

Approved 3-2-92
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. on February 26, 1992 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research

Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Joe Furjanic, Kansas Chiropractic Association

Dr. James Edwards, Emporia

Steve Chandler, Kansas Physical Therapy Association

Maggie Kelley, Registered Massage Therapist, Topeka

Brenda Eddy, Kansas Commission for the Deaf and Hearing Impaired

Timothy Conroy, Topeka

Alan Goldberg, Parents Association of Hearing Impaired Children

Martha Gabehart, Kansas Commission on Disability Concerns

Chairman Ehrlich called the meeting to order at 10:00 a.m.

The Chairman introduced two pages from Concordia assisting at the Committee meeting and his guests from Hoisington, Mr. and Mrs. Greg Kellar.

Hearing on:

SB 671 - Manipulation procedures limited to licensees of the healing arts.

Joe Furjanic, Kansas Chiropractic Association, submitted a balloon of **SB 671** with suggested amendments that expanded the licensing board of the licensee and additional language in the bill. (Attachment 1)

Dr. James Edwards, Chiropractor, Emporia, appeared in support of **SB 671** and stated the bill will limit manipulation to doctors licensed by the state of Kansas and not allow any licensee to delegate this task to any non-doctor employee. Information was submitted to the Committee explaining the difference between mobilization and manipulation, and the dangers of spinal manipulation performed by people without training to do manipulation and when performed to people at risk. (Attachment 2)

Steve Chandler, Kansas Physical Therapy Association, submitted written testimony and spoke in opposition to **SB 671**. Mr. Chandler stated if this bill is passed, it would prohibit physical therapists from performing joint mobilization/manipulation. To remove manipulation from physical therapy would restrain the practice of physical therapy affecting the future ability to maintain and recruit therapists in Kansas facilities. The removal of manipulation would severely restrict the practice of physical therapy as a health care service in Kansas. (Attachment 3) Mr. Chandler pointed out during Committee discussion that he knew of no documented cases of injury caused by a physical therapist in Kansas. Larry Buening, Board of Healing Arts, was asked if he would provide information to the Committee of documented cases regarding any complaints of injury caused by a physical therapist in Kansas.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 526-S Statehouse, at 10:00 a.m./p.m. on February 26, 1992
Maggie Kelly, Massage Therapist, Topeka, submitted written testimony and stated the only benefit of **SB 671** is to reduce competition for some in the medical field at a time when more options are needed. (Attachment 4)

Written testimony was received from Chip Wheelen, Kansas Medical Society, that stated KMS expresses opposition to the provisions of **SB 671** because it contravenes the time tested doctrine which allows physicians to delegate the practice of medicine so long as the physician remains accountable and liable for such delegation. (Attachment 5) Written testimony was provided to the Committee members from Lawrence T. Buening, Board of Healing Arts, that stated the bill was introduced following the last meeting of the Board held February 8, 1992, and therefore, he has not had the opportunity to confer with the Board as a whole as to its desires regarding **SB 671**, and that the last action of the Board taken April 12, 1986, would indicate the Board is supportive of this measure. It was also pointed out that questions did arise as to whether sections three, four and five are necessary. (Attachment 6)

Hearing on:

SB 474 - Sunset law, Kansas commission for deaf and hearing impaired, continuation.

Senator Burke expressed support for the bill and stated there is unanimous and strong support in his community for the continuation of the Commission for Deaf and Hearing Impaired.

Brenda Eddy, Kansas Commission for the Deaf and Hearing Impaired, submitted written testimony and appeared before the Committee in support of **SB 474**. Ms. Eddy stated the Kansas Legislature is to be commended for having the foresight in 1982 to authorize a commission that addresses the needs of deaf and hard of hearing people and their families, and urged continued support for the Commission. (Attachment 7)

Tim Conroy, Topeka, submitted written testimony and stated the Kansas Commission for the Deaf and Hearing Impaired worked to serve all Kansans and provide services, referrals and guidance where there is no one else. Mr. Conroy told of his personal experiences and the support he received from the Commission for the Deaf and Hearing Impaired. (Attachment 8)

Alan Goldberg, Parents' Association of Hearing Impaired Children, appeared before the Committee in support of **SB 474**. He told of the experiences of his three deaf children and of being an advocate for the Kansas Commission for the Deaf and Hearing Impaired.

Martha K. Gabehart, Commission on Disability Concerns, submitted written testimony and stated the KCDHI has been extremely helpful to their agency on many occasions using interpreter services and setting up a policy on the provision of deaf interpreters that refer employees to KCDHI. Ms. Gabehart urged support of **SB 474**. (Attachment 9)

Written testimony was also received in support of **SB 474** from Glen Yancey, Acting Commissioner/Rehabilitation Services/SRS, and Gina McDonald, Kansas Association of Centers for Independent Living. (Attachments 10 and 11)

Final Action:

The Chairman asked for wishes of the Committee on **SB 474**. Senator Burke made the motion to recommend **SB 474** favorably for passage, seconded by Senator Reilly. No discussion followed. The motion carried. Senator Burke will carry the bill.

The meeting was adjourned at 11:00 a.m. The next meeting of the Committee is scheduled for February 27, 1992, 10:00 a.m., Room 526-S.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-26-92

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

June M. Jones 4348 ^{Jopoka, Ks 66610} Wanamaker Rd	IME/Ks Assn Ther. Mass
Maggie Kelley 707 SE QUINCY TOP	" " " "
Annette Siebert	KAHA
Marilyn Bradt	KINH
FRANCES Kastner	KPTA
Candy Bahner R. P. T.	KPTA
Ken Bahner	Ks. Hospital Assn
James Edwards, D. C.	Ks Chiropractic Assn
Joe Ferguson	KCA
Tim Comroy 829 Webster Top.	-
Brenda Gddy	KCDHT
Glen Nancy	SRS Rehab. Soc.
Marta Sabeharr	KCDC
Sina McDonald	KACIC
Dan Hanzl	KAA
Alan a. Goldberg	Kansas Parents of Hearing Impaired Children
Gerald Johnson	Kansas sch for the Deaf
Connie Russell	St Bd of Ed
Megan Essary	Ks Comm flt Deaf & Hearing Impaired

SENATE BILL No. 671

By Committee on Public Health and Welfare

2-13

*Senate P. H. & W.
Attachment #1
2-26-92*

8 AN ACT relating to persons licensed by ~~the state board of healing~~ boards;
9 ~~arts~~; limiting the performance of certain procedures to such per-
10 sons; declaring certain acts to be violations and providing penalties
11 therefor.

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

14 Section 1. As used in this act:

15 (a) "Manipulation" means the application of directed manual or
16 mechanical forces to the human living body's joints and adjacent
17 tissues to produce audible or perceptible joint motion beyond the
18 passive limits of the joint.

19 (b) "Adjustment" means the same as manipulation. _____ licensing board of the licensee.

20 (c) "Board" means the state ~~board of healing arts~~.

21 (d) "Licensee" means persons licensed to practice medicine and
22 surgery by the state board of healing arts ~~and doctors of chiropractic~~,
23 licensed by the state board of healing arts, _____

24 and licensed dentists and licensed podiatrists as
25 limited by their scope of practice.

26 Sec. 2. Licensees shall be the only persons allowed to perform
27 manipulation on the human living body in the state of Kansas. A
28 licensee shall not prescribe, authorize or delegate such manipulation
29 to any other person unless such other person is also a licensee. Any
30 person violating this section shall be subject to the penalties of
31 sections 3 and 4 and amendments thereto.

