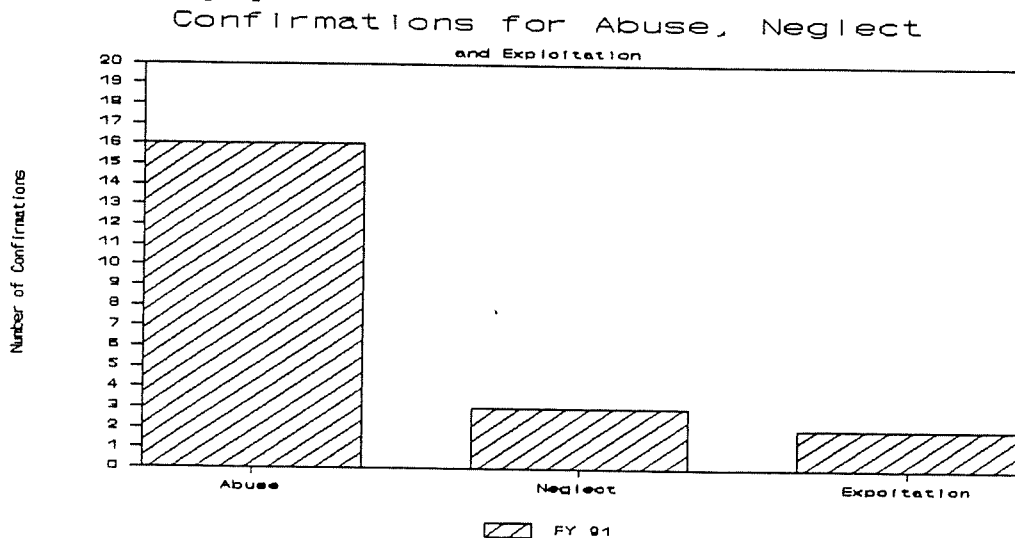
OBRA laws require that each state establish and maintain a registry and, prior to a nursing facility employing a person as a nurse aide, the facility must contact the registry. The registry inquiry is to confirm that the person holds a valid nurse aide certificate and to see whether the person has an administrative record of abuse, neglect, or exploitation. A confirmation letter is automatically issued to each nursing facility about each registry inquiry to show proof of compliance with contacting the registry. In FY 1991, the Kansas registry contained approximately 56,000 records about nurse aide, home health aide, and medication aide trainees, and certified aides in each of the aide categories.

The Kansas nurse aide registry has been taking phone inquiries since January 2, 1991. For the last six months of FY 1991, 6,933 phone inquiries have been handled by the registry operator and 7,546 confirmation letters of phone and written registry inquiries have been issued. The registry provides accurate and speedy service to the caller. For example, on the average, 55 phone inquiries are handled daily with a response time of 40-60 seconds per record inquiry with a set maximum of five record inquiries per caller. The UCD phone option used with the registry phone number allows the registry operator to take a call and have three callers automatically placed on hold with a recorded message. Any long distance caller is transferred to the first hold position. The registry hours are from 8:00 a.m. to 12:00 noon and 1:00 to 3:00 p.m, Monday through Friday, excluding state holidays.

The registry requirement has: (1) reinforced the state's certification requirement by stopping employment of persons with forged or inappropriate certificates; (2) opened communications between nursing facilities and other state registries with the nurse aide program staff; and (3) identified to the public and nursing facilities aides who have confirmation records of abuse, neglect, or exploitation of residents. The following is a chart on the type of phone callers the registry received from January 2, 1991 through June 30, 1991:

<u>Type of Caller</u>	<u>Number of Inquiries Received</u>
Kansas nursing facilities	5,824
Non-Kansas nursing facilities	184
Other state registries	75
Aides/public	462
Other agencies	378
State surveyors	10
Total	6,933

Twenty-one nurse aides were confirmed of abuse, neglect, or exploitation and their records entered into the registry between October 1, 1990 through June 30, 1991. The graph below shows the number of confirmations per abuse, neglect, or exploitation category:



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Examples of abusive behavior included aides making verbal threats or degrading comments to residents, and aides striking residents causing bruising. One case of neglect resulted in a resident breaking a leg because the aide refused to follow transfer procedures. Exploitation occurred when a resident's signature was forged by an aide and jewelry stolen by another aide.

