

Approved 2-26-92
Date

MINUTES OF THE SENATE COMMITTEE ON TRANSPORTATION AND UTILITIES

The meeting was called to order by Sen. Bill Morris at
Chairperson

9:02 a.m./p.m. on February 19, 1992 in room 254-E of the Capitol.

~~All members were present except:~~ Members present: Senators Morris, Doyen, Brady, Hayden, Kanan, F. Kerr, Martin, Sallee, Thiessen and Vidricksen.

Committee staff present:

Ben Barrett, Legislative Research Department
Hank Avila, Legislative Research Department
Bruce Kinzie, Revisor of Statutes
Louise Cunningham, Committee Secretary

Conferees appearing before the committee:

Glenn Smith, Chief of Pipeline Safety, Kansas Corporation Commission
Rick Reid, Overland Park
Sen. Langworthy
Linda Wright, R.N.C., B.A., Geriatric Nurse Clinician, Overland Park
Mary Turkington, Kansas Motor Carriers Association
Betty McBride, Division of Motor Vehicles

Hearing and Action on SB 593 - Gas pipeline Safety, rules and regulations.

Glenn Smith, said that Kansas has a good state pipeline safety program but there is one area that should be improved. KCC's authorization should be extended to adopt pipeline safety regulations that are applicable to any corporation or other business entity transporting natural gas in Kansas. They need the statutory authorization so KCC can apply for certification to operate a pipeline safety program covering all intra-state natural gas operators. Presently this is not permitted. A copy of his statement is attached. (Attachment 1).

A motion was made by Sen. Martin to recommend S.B. 593 favorably for passage. Motion was seconded by Sen. Vidricksen. Motion carried.

Hearing and Action on S.B. 594 - Establishing the hazardous liquid pipeline safety program.

Glenn Smith, KCC, said they had no specific language to operate a safety program for liquid pipelines. This bill would give KCC enabling authority to adopt rules and regulations. It would be similar to what they have for gas programs. A copy of his statement is attached. (Attachment 2).

A motion was made by Sen. Hayden to recommend S.B. 594 favorably for passage. Motion was seconded by Sen. F. Kerr. Motion carried.

Hearing on S.B. 617 - Driver licenses, applicants with Alzheimer's disease.

Rick Reid, Overland Park, told the committee how hard it was for the family to take away his mother's car when she suffered with Alzheimers. He said he was opposed to S.B. 617 as written because there were other forms of dementia that should also be addressed. This would include people with Parkinsons, ALS, Lupus and stroke victims. He felt there should be a study on the subject because of the enormous ramifications to individuals and their sense of freedom and independence. A copy of his statement is attached. (Attachment 3).

Sen. Langworthy said this problem had been brought to her attention by her constituents. She felt that the bill probably should be broadened. California and West Virginia have passed legislation on this subject.

Linda Wright, R.N., Greater Kansas City Alzheimer's Association, said she was opposed to the bill as it is written. She said there were other brain diseases which cause impairment and this bill would neglect a significant number of other individuals having brain diseases. She also said there were no concrete measurements available to guide decisions on the driving issue. She suggested that the subject be studied. A copy of her statement is attached. (Attachment 4).

Margaret Hopkins, Douglas County Senior Services, Lawrence submitted a letter dated February 18, 1992 to the Chairman expressing her support for S.B. 617 but she also suggested changes to include other forms of dementia. A copy of her letter is attached. Attachment 5).

Hearing and Action on S.B. 690 - Registration weight for certain vehicles.

Mary Turkington, Kansas Motor Carriers Association, said this bill would clarify Kansas registration categories and enforcement procedures for the Commercial Driver's License. Fees would not change. She had checked this out with farm groups and there were no objections to the bill. (Attachment 6).

Betty McBride, Division of Motor Vehicles, said they support the bill. It would alleviate problems about weight limitations.

A motion was made by Sen. Doyen to recommend S.B. 690 favorably for passage. Motion was seconded by Sen. Vidricksen. Motion carried.

A motion was made by Sen. Sallee to approve the Minutes of February 18, 1992. Motion was seconded by Sen. Hayden. Motion carried.