32 Sec. 3. Any person not a licensee who violates section 2 and
33 amendments thereto shall be guilty of a misdemeanor and upon
34 conviction thereof shall pay a fine of not less than \$50 nor more than
35 \$200 for each separate offense, and a person for a second violation
36 of section 2 and amendments thereto shall be guilty of a misdemeanor
37 and upon conviction thereto shall pay a fine of not less than \$100
38 nor more than \$500 for each separate offense.

39 Sec. 4. The ~~board~~, in addition to any other penalty prescribed _____ applicable
40 under ~~the Kansas healing arts act~~, may assess a civil fine, after proper
41 notice and an opportunity to be heard, against a licensee for a
42 violation of section 2 and amendments thereto in an amount not to
43 exceed \$1,000 for the first violation, \$3,000 for the second violation
44 and \$5,000 for the third violation and for each subsequent violation.
45 All fines assessed and collected under this section shall be remitted

Senate

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1 promptly to the state treasurer. Upon receipt thereof, the state
2 treasurer shall deposit the entire amount in the state treasury and
3 credit it to the state general fund. _____ applicable

4 Sec. 5. Upon the request of the|board, the attorney general or
5 a county or district attorney shall institute in the name of the state
6 the appropriate proceedings against any person charged, by com- applicable
7 plaint to the|board, with the violation of section 2 and amendments
8 thereto, and the attorney general, and such county or district at- applicable
9 torney, at the request of the attorney general or of the|board shall
10 appear and prosecute such actions.

11 Sec. 6. Sections 1 to 6, inclusive, and amendments thereto, shall
12 be part of and supplemental to the Kansas healing arts act- _____, Kansas dental practices act and the Kansas

13 Sec. 7. This act shall take effect and be in force from and after podiatry act.
14 its publication in the statute book.

MANIPULATION FACT SHEET

- ◆ Spinal Manipulation can be very harmful when performed improperly or to patients at risk.
- ◆ Spinal Manipulation has caused documented cases of fractures, strokes and even death.
- ◆ Athletic trainers, physical therapists, massagers, barbers and others without proper training are presently doing manipulation.
- ◆ The Kansas State Board of Healing Arts adopted the following resolution: "Only licensees of this Board may perform manipulation of the articulations of the human body." (April 12, 1986)
- ◆ Licensees of the Healing Arts Board are doctors of chiropractic, doctors of medicine, and doctors of osteopathy. They are trained in diagnosis and are required to diagnose the patient's condition prior to treatment.
- ◆ To protect the public, Healing Arts Board licensed doctors must carry malpractice insurance and take 50 hours of continuing education each year.

*Senate PHW
Attachment #2*

2-26-92

MOBILIZATION AND MANIPULATION

UNDERSTANDING THE DIFFERENCE

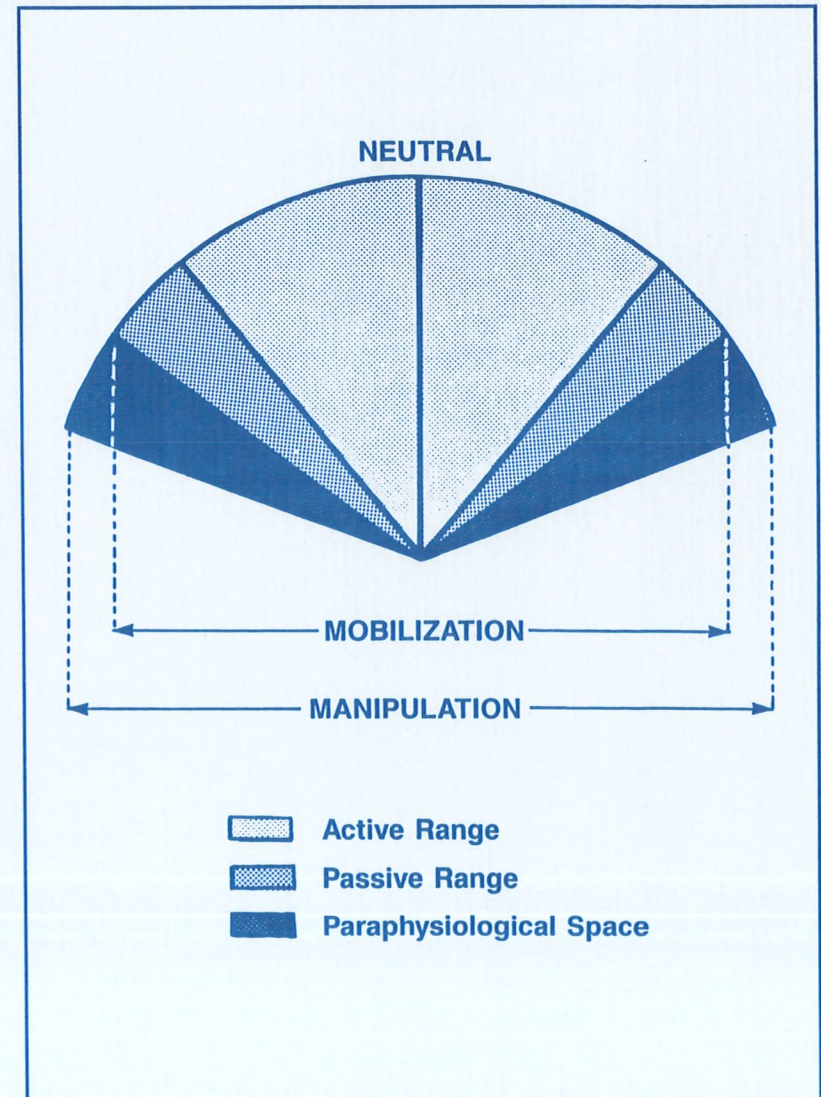
Although mobilization and manipulation sound similar, there is a tremendous difference in the two procedures and the expertise required to perform them. The illustration will help assist in understanding the two terms.

MOBILIZATION

The light shaded area on each side of the neutral line represents the range of movement a patient can make without assistance. This is called the active range of motion. The passive range of motion is the range of movement that can be accomplished with assistance and is represented by the medium shaded area. At the end of the passive range, the practitioner will feel a resistance which is known as the elastic barrier. All movement up to this point is defined as mobilization.

MANIPULATION

Manipulation is a skilled maneuver during which the joint is carried beyond the normal passive range of movement without exceeding the boundaries of anatomical integrity. This movement is accomplished with a brief, sudden, and carefully administered "impulsion" and is usually accompanied by an audible sound. Movement across the elastic barrier results in manipulation which is represented in the illustration by the dark shaded area.



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COMPARISON OF TRAINING

Doctor of Chiropractic
Logan College of Chiropractic
St. Louis, Missouri

Physical Therapist
University of Kansas
Lawrence, Kansas

Physical Therapist
University of Colorado
Boulder, Colorado

Prerequisites:	2 academic years leading to a Bachelor's Degree including required semester hours in the Biological, Physical, and Behavioral Sciences.	Bachelor's Degree including required semester hours in the Biological, Physical, and Behavioral Sciences	Bachelor's Degree "not in physical therapy" including required semester hours in the Biological, Physical, and Behavioral Sciences
Years of Training:	4 years plus 1 year internship	2 years	2 years
Actual Clock Hours of Instruction:	5,490 hours	1,344 hours	1,392 hours
Hours of Instruction in Spinal Manipulation:	1,860 hours	None	None
Hours of Instruction in Diagnosis: (Includes Physical, Clinical, Laboratory, and Radiological Diagnosis)	1,440 hours	None	None

SPINAL MANIPULATION INJURIES

The following case studies of cerebral vascular injuries were as a direct result of spinal manipulation performed by physical therapists, naturopaths, a kinesiologist, and a lay person.