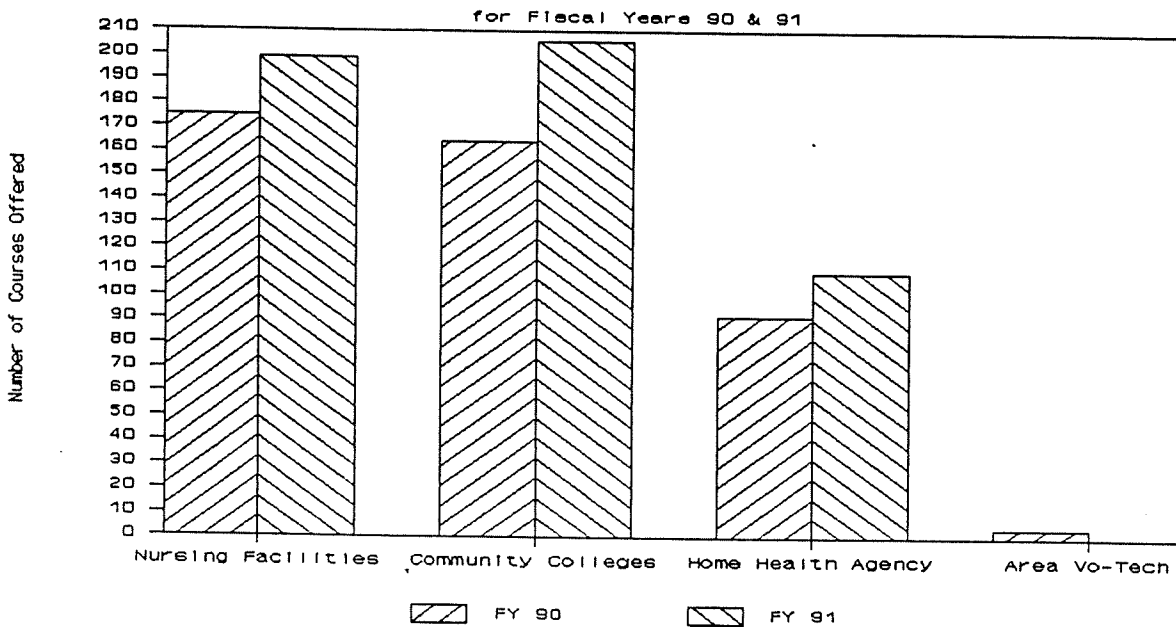
KSA 39-1404, et seq., authorizes the Kansas Department of Health and Environment to investigate and confirm abuse, neglect, or exploitation of nursing home residents. In the case of nurse aides who are alleged to have committed one of these actions, a confirmation is only issued after offering an administrative hearing and appeal rights to the nurse aide to assure due process. Any nurse aide confirmation is recorded in the registry along with any disputing comments by the nurse aide on the final confirmation.

Federal regulation (CFR 483.13(c)(1)) allows nursing facilities the discretion on whether to continue employment or to initially hire a nurse aide with a record of abuse, neglect, or exploitation in the registry. After April 1, 1992, the regulations will prohibit employment of anyone listed in the registry with such a record. Currently facilities are prohibited only from hiring any person convicted in a court of law of abusing, neglecting, or mistreating an individual.

Courses

In FY 1991, 515 state-approved nurse aide courses were conducted across Kansas. As Attachment 1 shows, one or more courses were held in all but 17 out of 105 counties. There was an 18 percent (or 80) increase in the number of courses conducted in FY 1991 compared to FY 1990. Actual figures for other fiscal years are not complete so a comparison is not provided. The graph below shows the total number of courses conducted in FY 1990 and FY 1991:

Nurse Aide Courses by Sponsors



The breakdown of the 515 courses conducted in FY 1991 by sponsor is as follows:

<u>No. of Courses</u>	<u>Percentage</u>	<u>Sponsor</u>
199	39%	Nursing facilities
206	40%	Community colleges
110	21%	Area vocational-technical schools

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There were 193 active state-approved registered nurse instructors for the nurse aide courses in FY 1991 and 402 nonactive (did not conduct a course or become approved in fiscal year 1991).

Testing

There are 15 state testing sites spread across the state (see Attachment 2). The Kansas City, Wichita, and Topeka sites conduct tests monthly, while the remaining sites conduct tests every other month. In FY 1991, 4,476 persons took the 100 multiple-choice question state examination (written/ oral). Ninety-five percent was the passing rate, with a five percent failure rate.

Federal Audit

The federal Health Care Financing Administration evaluated in April 1991 the nurse aide training program and Kansas nurse aide registry for compliance with OBRA requirements for state participation in the Medicare/Medicaid programs. During the exit interview of the audit, it was stated that Kansas has a model training program and registry system. It also appeared that portions of OBRA were actually taken word by word from Kansas' statutes, regulations, or procedures. Two citations for good management were the results of the audit.