Meeting was adjourned at 10:00 a.m. Next meeting February 25, 1992.

SENATE TRANSPORTATION AND UTILITIES COMMITTEE

Date 2-19-92 Place 254-E Time 9:02

GUEST LIST

NAME	ADDRESS	ORGANIZATION
Marcene Grimes	P.O. Box 1437 Topeka, KS. 66601	Alzheimer's Assn - Topeka
Marvel Chambers	P.O. Box 2763 Wichita, KS 67201	Alz. Assn. So. Central Dist Chap.
Bob Foster	P.O. Box 2763 Wichita, KS. 67201	Alzheimer's Assn. So. Cent. KS. Chap.
Richard D. Reid "Rick"	9900 Woodlawn Overland Park 66207	Alzheimer's Assn. KC Chap.
Linda Wright	5200 W. 69 th St. PRAIRIE VILLAGE, KS 66208	Alz. Assn. KC
Tom Day	TOPEKA	KCC
Glenn Smith	Topeka	KCC
Robert A. Fox	Topeka	KCC
Mike Schwartz	Topeka	KCC
Ray Roberts	Topeka	Enron Corp.
George Barber	Topeka	Enron
Harriet Duff	7737 Birch Prairie Village KS 66208	Alz Assoc KC
Billy McBride	Topeka	Dept of Revenue
Rick Scheibe	Topeka	R D OR
Mary E. Turkington	Topeka	Ks. Motor Carriers Assn.
Tom Whitaker	Topeka	Ks Motor Carriers Assn

SENATE TRANSPORTATION AND UTILITIES COMMITTEE

Date 2-19-92 Place 234-E Time 9:02

GUEST LIST

NAME

ADDRESS

ORGANIZATION

<i>Shelly Martin</i>	<i>563 Turkle</i>	<i>Haysville KS 67060</i>	<i>student</i>
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<i>Audrey Langworthy</i>			<i>Senate</i>
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Senate Committee on Transportation and Utilities

February 19, 1992

Testimony of

Glenn Smith
Chief of Pipeline Safety
Kansas Corporation Commission

The Kansas Corporation Commission appreciates the opportunity to appear before you, and testify on behalf of SB 593.

The KCC has a state pipeline safety program that is considered by many in the industry as the standard of what a state program should be in terms of regulations and enforcement, with balance between public safety and cost. The statutes instituted by the legislature extending the utility's responsibility to the building wall and clarifying the KCC's right to seize evidence for determining the cause of failures, the additional resources dedicated to the program, and the ability to hire and retain trained and experienced engineers and inspectors are major factors that have contributed to the significantly improved natural gas safety record in Kansas.

There remains an area where significant improvement is needed. SB 593 addresses the need by extending KCC's authorization to adopt pipeline safety regulations that are applicable to any corporation or other business entity transporting natural gas in Kansas. With this statutory authorization the KCC can then apply for certification to operate a pipeline safety program covering **all** intrastate natural gas operators. Under the present Kansas statute (KSA 66-104) the KCC is not permitted to oversee the programs of operators that do not satisfy the definition of "public utilities," or those that do not meet the definition of "rendering gas utility service." Examples of operators that fall in these categories are some mobile home parks, some of the natural gas lines serving municipal electrical generating plants, and some lines that bypass the local gas distribution company and provide natural gas to an industrial plant.

While these facilities fall under the jurisdiction of the federal pipeline safety regulations, due to staffing limitations the federal Office of Pipeline Safety does not inspect these operators except after an "incident" has occurred. In the Kansas City office there are four (4)

engineers to oversee the interstate gas and hazardous liquids pipeline operators in twelve (12) states, to oversee any intrastate operators not under state jurisdiction, and to monitor the eleven (11) state programs that exist in this region.