Case 1: Parkin et al published a case study of a 23 year old female suffering injury after spinal manipulation by a physical therapist. The manipulation resulted in a left vertebral artery occlusion. The patient had a residual deficit with a Babinski-Nageotte syndrome.

Case 2: Fritz et al reported injury to a 63 year old male after manipulation by a physical therapist. The manipulation resulted in medullary brainstem infarct. The patient required six weeks hospitalization and had residual hemiparesis, dysarthria, and dizziness.

Case 3: Neilsen published a case study of injury to a 44 year old female after manipulation by a physical therapist. Two manipulations were performed which produced balance problems, nausea, vomiting, dysphonia, dis-orientation and memory disturbance. Four years after the manipulation injury, there was no improvement in the patient's symptoms.

Case 4: Schmitt et al reported injury to a 35 year old female by a cervical manipulation by a naturopath. There was a thrombosis of the basilar and left vertebral arteries. Death occurred three hours after the manipulation.

Case 5: Schmitt reports another similar case of a 35 year old female manipulated by a naturopath. There was a dissecting aneurysm of the left vertebral artery with intramural hematoma, which extended into the lower basilar artery. This damaging manipulation also resulted in the death of the patient.

Case 6: Gutmann reported injury to a male after manipulation by a naturopath. Due to a previous fracture of the atlas, subsequent tension to the vertebral artery resulted in fourteen days of blindness with later tunnel vision.

Case 7: Gutmann reports manipulation to a 36 year old male by a naturopath resulted in cerebellar ischemia producing vertigo, nausea, and vomiting for several days. After released from the hospital, the patient made an abrupt movement which again resulted in an episode of the ischemia.

Case 8: Masson et al reports manipulation by a kinesiologist to a 33 year old female resulted in a Wallenberg Syndrome.

Case 9: Ford et al reported injury to a 37 year old male after cervical manipulation by his wife. There was a thrombosis of the basilar, left posterior inferior cerebellar and left posterior cerebral artery. Death occurred sixty hours after the manipulation.

SOURCE: Allan G. J. Terrett, DipAppSc, BAppSc, GrandDipTertEd, F.A.C.C.S.; Lecturer, Dept. of Diagnostic Sciences; Phillip Institute of Technology; Bundoora, Victoria, Australia; "Vascular Accidents from Cervical Spine Manipulations: Report on 107 Cases," ACA Journal, April 1988.

The University of Kansas Medical Center

School of Allied Health
Physical Therapy Education
1002 Hinch Hall

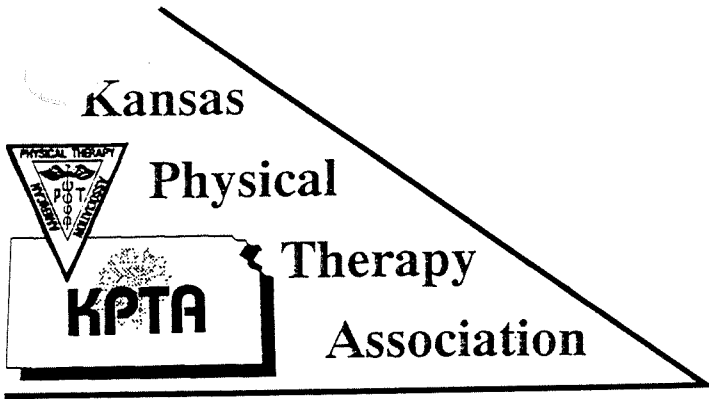
2-25-92

To Whom It May Concern:

The physical therapy students at the University of Kansas Medical Center are trained and evaluated for competency in manual therapy techniques. Beginning with their first semester, they are taught range of motion methods in PHTH 700 which is a basic procedures course for physical therapy. The second semester they receive more indepth information in a musculoskeletal evaluation course, PHTH 760. This course includes detailed information on peripheral joint evaluation. The third semester they enroll in PHTH 820 which is an advanced orthopedic course focusing on the spine. The students receive instruction on arthrokinematics involving both lecture and lab experiences. In addition to the listed academic experiences, they have hands-on experiences during their clinical affiliations. Knowledge demonstrated in the clinics is reinforced by practicing physical therapists, many who have additional specialized training in manual therapy techniques.

The physical therapy students learn many techniques for enhancing range of motion, restoring proper alignment, and assessing muscular imbalances through the use of manual therapy principles. These specific therapeutic tools are only one means by which physical therapists incorporate treatments to aid their patients.

Cam Wilson, PhD, PT



SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

My name is Steve Chandler. I am president of the Kansas Physical Therapy Association. I am here today to speak in opposition to Senate Bill 671.

Physical Therapy: the treatment of disease by physical agents and methods to assist in rehabilitation and restoration of normal bodily functions after illness or injury, including the use of massage and manipulation, therapeutic exercises, hydrotherapy, and various forms of energy

Manipulation: skillful or dexterous treatment by the hand. In physical therapy, the forceful passive movement of a joint beyond its active limit of motion.

In preparing for this Testimony I thought it would be interesting to see how a widely used medical dictionary might define the terms, manipulation, and physical therapy. (see handout)

Joint manipulation or mobilization are passive movements applied to a joint in a specific manner in order to restore the full, free, painless active range of motion of that joint.

Treatment to increase joint mobility is of primary importance and has been in the physical therapists educational curriculum for several decades as well as including numerous post

*Senate P. H&W
Attachment #3
2-26-92*

graduate course studies. As soft tissue injuries and inflammation heal, stiffness is inherent. Left alone, the joints may become hypomobile. The untreated hypomobile or (stiff) joint will soon begin to show sign of joint degeneration. In an attempt to avoid this pathological chain of events, physical therapists for many years have utilized mobilization or manipulative techniques.

Another important concept in the treatment of musculo skeletal disorders used by physical therapist is that of joint play motions, first described by Dr John Mennell, M.D. in his text on Joint Pain in 1964, as involuntary interarticular motions which are present in all synovial joints. Joint play that often is lost in a joint due to immobilization such as casting a joint following a fracture, or loss of motion due to pain, or joint pain following reconstructive surgery such as total joint replacement. In each of these examples, the goal for physical therapist would be to restore the normal joint mobility and in doing so physical therapists may use joint mobilization to place a normal force beyond that joints passive range motion. If passed SB671 would prohibit physical therapists from performing these treatments.

Traction for the low back and cervical spine may also be regarded as a form of mobilization or manipulation since it involves the passive movement of joints by mechanical or manual means. Many conditions such as herniated disc or degenerative disc/joint disease may respond favorably to traction. Again if SB671 is passed physical therapists would be unable to provide

*Senate PHU
Attachment #3*

this care.

Is it the intent of this bill to prevent physical therapist from restoring normal joint motion following injury or disease or even follow elective surgical procedures such as total knee replacement. I hope not but in its present form it will.