The auditors stated that Kansas has a superb process for reviewing, approving, and monitoring nurse aide training programs. The auditors visited a course being conducted at a nursing facility and thoroughly reviewed state office records. The auditors were particularly impressed with the registry system's "extensive database, the great database access capacity, speed of the computer program, the local area network system, the automatic confirmation letters sent to specific phone inquiries, and the use of the UCD phone system." Along with the two good management citations, the auditors requested a plan of correction on the one deficiency of the training program, specifically the state law (KSA 39-936) needs to be amended to require a refresher course for all nurse aides who have been out of the field for two years. Senate Bill 540 addresses this issue and is under legislative consideration.

Summary

Since 1978 Kansas has been certifying nurse aides and has overall experienced annual increases in the total number of persons certified annually. In FY 1991, 5,867 persons were certified. The supply of certified nurse aides in Kansas should meet the employment demands of the industry. The number of training courses conducted and the number of course instructors are adequate to meet the training needs of the trainees and industry. In FY 1991, 515 courses were offered across the state and 193 instructors were actively in the field. Nursing facilities and community colleges provide about the same number of courses annually (about 200 apiece). There is a 95 percent pass rate for the state nurse aide examinations. The state testing sites are geographically distributed across the state and hold testing either monthly or every other month. The registry provides accurate and speedy service to some 55 callers daily. The registry helps ensure that the goal of the nurse aide program is met by enforcing that only appropriately trained and tested persons are hired as nurse aides and provides employers with any abuse, neglect, or exploitation records on perspective nurse aide employees. The Kansas nurse aide program will continue to be in good standing with OBRA requirements should state law KSA 39-936 be amended to require a refresher course for all nurse aides who have been out of the field for two years.

Prepared by: Cathy Rooney, Director
 Pamela Matalone, Administrative Officer I
 Health Occupations Credentialing
 Bureau of Adult and Child Care
 January 23, 1992