One reasonably might ask, "Have there been problems?" The answer is "yes," but the problems to date have not resulted in deaths or injuries. During January, 1992, in Wichita, a mobile home park with approximately 175 units had gas service shut off for three (3) days when follow up to a gas odor complaint discovered that 32 of the units had leaks such that gas was present at the skirt of the trailers. Subsequent investigation revealed that the entire gas system was installed using sub standard piping and fittings, that no pressure tests were conducted to validate the system integrity, and no periodic leak surveys were conducted by the owner. The KCC pipeline safety staff worked on behalf of the federal pipeline safety office in conducting the initial investigation. The federal pipeline safety office is preparing orders that will mandate replacement of the gas piping with proper materials, installation, and testing. There are approximately 200 additional "master meter" operators in the state, and the residents being served by those operators are "at risk" relative to

the customers being served by the "public utilities." This could amount to as many as 25,000 Kansans being served by sub standard gas systems staffed by individuals not versed in the requirements of design, installation, testing, operations, and maintenance of the facilities that they operate. The jurisdictional operators of the state go beyond their legal requirements to assist "master meter" operators by conducting leak surveys for them, and by doing odor call checks for them, but are hesitant to do more for fear of assuming liabilities that they do have as a result of being good samaritans.

In at least four (4) counties in the state there are towns that own the gas lines that serve their municipal power plants. The KCC is precluded from exercising its regulatory oversight since these lines do not represent "public utilities." From discussion with city personnel and from their suppliers it appears that these lines are not operated and maintained in accordance with the pipeline safety regulations, and likely were not designed, installed, or tested in accordance with the regulations. The lines serving the power plants operate at pressures exceeding 100 pounds per square inch (psi), and run along the same city streets that the natural gas distribution lines run. The distribution lines operate at pressures

that range from 1/2 psi up to 60 psi, and are regularly checked to assure that public safety is maintained. It seems inconsistent public policy to regulate and inspect some lines, and not do so with others that put a portion of our citizens "at risk."

The third major category of intrastate natural gas lines that SB 593 would bring under KCC jurisdiction are those owned by entities other than public utilities that transport natural gas. With the deregulation of natural gas pricing, traditional supplier (producer), pipeline company, local distributor, and customer relationships have been modified. Now it is common for a producer to market natural gas to the ultimate consumer, who then arranges the transportation of the gas from its point of origin to the ultimate destination. This may take several forms, but one method is acquiring of transportation on an intrastate, or interstate, transmission pipeline to the proximity of the desired delivery, and arranging for a third party to construct and operate a pipeline from that point to the final delivery point. The operator of such a line would not meet the criterion of a public utility, and the KCC would be unable to exercise their jurisdiction in the situation. While such lines fall under federal jurisdiction, they too are not inspected until after a catastrophic failure occurs.

In summary, there are holes in the jurisdiction that the KCC is permitted to exercise over intrastate natural gas operators due to the limitations that exist under KSA 66-104. These holes result in some Kansas residents being exposed to significantly greater risks of death or injury resulting from a natural gas pipeline failure. These exceptions are eliminated under the proposed language of SB 593. We encourage you to provide the KCC with the necessary statutory approval to address these problems.

Senate Committee on Transportation and Utilities

February 19, 1992

Testimony of

Glenn Smith
Chief of Pipeline Safety
Kansas Corporation Commission

The Kansas Corporation Commission (KCC) appreciates the opportunity to provide testimony supporting SB 594, an act establishing the hazardous liquid pipeline safety program.

Regulation of common carriers, including pipeline companies, has a long history in Kansas extending back at least to 1911. Pipeline companies have been considered common carriers at least since 1923. Under existing Kansas statutes the KCC "is given full power, authority and jurisdiction to supervise and control the common carriers..." (KSA 66-1,216). Additionally, KSA 66-1,223 charges the commission to "...examine and inspect the condition of each common carrier, its equipment, the manner of its conduct and its management with reference to the public safety and convenience." Unfortunately, this charge alone is not sufficient for the

KCC to fulfill the mandate.

Under the "Hazardous Liquid Pipeline Safety Act of 1979" (U.S.C. 2001 as amended) the U.S. Secretary of Transportation is responsible for developing and enforcing safety standards for hazardous liquid pipelines. The Secretary may certify states to operate such programs on intrastate lines if the state submits an annual certification that they have jurisdiction over the safety standards and practices of intrastate pipeline facilities, transportation of hazardous liquids through those facilities, and certain administrative matters that demonstrate that the program is being administered in accordance with the certification agreement. The purpose of SB 594 is to specifically provide the KCC the tools to operate a hazardous liquids pipeline safety program, and so certify to the U.S. Department of Transportation.