Is it the intent of this bill to prevent physicians licensed to practice medicine and surgery from referring patients to physical therapy that require lumbar or cervical traction for the relief of painful and debilitating symptoms. I hope not but in its present form it will .

Have there been incidents to cause the State Board of Healing Arts to be concerned that physical therapists are performing joint mobilization/manipulation or mechanical traction in a less than acceptable manner. I am aware of no such incidents and therapists in Kansas have incorporated forms of manipulation both manual and mechanical in their scope of practice for many years. For what purpose would those restrictions now be placed? Is it the intent of this bill to infringe on a physical therapist's right to practice therapy as defined by our practice act since 1963 and restrict from us a valuable treatment tool which has been used safely over many years in the care of our patients?

Joint mobilization or manipulation is not a panacea. It does however, have a place in the armamentarium of the physical therapist. It has a place among the modalities aimed at reducing muscular skeletal pain and dysfunction and increasing our patients quality of life.

In closing, I feel that manipulative therapy or joint mobilization has been part of our education process for several decades. Physical therapists have used it safely and wisely to the benefit of a great many consumers here in Kansas. To prevent our continued use of this treatment would severely impair our ability to provide a livelihood as physical therapists in the state of Kansas.

To remove manipulation from physical therapy would restrain the practice (trade) of physical therapy affecting the future ability to maintain therapists in and recruit therapists in Kansas facilities. Additionally, the removal of manipulation would s severely restrict the practice of physical therapy that it would eliminate it as a health care service in Kansas.



KANSAS ASSOCIATION OF THERAPEUTIC MASSAGE
**INTERNATIONAL MYOMASSETHICS
FEDERATION INC.**

707 SE QUINCY, TOPEKA, KS 66603
(O) 913/233-7073 (H) 273-8253

February 26, 1992

Re: SB 671 Room 526

My name is Maggie Kelley. I've been a Massage Therapist in private practice for 11 years and with me today is June Jones, manager of the YWCA Massage Department for 15 years. We are both Certified Instructors. We represent 100 members of the Kansas Association of Therapeutic Massage and have members in all five Congressional districts. We primarily practice Swedish Massage for stress reduction and relaxation.

Swedish Massage gets its name from Peter Ling, a Swedish fencing master, born in 1776. He developed the principle of pushing the blood toward the heart, cooperating with the one-way gate valves in the veins. Increased circulation is the main goal of the method.

Swedish Gymnastics were developed at that time to stretch muscles and increase joint movement. These movements are now referred to as non-specific stretches. The goal is to move lactic acid, metabolic wastes and carbon dioxide out into the veins and allow the oxygen and nutrients from the arterial blood to rush in and feed the cells. These stretches have been used for 200 years. It is not the intention of a massage practitioner "...to produce audible or perceptible joint motion beyond the passive limits of the joint!"

My Taber's Medical Dictionary defines manipulation as "Any treatment or procedure involving use of the hands. RS: massage, osteopathy, spondylotherapy, Swedish movements. * SB 671 is attempting to make two different words and two different treatments mean the same thing when they don't. How can this word (manipulation) mean the same as adjustment when an adjustment such as a Chiropractor does is so specific?"

*Senate B H & W
Attachment #4
2-26-92*

The only benefit SB 671 is to reduce competition for some in the medical field at a time when more options are needed. With health care costs rising in Kansas, it seems that the emphasis is shifting to prevention and health maintenance. We see our role as practitioners in the "Wellness" field - to help people reduce stress and tension in their bodies and assist their well being.

I'd like to finish with a demonstration.

Thank you.

maniac (mā'nī-āk) [G. *mania*, madness].

An insane person.

maniacal (mā-nī'āk-āl) [G. *mania*, madness]. 1. Like a maniac. 2. Affected with mania.

man'ic-depres'sive insan'ity. Cyclic or circular insanity in which there are alternating moods of depression and mania. SEE: *insanity, manic-depressive*.

man'ikin [D. *manneken*, little man]. 1. A model of the human body or its parts. 2. A dwarf.

* **manipulation** (măn-īp-ū-la'shūn) [L. *manipulāre*, to handle]. Any treatment or procedure involving use of the hands.

RS: *massage, osteopathy, spondylotherapy, Swedish movements*.

manipula'tive surgery. Use of manipulation in surgery, bonesetting, etc.

Man'naberg's symptom. Accent of 2nd pulmonic sound in diseases of the abdomen.

man'nerism. Acts which are in keeping with the personality. A peculiar modification of an ordinary movement.

mannite (man'īt). Manna sugar, C₆H₁₄O₆, exuded from manna. It is a laxative.

Mann'kopf's sign. Pulse acceleration ex-



KANSAS MEDICAL SOCIETY

623 W. 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383
WATS 800-332-0156 FAX 913-235-5114

February 26, 1992

TO: Senate Public Health & Welfare Committee
FROM: Kansas Medical Society *Chip Steelen*
SUBJECT: Senate Bill 671; Manipulation of Human Joints

The Kansas Medical Society must express opposition to the provisions of SB 671 because it contravenes the time tested doctrine which allows physicians to delegate the practice of medicine so long as the physician remains accountable and liable for such delegation. If you reference K.S.A. 65-2837, you will note that one of the many criteria defining unprofessional conduct for a licensee of the Healing Arts is "delegating professional responsibilities to a person when the licensee knows, or has reason to know, that such person is not qualified by training, experience or licensure to perform them." In other words, if a physician delegates the practice of medicine or surgery to an unqualified person, then the physician risks the suspension or revocation of his or her license.

We believe that although it is limited in scope, SB 671 involves a number of unanswered questions and potential ramifications beyond what is printed in the bill. It could be particularly troublesome in disaster response situations or other emergencies which require that a nonphysician manipulate the body joint of a human being or be delegated responsibility for such manipulation. It is for these reasons that we respectfully request that you report SB 671 adversely. Thank you for considering our concerns.

CW/cb

*Senate P. H & W
Attachment #5
2-26-92*

State of Kansas

235 S. TOPEKA BLVD.
TOPEKA, KS 66603



913-296-7413
FAX: 913-296-0852

Board of Healing Arts

MEMORANDUM

TO: Senate Committee on Public Health and Welfare
FROM: Lawrence T. Buening, Jr., Executive Director
DATE: February 26, 1992
RE: TESTIMONY ON SENATE BILL 671

Mister Chairman and members of the Committee, thank you for allowing me the opportunity to appear before you and provide testimony on Senate Bill 671.

I wish to advise that at a meeting held April 12, 1986, the Board passed the following Resolution:

"Only licensees of this Board may perform manipulation of the articulation of the human body."

This bill was introduced following the last meeting of the Board held February 8, 1992 and, therefore, I have not had the opportunity to confer with the Board as a whole as to its desires regarding SB 671. However, the last action of the Board taken April 12, 1986, would indicate that the Board is supportive of this measure.