PHK
3-16-92
Attachment 3
8710

NUMBER OF NURSE AIDE COURSES BY TRAINING SITE
PER COUNTY, FISCAL YEAR 91

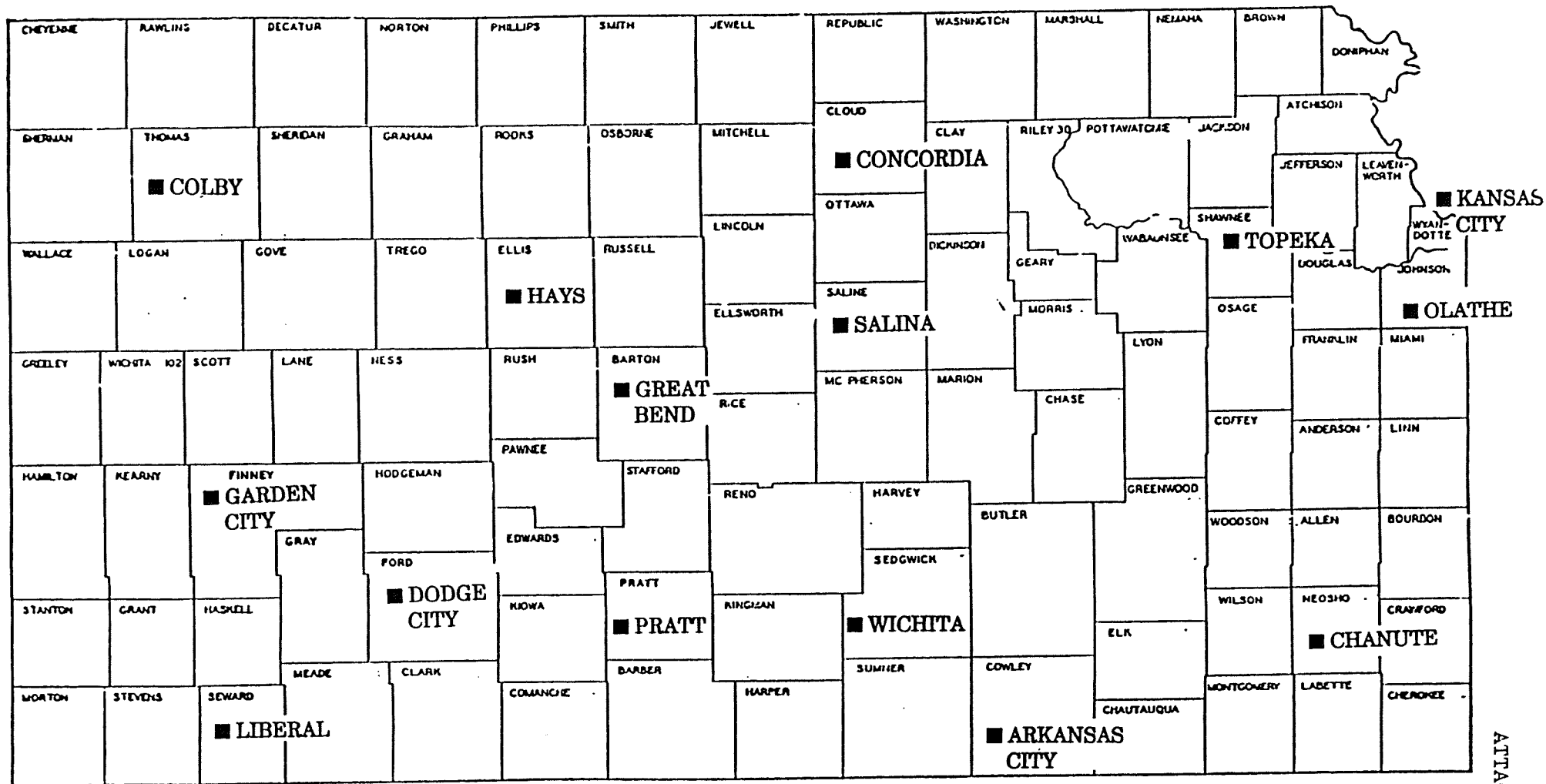
CHEYENNE	RAWLINS	DECATUR	NORTON	PHILLIPS	SMITH	JEWELL	REPUBLIC	WASHINGTON	MARSHALL	NEMAHA	BROWN	DONIPHAN	
0	0	5	2	4	2	2	3	2	4	3	6	0	
BERNARD	THOMAS	SHERIDAN	GRAHAM	ROOKS	OSBORNE	MITCHELL	CLOUD	CLAY	RILEY	POTTAWATOMIE	JACKSON	ATCHISON	
6	0	1	1	1	1	6	7	4	7	1	1	4	
WALLACE	LOGAN	GOVE	TREGO	ELLIS	RUSSELL	LINCOLN	OTTAWA	DICKINSON	GEARY	WABAUNSEE	SHAWNEE	JEFFERSON	LEAVENWORTH
1	0	2	5	0	4	2	5	6	4	0	29	4	7
GREELY	WYOMING	SCOTT	LANE	HESS	RUSH	BARTON	ELLSWORTH	SALINE	MORRIS	LYON	OSAGE	DOUGLAS	WYANDOTT
2	0	1	1	0	0	10	4	5	6	11	6	8	40
HAMILTON	KEARNY	FINNEY	HODGEMAN	PAWNEE	STAFFORD	RICE	MC PHERSON	MARION	CHASE	COFFEY	FRANKLIN	MIAMI	
3	7	1	2	0	1	3	8	6	0	0	8	6	
STANTON	GRANT	HASKELL	GRAY	FORD	EDWARDS	RENO	HARVEY	BUTLER	GREENWOOD	WOODSON	ALLEN	BCURDON	
0	3	1	0	8	2	18	10	7	4	0	6	7	
WORTON	STEVENS	SEWARD	MEADE	CLARK	KIOWA	PRATT	KINGMAN	SEDGWICK	ELK	WILSON	NEOSHO	CRAYFORD	
3	2	3	3	1	1	12	5	41	1	3	4	14	
COMANCHE	BARBER	HARPER	SUMNER	COWLEY	CHAUTAQUA	MONTGOMERY	LABETTE	CHEYENNE					
2	1	3	5	9	0	12	9	5					

Total courses = 515

Prepared by Kansas Department of Health and Environment
Health Occupations Credentialing
Bureau of Adult and Child Care

Handwritten notes:
3-16-93
Attachment 3
JPK/LL
09/21/00

LOCATIONS OF STATE TESTING SITES



Total sites = 15

Prepared by Kansas Department of Health and Environment
 Health Occupations Credentialing
 Bureau of Adult and Child Care

PRAC
 3-16-92
 02/10/93
 02/10/910

**Testimony in Support of:
HB 2925**

March 16, 1992

Ladies and gentlemen, thank you for your time. I will not take much of it.