Questions do arise as to whether sections three, four and five of the bill are necessary. Section six of the bill makes sections one through six, inclusive, part of and supplemental to

MEMBERS OF BOARD

JOHN P. WHITE, D.O., PRESIDENT
PITTSBURG
REX WRIGHT, D.C., VICE PRESIDENT
TOPEKA

FRANKLIN G. BICHLMEIER, M.D., OVERLAND PARK
DONALD B. BLETZ, M.D., OVERLAND PARK
JIMMY V. BULLER, D.O., PARSONS
HOWARD ELLIS, M.D., LEAWOOD
EDWARD J. FITZGERALD, M.D., WICHITA
HAROLD GULDNER, SYRACUSE
MARK HATESOHL, D.C., MANHATTAN

GRACIELA MARION, EUDORA
JOHN PETERSEN, OVERLAND PARK
RICHARD UHLIG, D.O., HERINGTON
IRWIN WAXMAN, D.P.M., PRAIRIE VILLAGE
KENNETH D. WEDEL, M.D., MINNEAPOLIS
RON ZOELLER, D.C., TOPEKA

Senate PH&W
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Senate Committee on Public Health and Welfare
February 26, 1992
Page Two

the Kansas Healing Arts Act. K.S.A. 65-2862 presently provides that any person violating the Healing Arts Act is to be deemed guilty of a misdemeanor and has penalty provisions similar to that provided for in section three of the bill. K.S.A. 1991 Supp. 65-2863a allows the Board to assess civil fines for violations of the Healing Arts Act. Therefore, the authority to assess fines as specified in section four of the bill already exists but K.S.A. 1991 Supp. 65-2863a provides for totally different maximum amounts for first, second and subsequent violations. If section four remains in the bill, there would be one set of fines allowed to be assessed for violation of section two of SB 671 and a totally different set of fines would be assessed pursuant to K.S.A. 1991 Supp. 65-2863a for other violations of the Healing Arts Act. As to section five, this is similar to the provisions that already exist in K.S.A. 65-2857, 2858 and 2866. These statutes grant injunctive powers and confer authority for criminal prosecution for unlawful practice of the healing arts. Further, the language of section five of the bill is almost identical to that presently contained in K.S.A. 65-2866.

Based upon the above, the question arises as to whether sections three, four and five of the bill are necessary in light of the existing statutes contained within the Healing Arts Act.

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The Committee should also be aware that passage of SB 671 would modify the general doctrine known as the "captain of the ship" as specified in K.S.A. 65-2872(g). That statutory provision provides that persons are not to be construed to be engaged in the practice of the healing arts when their ". . . professional services are performed under the supervision or by order of or referral from a practitioner who is licensed under this act". Pursuant to this statute, practitioners of the healing arts are vested with broad discretion and ability to delegate acts which constitute the practice of the healing arts. The Committee may wish to consider amending section two to state "unless delegated under subsection (g) of K.S.A. 65-2872 and amendments thereto."

Thank you very much for the opportunity to appear before you and I would be happy to answer any questions.

**Kansas Department of Social and Rehabilitation Services
Donna Whiteman, Secretary**

Presenter's name: Brenda Eddy
Executive Director
Kansas Commission for the Deaf and Hearing Impaired
(913) 296-2874 (V/TDD)

Topic: Testimony in favor of SB 474 to continue the Kansas
Commission for the Deaf and Hearing Impaired

Date: February 26, 1992

Committee: Senate Public Health and Welfare Committee

Mr. Chairperson and Members of the Committee: My name is Brenda Eddy and I am the Executive Director of the Kansas Commission for the Deaf and Hearing Impaired. I thank you for the opportunity to stand before you today and address the importance of re-authorizing SB 474.

I was a product of a Kansas before a Commission for the Deaf and Hard of Hearing. I have been hard of hearing since birth. My mother and older brother are also hard of hearing. My three year old son is being monitored for a high frequency hearing loss which may be hereditary in nature or related to chronic ear infections he experienced as a baby. Had my parents had the Commission to turn to, I am sure they would not have felt so totally alone. My mother was loosing her own hearing while trying to deal with the reality of raising two hearing impaired children. Indeed, we have come a long ways since a doctor told my parents that their hearing impaired children would probably never be able to function independently in society.

In 1982, H.B. 2268 established the Kansas Commission for the Hearing Impaired within the Department of Social and Rehabilitation Services. The Commission was charged to serve as a clearinghouse for information and as an advocate of services and coordinator of programs for hearing impaired people. In addition to providing advocacy and coordination services, KCDHI also provides a variety of direct services which include statewide coordination of interpreting services, administration of a certification program for sign language interpreters, a TDD message relay service for out-of-state callers and administration of the Safety Communication Sticker Program. More detailed programmatic information, activities and accomplishments may be found in the Annual Report to the Governor and Legislature.

K.S.A. 75-5392 establishes the composition and qualifications of Commission members. The Commission consists of 17 members charged with the responsibility for the policies and management of the Commission. Twelve members are appointed by the Governor including six members who are deaf or hard of hearing. Five members serve as ex officio members representing key state agencies. The Commission is required by statute to meet at least four times a year.

(OVER)

*Senate P. H&W
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SB 474
February 26, 1992

The approved budget for FY 1992 for the Commission totals \$280,587 of which \$79,536 is from the State General Fund and \$201,051 is from Federal Vocational Rehabilitation Funds. The approved budget includes funding for 4.0 FTE positions, including the Executive Director, a Social Services Administrator/Interpreter, a Consultant for the Handicapped, and a Secretary II. Included in the approved budget is \$25,000 to contract with Independent Living Programs for consultant services in underserved areas of the state. \$18,273 is included to administer the Hearing Impaired Support Services program which is a method of contracting with interpreters in private practice to provide support services to those in need around the state.

It has been a decade of tremendous progress on both the state and national levels for our population. Technology is making strides in the communications arena that were unimaginable a decade ago. The Americans with Disabilities Act and the Kansas Act Against Discrimination will present exciting opportunities and challenges in the realm of employment, public accommodations, transportation and telecommunications. Due to the passage of these pieces of legislation, the Commission will take on an even more important role as we focus on providing technical assistance to the private and public sectors regarding equal accessibility for deaf and hard of hearing people. We are already developing proactive plans to meet the increased demand for interpreter services but we cannot meet this demand without additional resources.

I believe we have arrived at a crucial milestone in our development. We are maturing. We have established credibility. We have used our ten years and our resources well. The important question in my mind is not whether KCDHI should be reauthorized. A close look at the accomplishments in our annual report will answer that question. The challenging question I ask myself each day is how long can a staff of four keep up with the demands of a statewide constituency? How long can I expect my staff to perform the workload of two or three people? How long before we start losing our hard-earned credibility due to our inability to respond? Colleagues of mine from other states have expressed disbelief that we have accomplished what we have with a staff of four. I tell them we are the best kept secret in state government.

The Kansas Legislature is to be commended for having the foresight in 1982 to authorize a commission that addresses the needs of deaf and hard of hearing people and their families. Deaf leaders around the state worked long and hard to establish this Commission. As we reflect back and celebrate our first ten years of progress, it is important to use our collective knowledge to plan for the future. I am grateful to the dedicated Commission members and staff who nurtured the program through infancy. We now call upon your wisdom and support to guide us through the challenges ahead. I urge you to not only support the re-authorization of SB 474 but to also provide us with the resources needed to carry out our mission.

Testimony for the
Senate Public Health and Welfare Committee
SB 474 - Support of Reauthorization
February 26, 1992

I have been asked here today to speak with you about an organization within the state of Kansas that exists to serve the people of our state. Before we get to the matters at hand, I should first tell a little about myself and how the KCDHI has helped me. My name is Tim Conroy and I am 26 years old, married, possess a bachelors degree in Business Administration and a Masters in Special Education and I have lost all of my hearing.

Before this sounds like a resume I should get to the heart of the matter. The Kansas Commission for the Deaf and Hearing Impaired (KCDHI) works to serve all Kansans. They provide services and referrals and most importantly they provide guidance when there is no one else to look to. They extend these services to people with all sorts of non-regular hearing.

As far as the term "regular" hearing, I like to use that over "normal" hearing. Don't get me wrong, I am not some politically correct crusader, the world has enough of them, I just tend to see myself as having "non-regular" hearing. It's sort of like when people say "He lost his hearing," heck I didn't lose it, I just don't have it. Shoot, if I lost it I would go out and try to find it.

Up until the first of November, I was a Special Education teacher here in Topeka with USD 501. It was a career that I worked hard to get and when my hearing loss forced me to take a leave of absence I had to face something very difficult. My lowest point was to walk out the school door for the last time.

I am, and will always think of myself as a teacher. So when a person is forced to give up not only what they do, but what they are, it hurts to the core. You go to the hospital to fill out an entrance form and in the box that asks "Occupation" you get a sick feeling that grabs at your soul. Something that you have always wanted and been suddenly seems not be there. But is it?

I was always taught by my Mom that life is what you make it. Or as I put it in baseball terms "you hit what's pitched". You can spend your whole time at the plate wishing for the perfect pitch. If you don't hit what the pitcher throws, you will never get on base. You will just stand at the plate. Life is like that too. If you have a problem or a disability you can spend your life wishing it wasn't there. In most cases it won't change a thing. So you have to deal with it or "Hit what the man on the mound gives you".

As for me, I am beginning the long road to learning sign language. Once I have at least adequate skills I want to return to a school to get my certification in Hearing Impaired Education.

The reason I have told all of you this is that all through the process the KCDHI

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SB 474

February 26, 1992

has helped me deal with the problems and pitfalls of being hearing impaired. When I first started to notice an increase in the loss last summer I contacted

their office and was quickly assigned to a meeting with their Brenda Eddy. It was at this meeting that some of my options were outlined. The first of which was seeing an audiologist to see if a hearing aid may be of use. She made the appointment for me to see an audiologist in Olathe. That was the first step, they also gave me literature on dealing with a hearing loss.

Once I began dealing with the audiologist, I was fitted with an aid and things went well for a while. Then by last fall my hearing was getting to be a bigger problem. It was effecting all aspects of my life. My principal began to make me very aware that he knew of my loss and wanted something done about it. However, my loss is caused by acoustic tumors - they're benign tumors on the auditory nerve. They effect both ears and very little can be done to help them. The tumors can be removed, but it usually doesn't do much for the hearing.

As the stress mounted from my fear of what the loss was doing to my ability to run a classroom, I increasingly sought solace by visiting the staff at KCDHI. They provided me with information on what my legal rights were as far as the work place went, as well as offering to send my employer information on a handicapped employee. However, the hearing was now fading even more quickly and I was faced with either a medical leave of absence or termination. I have never lost a job in my life, so I took a leave from teaching. As I said earlier, it was very difficult for me, but the staff at the KCDHI quickly went to work to get me started down the road again. They put me in touch with a Vocational Rehabilitation Counselor who has provided me with tutoring in sign language as well as discussing job opportunities with me. This was great. It took me from despair to having a plan, a future. Most of all, it gave me hope.

The audiologist that Brenda Eddy had referred me to advised me to see a friend of his by the name of Dr. Charles Luetje of Kansas City. As I was to find out he is highly specialized in these types of tumors and they're removal. After my second visit it was determined that I had pressure building behind my eyes due to the size of the tumors and the amount of spinal fluid that the tumors were displacing. This meant surgery had to be done as soon as possible or I could go blind as well as deaf or possibly die. So surgery was done December 10, 1991 and lasted 21 hours. That was to remove the left side tumors alone. Fortunately, things have gone very well and today I have only to wait for the left side of my face to wake up and to regain my strength.

I feel thankful for the services provided by the KCDHI, had it not been for Brenda Eddy's referral to the audiologist who then referred me to Dr. Luetje, I may not have been able to be before you now. Due to Dr. Luetje's expertise I am alive today - most medical professionals attest to the fact that very few could have done what he did. So yes, I am a fan of the KCDHI. They have helped me with all sorts of problems. The entire staff is always willing to listen and give recommendations about who to see whether it be about a TDD or continuing my education.

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February 26, 1992

In conclusion, as for supporting the KCDHI I have some pretty good reasons; such as getting myself trained so I can go back into a classroom, dealing with everyday problems, providing me with information, and giving me hope. If those are not good enough reasons, then they also strive to keep people from being or becoming dependant upon the state of Kansas for existence. That is true in my case, once I become retrained I can again be a tax paying citizen of Kansas.....and I can't wait.



Kansas Department of Human Resources

Joan Finney, Governor
Joe Dick, Secretary

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)

Testimony on SB 474
to Senate Public Health & Welfare
by Martha K. Gabehart, Executive Director

Thank you for the opportunity to testify in support of extending the sunset of the Kansas Commission for the Deaf and Hearing Impaired.

The Kansas Commission on Disability Concerns (KCDC) relies heavily on the services of KCDHI. KCDHI has been extremely helpful to KCDC on many occasions. We have used their interpreter services and have assisted the Kansas Department of Human Resources set up a policy on the provision of deaf interpreters which refers employees to KCDHI for interpreter services. KCDC has also referred inquiries about deaf issues, telecommunication equipment and access needs to KCDHI.

One particular time, KCDHI was of immense help to KCDC. A few years ago, a Japanese man who is deaf contacted our office for a tour of some local businesses who have employees who are deaf. He was touring the United States to research how U.S. businesses handled the needs of deaf employees. The KCDHI director at that time, David Rosenthal, set up the tours and went with us to help interpret. Without KCDHI, KCDC would not have been able to assist this man in his research. It was a tremendous learning experience for all of us and it helped strengthen ties between the two commissions and the deaf community both here in Topeka and in Japan.

KCDHI plays an important role both in the deaf community, in the community as a whole and in Kansas government. We urge favorable action on SB 474.

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*Senate P. H&W
Attachment # 9
2-26-92*

KANSAS ASSOCIATION OF CENTERS FOR INDEPENDENT LIVING

1000 North Topeka Blvd. ~ Topeka, Kansas 66611 ~ (913) 267-7100 (Voice/TT)

TESTIMONY TO

SENATE PUBLIC HEALTH AND WELFARE

02-26-92

Donald
Director

agencies:

Kansas
Kansas
V/TT

Thank you for the opportunity to speak today. My name is Gina McDonald and I am the executive director of the Kansas Association of Centers for Independent Living (KACIL). KACIL is an association of nine centers for independent living whose purpose is to assist people with disabilities to live in the community and to make changes to the community so that independent living is possible.

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KACIL would like to offer our support to the continuation of the Kansas Commission for Deaf and Hearing Impaired (KCDHI). KACIL has worked together with KCDHI for a number of years. This year, through the cooperation and vision of the executive director, Brenda Eddy, the commission has granted dollars for delivery of services through three of our centers. The cooperation between KACIL and KCDHI is unique to Kansas.