My name is Bern Jones. I teach in the Sign Language Interpreter Training Program at Johnson County Community College in Overland Park. I am currently on sabbatical leave from the college to complete my course work toward the doctoral degree in Special Education at the Big 8 champion school, the University of Kansas.

My purpose today is to speak in support of HB 2925. It is important to understand that interpreting services and the maintenance of quality services is a priority in our state. Not only are students assisted in our public schools, but employers and applicants are as well. Both the Individuals with Disabilities Education Act (IDEA) and the Americans with Disabilities Act (ADA) require us to provide equal access to education and employment respectively. We in Kansas can continue to have a measure of control over the quality of interpreters through the Kansas Commission for the Deaf and Hearing Impaired. This can continue via the certification system referred to as the "Quality Assurance Screening Test" (QAST).

The process was established through the efforts of representatives from six midwestern states beginning in the fall of 1984. Representatives included both deaf and hearing leaders in the field of interpreting and consumers who use interpreters. I chaired that committee. These leaders were presidents of state organizations of the deaf, interpreters in the region, vocational rehabilitation personnel, directors of commissions for the deaf (including the Kansas Commission) as well as a representative from the national Registry of Interpreters for the Deaf (RID) Quality Assurance Task Force.

There are two purposes of QAST:

1. To evaluate interpreting skill.
2. To educate - encourage further improvement by candidates.

PHW
3-16-92
Att #4
pg 1 of 2

The Evaluation Process (Three Parts):

Part I: The Written Test (first implemented in the spring of 1986).

Parts II and III: The Production Skills portions (first implemented in the summer of 1986 at JCCC in Kansas.

States currently using this system:

Kansas
Arkansas
Oklahoma
Nebraska
New Hampshire

Inquiries from the states of:

Colorado: Department of Licensing and Certification

Missouri: Missouri Commission for the Deaf

Wisconsin: Wisconsin Commission for the Hearing Impaired (to implement this fall)

Montana, Minnesota, New Mexico

As well as the National Association of the Deaf (NAD).

In closing, I urge you to support this bill to allow the Commission to continue its leadership role in our state.

You can make a difference by insuring that qualified interpreters serve both deaf and hearing citizens of Kansas.

Thank you.

Respectfully submitted,

Bern Jones
100 North Normandy Drive
Olathe, Kansas 66061-3855

PHW
3-16-92
Att #4
Pg. 2 of 2

Public Health and Welfare

March 16, 1992

HB 2925

Dear Ladies and Gentlemen. It is with great pleasure that I address you today regarding the duties of the Kansas Commission for the Deaf and Hearing Impaired and its potential function as the regulating and certifying body for the Quality Assurance Screening Test. I strongly support the movement to have the commission become the sole governing body of the certification and screening process.

Over the past eight years, the Commission has proven itself to be a viable program that has enhanced the quality of life for deaf Kansans by its involvement and support of different and diverse service programs established within rural and urban communities, schools, and deaf clubs. The Commission has fomented aggressive new programs such as the Kansas Relay, and the recognition of American Sign Language as a true linguistic treasure. Certainly, without your support and that of your colleagues these innovative programs would not have come to fruition and a vision of the future would be lost.

The Commission's track record speaks to its viability as a true representative of all deaf and hard of hearing people, children and adults, parents, educators, sign language students, interpreters and transliterators. However, there still exists much to be done in the way of advocating for professional services and networking those services for the benefit of all consumers and vendors. Here is where, I believe, the Kansas Commission for the Deaf and Hearing Impaired has its greatest challenge and opportunity.

Like our beautiful landscape that possesses much potential, we know that a suitable climate must be present in order for us to experience the golden opportunities it nurtures. I believe there is an aridness within the maintenance of interpreter qualifications and the necessary support services to interpreter vendors. Those who require such services are often unfamiliar with the nature of the entire process. For example, the Americans with disabilities Act will challenge business and industry to make reasonable accommodation to applicants and employees who have a need for interpreting services. Deaf people and interpreters alike will be under the scrutiny of business protocol. Professional acumen is a must within such an environment where business personnel are unfamiliar with the communication needs of deaf and hard of hearing people.

Public schools, who represent one of the largest employers of interpreting and transliterating services, are always in needs of quality communication services. Yet, I believe, that such services are singularly ineffective if quality control is not established. I speak for example of an interpreter who applied for an interpreting position within a rural school program and was asked to state her perceived signing skills on a ten point Leikert scale.