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ter for
Living
Kansas
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KCDHI has made such a positive difference for people who are deaf and hard of hearing in this state. Much of the credit for the statewide relay service belongs to the commission. They have also been educators to the community at large as to the needs of people who are deaf or hard of hearing. When the community is educated, people with disabilities are able to enjoy the same rights and freedoms in education, employment, and all other aspects of living. That's good for everyone.

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The disability community has so few voices in state government. With the passage of the Americans with Disabilities Act and the Kansas Act Against Discrimination it is critical for a state to have expertise in ensuring compliance and implementation of these important laws. KCDHI has served as that resource for many years. KACIL looks forward to continuing to strengthen our relationship with the Commission and asks for your support so they can continue their goals.

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Center
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*Senate P. H. & W.
Attachment # 10
2-26-92*

**Kansas Department of Social and Rehabilitation Services
Donna Whiteman, Secretary**

Presenter's name: Glen Yancey
Acting Commissioner
Rehabilitation Services
(913) 296-3911

Topic: Testimony in favor of SB 474 to continue the Kansas
Commission for the Deaf and Hearing Impaired

Date: February 26, 1992

Committee: Senate Public Health and Welfare Committee

Mr. Chairperson and Members of the Committee: On behalf of the Secretary of Social and Rehabilitation Services, I thank you for the opportunity to present this testimony regarding the Kansas Commission for the Deaf and Hearing Impaired (KCDHI).

Like all citizens with disabilities, people who are deaf or hard of hearing want access to the workplace and the opportunity to live independently in their home communities. Passage of landmark legislation like the Americans with Disabilities Act and the amended Kansas Act Against Discrimination reaffirm the importance of these goals and provide new opportunities for equal access.

However, in spite of this progress there remain many issues and concerns that must be addressed before Kansans who are deaf or hearing impaired can achieve full citizenship.

- * There is a need for more qualified interpreters, especially in rural areas of the state.
- * Emergency service, hospital and law enforcement personnel need to be trained on how to secure qualified interpreters and on the communication needs of people who are deaf or hard of hearing.
- * State and local governments need to evaluate the accessibility of their programs for people who are deaf or hard of hearing, and make plans for improvement and compliance with the Americans with Disabilities Act.

We must maintain a focus on these issues. KCDHI provides the needed advocacy to maintain this focus and to keep us informed of the needs of our citizens who are deaf or hard of hearing.

We must work together--state and local agencies, public and private organizations--to improve services. Through its Commission members, who are representative of public and private organizations and a variety of professional disciplines related to deafness, KCDHI encourages collaboration. Notable achievements have been made. For example:

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- * As a result of collaboration among KCDHI, the Kansas Corporation Commission, the telecommunications industry and the deaf community, the Kansas Relay Center was established in May 1990. Through this center, people who are deaf, hard of hearing, or speech impaired have access to the telephone system. Establishment of this service is an excellent example of state government and private enterprise working together for the benefit of Kansas citizens.
- * A screening program has been established for newborns who are at high risk for hearing impairment. Now these children will have greater opportunities for the early medical and education intervention they will need to develop communication and social skills. This program is the result of collaboration among KCDHI, the Kansas Department of Health and Environment and the Kansas State Board of Education.
- * KCDHI has also demonstrated its commitment to collaboration through its Task Force on the Quality of Education for the Deaf and hearing Impaired. The report of this Task Force is now being used in the development of an education model for Kansas children who are deaf or hard of hearing.

Beyond this focus on advocacy and collaboration, KCDHI provides valuable direct services. KCDHI is the only agency that can coordinate interpreting services statewide. KCDHI is the sole administrator of the Mid-America Quality Assurance Screen Test for sign language interpreters in Kansas.

I urge your continued support and reauthorization of the Kansas Commission for the Deaf and Hearing Impaired.

Thank you.

MAS

Presenter's name: Roberta Mog
Board Member
Kansas Commission for the Deaf & Hearing Impaired
Wilson, Kansas
(913) 658-3412 (TDD)

Topic: Testimony in favor of SB 474 to continue the Kansas
Commission for the Deaf and Hearing Impaired

Date: February 26, 1992

Committee: Senate Public Health and Welfare Committee

Mr. Chair and Members of the Senate Public Health and Welfare Committee: I thank you for the opportunity to present this testimony in support of SB 474 the Kansas Commission for the Deaf and Hearing Impaired (KCDHI).

My name is Roberta Jo Mog. I am from Wilson Kansas where I have lived on a 300 acre farm with my husband John for the last forty years.

I lost my hearing at three years of age due to a gas stove explosion in my parent's home. My dad taught me how to use two finger spelling until I attended the state school at Olathe at the age of six. My life and experiences in rural central Kansas have been good and normal for me. I have had two worlds to live in. One being the deaf culture community and that of the hearing. They have both been rewarding challenges for me.

One of the most important parts of my life growing up was attending the state school for the deaf. It gave me the chance for an extensive education, a peer group, sports involvement and the ability to handle challenges that I doubt I could have otherwise achieved. I feel fortunate to have had the type of education that was available at KSD. Without it I feel that there would be many vacant emotions and feelings of being a human being that I would not have been able to experience, and in that sense having a life less than fulfilling.

I have held several different employment positions and have raised five children - all with normal hearing. I have always been involved with the children in their hearing world and their activities. I especially enjoyed the years when I was a group leader in 4-H and being involved in sports events that dominated all five of the children's time during their high school years. My husband and I are now both retired and travel to various cities in the state to socialize with our deaf friends, and to attend conventions and club organizations.

Since being appointed to this commission I have become more aware of the need for services for people who deaf or hard of hearing who live in rural Kansas. My husband and I have been traveling to the western part of the state helping the deaf community because they have a definite need for more services. I share the information that I have learned since I became a member of the KCDHI board. There are little or no services for the western rural deaf population.

(OVER)

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There is a definite need for more qualified sign language interpreters and counselors for the deaf. Most of this need is located in small rural communities which makes access to these types of services difficult. Deaf people have told me about the problems they have had with employment and accessing deaf services in their rural area. Without the Kansas Commission for the Deaf and Hearing Impaired, these problems will never be addressed or improved on.

Please support and reauthorize the KCDHI so the development of needed services for the deaf can continue.

Thank you.

Testimony for the
Senate Public Health and Welfare Committee
SB 474 - Support of Reauthorization
2/26/92

My name is Marsha Gladhart. I am currently the Kansas State Coordinator for Self Help for Hard of Hearing. I serve on the board of Wichita Association of the Deaf, and I am a board member of KCDHI. Twenty years ago, my hearing loss was determined to be moderate and progressive. I was told at that time that I could no longer teach in the classroom. When I asked what coping strategies the physician and his staff could offer me, they suggested I not buy expensive stereo equipment. That was the sum total of my rehabilitation at that time. Currently my audiogram indicates that I have a profound hearing loss. However, I teach at Wichita State University in the College of Education. I have received an award for excellence in teaching. My student evaluations are excellent. I am especially proud of those evaluations in light of my physician's determined advice twenty years ago that I could no longer accomplish what I now do every day of my life. I am proud that the university has accepted its partnership in accessibility, purchasing assistive listening devices, a telecommunication device for the deaf (TDD), and providing me with all the moral and professional support any professional educator can expect. I am extremely proud of my students who accept their share of the communication process in my classes and my colleagues who share my joy in having found strategies to develop my professional and personal skills. In addition, I am a partner in a small publishing company which specializes in educational materials about Kansas. Certainly not least of all, I am a wife and mother with all the responsibilities that come with those jobs.