PHAW
3-16-92
Att#5
1-2

She was subsequently hired without having to exhibit any sign language proficiency.

Police, fire, and hospital services also need quality control opportunities available to them. When needing to provide emergency services to deaf and hard of hearing citizens, the appropriate communication system must be afforded the deaf victim in order to ensure that correct information is disclosed and appropriate treatments are prescribed.

Finally, I believe there is a need for quality control and collegiality within the interpreting community. Having spent countless hours developing one's signing skills, attending numerous conferences that address professional development, attempt to educate the general public about one's job responsibilities, and finding a replacement when a job is too complicated for one's signing level leaves an interpreter feeling very isolated and alone.

I believe having a centralized governing body will help advance the actual profession of interpreting by providing opportunities to become a more professional entity as well as enhancing peer support and networking.

It follows that if interpreting is a profession, professional accountability must be present. To date, there is no peer review board to deal with complaints and issues of unethical practice. This must be if we seek to provide consumers and vendors with the best services available.

~~I do believe that the Commission is the best choice for regulating and advancing the certification and screening of interpreters for the deaf. I ask you to support HB 2925. I contend that Commission will advance not only what is in place, but will also challenge those in the field and encourage those entering the field to address additional services for those who do not use sign language. By the year 2000, hearing loss will affect more Americans than any other disability. Knowing that, we must be prepared to face the communication needs of non signers. I am sure the Commission is up to the challenge and those it represents are certainly ready.~~

Thank you!

P.H.W.
3-16-92
Attm 5
C9282

TESTIMONIAL IN SUPPORT OF HB 2925

Monday, March 16, 1992

Public Health and Welfare Committee

William Fansler, 2nd Vice-President of Kansas Association of the Deaf

To Members of the Committee:

Communication in all form is important to mankind, especially so with the deaf and hard of hearing people using sign language. That is where interpreters come into our daily lives. In my perspective as a hard of hearing person, who depend on them in certain situations, I know what the commission needs from this bill and is a reasonable request to ask from you regarding it.

There are many different ways that deaf and hard of hearing people use interpreters: ranging from one-on-one situations where communications can be interrupted easily for clarifications; limited voicing; limited signing (transliterating) to legal, mental health, educational, group meeting, platform, serious medical and critical situation of any nature.

The purpose of the bill is to allow Kansas Commission for the Deaf and Hearing Impaired to set up a program of regulation and certification of interpreters and also to set up a deaf and hearing impaired fund which is to be credited to deaf and hearing impaired fee fund instead of setting aside to the general fund.

I support the concept of letting KCDHI provide a program of regulation and certification of interpreters and handling of fee fund. The reason for my support is that there is a need for interpreters to carry out message between hearing people and the deaf. The deaf have been at disadvantage in securing communication, whereas hearing people receive it for granted. We often have to pay out of our own pockets to the interpreters when we need them. The most important part of the bill, in my opinion is to recognize KCDHI as the authorized agency in certifying interpreter in professional manners thru Quality Assurance Screening Test (QAST) evaluation system. Also to make affordable for interpreters who want to be evaluated and eventually be certified in different skill levels and to set aside funding into a fee fund to be established by the commission.

When the Americans with Disabilities Acts (ADA) becomes fully in effect, there will be more and more need of interpreters, no matter who will be paying for them. The regulation and certification of interpreters to be established is to ensure that deaf people get the right interpreter at certain situation. No one would want a beginning interpreter to interpret at a legal setting (in courtroom) because there are specific skills in conveying message both ways. That where the commission comes in play in referring the right interpreters to the courtroom with client's approval. I predict the increasing demands for more interpreters to be certified by QAST program in the future. The commission has increased its monthly QAST evaluation to keep up with demand and it is having a hard time keeping up with certification demands by the interpreters. The commission wants to start QAST to various part of the state to meet the needs.

There are interpreters in training in Gallaudet Regional Center, located at Johnson County Community College in Overland Park. It cooperates with KCDHI regarding to the availability and certification of the interpreters.

As for crediting interpreting fees from individuals, state agencies, companies and organizations to deaf and hearing impaired fee fund, instead of putting all of them toward the general fund would enable KCDHI make the interpreting fund self-supporting without having to depend on more state money to pay interpreters and evaluators.

On behalf of deaf and hard of people, I appreciate your consideration in giving the bill a favorable action before sending on the full House and to convince it to pass it on its way to become a law that KCDHI can work on.

William Fansler

PH&W
3-16-92
Attn # 6