I could not accomplish any of this alone. As independent as I strive to be, I cannot assume total responsibility for communication in a hearing world. Services must be made available for people of hearing loss. We have much to offer the state as professionals, community supporters, and leaders. The Kansas Relay helps me make many more calls than I can handle on some days. Interpreters bridge the communication gap for me when technology is lacking. Technology allows communication in place of my hearing. The Kansas Commission for Deaf and Hard of Hearing provides the support, information, referral, and services to deaf and hard of hearing that makes this possible. Many people would be lost without the agency to turn to.

It is incomprehensible to me that deaf and hearing impaired people are expected to surmount incredible barriers to their success. Much needs to be done to allow us to enjoy the right to accessibility of services that other take for granted. For example, insurance often does not cover the technology that keeps me functioning in my job and the community. (Perhaps you could enact a law that says only rich people may be deaf or hard of hearing.) Many deaf and hard of hearing people struggle daily without the support they are legally entitled to.

(over)

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February 26, 1992

Who serves the retired woman in a nursing home who needs two hearing aids she cannot afford? Who provides the TDD to open up the world of a young person beginning a new job? Who guarantees the rights of professionals to accessibility in the face of possible layoffs? Who convinces the supervisor that yelling louder does not help a deaf worker? Who provides the safety measure of flashing emergency signals for the hearing impaired at work, in hotels, in schools, and in public places? Who advocates for the child who is said to be doing as well as can be expected of a hearing impaired child? All of these rights to services and education are protected by law, but laws are not always reality.

Who bridges the gap between the intent of the law and the accessibility? Who provides the information and education necessary to achieve equal services? I am proud to say that Kansas has an agency that works very hard to bridge this gap. Other states are just now scrambling to establish accessibility in light of the recently passed Americans with Disabilities Act. Kansas has been progressive and proactive in working to guarantee we do not squander the resources of deaf and hard of hearing constituents.

Recently I was approached by a young man who was told by his physician he will lose his hearing completely in the next five years. His grief is real in spite of that fact that his parents are deaf and he has come to accept their deafness with pride. He is already growing tired of trying to cope in a hearing world that seems to reject him. An older man of my acquaintance recently informed me that he would rather be dead than deaf. Part of me recoils in distaste as he rejects a part of me I associate with great pride. But I also understand the ignorance, the prejudice, and fear associated with deafness. I experience it first hand. I could not possibly manage each day if I did not know that I had the support that empowers me to interact with a world that is largely hearing.

It will cost the state of Kansas dearly if others do not experience this support. We will pay for it in mental health costs, in prison costs, in court costs, in welfare costs. We will pay for it through poorly educated and rehabilitated adults who cannot support themselves or their families. We will pay for it by denying the rights of deaf and hearing impaired to contribute what is their precious right to contribute to our society.

Presenter's name: Ron Malcolm
Board Member
Kansas Commission for the Deaf & Hearing Impaired
Colby, Kansas
(913) 672-3125 (TDD)

Topic: Testimony in favor of SB 474 to continue the Kansas
Commission for the Deaf and Hearing Impaired

Date: February 26, 1992

Committee: Senate Public Health and Welfare Committee

Mr. Chair and Members of the Committee: I thank you for the opportunity to present this testimony in support of reauthorization of the Kansas Commission for the Deaf and Hearing Impaired (KCDHI).

As a rural deaf resident of the state of Kansas, I could provide a substantial list of the daily obstacles and lack of available, as well as appropriate services that individuals such as myself must compensate for on a daily basis. However, despite these continual difficulties, I am encouraged by the strides that the KCDHI has made to meet the needs of rural deaf Kansans.

The KCDHI has rural deaf representatives on their board, executive board, and on several of their standing committees and subcommittees. The KCDHI has sought diligently to improve the quality of education for rural deaf youngsters. Also they have labored to provide quality interpreter services, health care needs, mental health services, screenings for high risk infants as well as a variety of bills and legislative issues that directly impact the services to rural communities.

While services to enhance the daily existence of rural deaf residents still has a long way to go, the KCDHI is struggling on an ongoing basis to attempt to meet these needs. I can't imagine not having their support in our quest to live independently as deaf person. They have inspired me to fully live and actively participate in a "hearing" world in which many of us "are not".

WRITTEN TESTIMONY IN SUPPORT OF KANSAS COMMISSION FOR THE DEAF AND HEARING IMPAIRED

On behalf of Kansas Association of the Deaf and deaf and hard of hearing people, I would like to see Kansas Commission for the Deaf and Hearing Impaired (KCDHI) continue as a state agency to serve all deaf and hard of hearing people. This includes people who lose hearing suddenly or gradually at any ages.

Without any source of information for a growing segment of this population, they would be frustrated in getting the proper information regarding deafness. It is important that they receive the right information from KCDHI upon being contacted.

KCDHI also serves as an advocate agency for deaf and hard of hearing along with other non-profit organizations of the deaf in the state.

It was established about 10 years ago after a two or three year effort by a committee of several deaf and other professionals in the field of deafness. I was on that committee and was on the KCHI board for three years, serving as a chairperson for one year.

KCDHI now has a competent staff, headed by Brenda Eddy who continually improved the high standard of service under a board of 17 which oversees the functions of the commission.

I understand that the workload of the commission has increased dramatically since the establishment. It showed that more and more people are aware about deafness and related issues, such as interpreting coordination, sign language class coordination and information more than ever before.

Three or four years ago, KCDHI, under David Rosenthal successfully worked with telephone industry in getting message relay service established, not only for deaf and hard of hearing people, but for hearing people, not having teletypewriter devices to call upon them. The ending result is the state of Kansas has one of the best message relay services in the nation. Furthermore, it is one of the first 10 states to do so. We are proud of the commission's effort.

I personally would like to see the KCDHI continue at least another seven years as allowed by the sunset law.

Thank you,

William Fansler

William Fansler,

2nd Vice-president, Kansas Association of the Deaf
Editor, KAD Newsletter

11-8



SELF HELP FOR HARD OF HEARING PEOPLE

I am writing in support of the Kansas Commission for the Deaf and Hearing Impaired (K.C.D.H.I.) From personal experience I know that K.C.D.H.I. is a vital and important agency for the deaf and hard of hearing in Kansas.

A good example is the role K.C.D.H.I. played in setting up the Kansas Relay Center. For me, this was like a Declaration of Independence. I could call anyone I wanted, anytime I wanted without having to rely on someone else to make my calls for me.

As president of Self Help for Hard of Hearing People of Topeka (S.H.H.H.O.T.) I have called upon K.C.D.H.I. for help in providing speakers, interpreters, loop systems and real time captioning for our meetings.

On a more personal level, the staff has given me a tremendous amount of support over the years when I was losing my hearing. For anyone who has lost their hearing later in life, it is a frightening experience. Sometimes just talking to one of the staff made me feel better.

There is no other state agency which the deaf and hard of hearing can contact for support of better services from the state.

Please support K.C.D.H.I. in passing the law so that it can provide more services for the deaf and hard of hearing people in the future.

I would be happy to discuss my feelings regarding K.C.D.H.I. If you would like to contact me, my home phone number is 272-2204 (V/TDD).

Sincerely,

Diane M. Kuhn

Diane M. Kuhn, President
Self Help for Hard of Hearing People of Topeka