The act, as proposed, contains three (3) operative sections. The first authorizes the KCC to adopt rules and regulations necessary to be in compliance with the Hazardous Liquid Pipeline Safety Act of 1979. This wording permits the commission to update and revise the regulations as the federal regulations change, as approved by the commission in

accordance with the Kansas administrative procedures. The second section permits the commission to assess civil penalties up to the maximum amounts permitted by the federal regulations. The third section of this act permits the assessment of fees against the operators subject to this act to fund the portion of the program funds not covered by the federal grant. The federal grant is capped at 50% of the program costs, and in recent years has averaged in the 40-50% range for state programs that were in full compliance with the federal requirements. At this time the only known area of non compliance with the federal mandates would be the lack of a mandatory damage prevention bill (one-call), which is the topic of a separate bill in the senate.

In summary, SB 594 provides enabling legislation to follow through on existing mandates. The KCC again requests your support in this effort.

February 18, 1992

RE: Testimony on Kansas Senate Bill 617

In it's present form, I am opposed to Senate Bill 617, as it singles out victims of Alzheimer's Disease. There are many forms of dimentia that would have to be included in this legislation to encompass the full range of individuals who could potentially harm themselves or others, if allowed to continue operating a motor vehicle. Parkinson's, ALS, Lupes and stroke victims are but a few of other classes of patients that should be regulated by any such legislation. I am in favor of regulations to be followed to revoke driving privileges of vehicle operators, they do have to apply to all citizens equally and fairly, not just victims of Alzheimer's Disease.

Issues relative to a person suffering from any form of dimentia as it pertains to the revocation of the privilege (it is a privilege, not a right) to operate a motor vehicle:

- I. Responsibility to the patient/victim of dimentia - taking away freedom/independence (it is the hardest thing I had to do, we took away my mother's car in January, 1992).
- II. Responsibility to others - an accident that could cause injury/death caused by a driver with diminished abilities is unacceptable.
- III. Agreement between family members/doctor on appropriate time to suspend/revoke driving privileges is subjective and it is not always possible to achieve agreement on when and how to revoke driving privileges. This does not dismiss the responsibility to protect the patient and especially others.
- IV. Third Party influence can potentially preserve family relationships and add objectivity to the decision. This is particularly important if only one family member is available to counsel the victim/patient.
- V. Arrangements for means that a victim/patient would be able to get to shopping, appointments, church, family activities. (Family, friends, neighbors, bus, etc.) A patient/victim is more inclined to surrender driving privileges when they know arrangements have to made to have others provide for their transportation.

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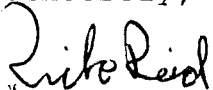
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- VI. If it is in the best interest to revoke driving privileges, family members and the doctor should be primary source to counsel the victim/patient.
- VII. If agreement cannot be reached on whether privileges should be revoked or the victim/patient refuses to relinquish auto/license, then it should be referred to Kansas State Motor Vehicle licensing authorities.
- A. Action can be initiated in writing by either doctor or family member, or citizen who has observed driving that endangers others.
 - B. Upon receipt of notice, Kansas State Motor Vehicle licensing authorities immediately demand a driver's test, including written test, vision test and vehicle operation.
- VIII. At some point in time all drivers (ie. age 70 or above) should be required to come in for driving test at least every two years (including written test, vision test and vehicle operation).
- IX. Ultimate responsibility rests with the family. While doctors and Kansas State Motor Vehicle licensing authorities should assist/counsel families in this process - families bear the responsibility to take action in the best interest of the victim/patient and the general public. Legislation should not posture medical professionals as responsible for the acts of a victim/patient - the responsibility has to rest with the family.

It is my recommendation that Senate Bill 617 be tabled and a study undertaken to factor in testimony received on this very sensitive, yet vital issue. It has enormous ramifications to the individuals and their sense of freedom/independence. However, that privilege is foreshadowed by our responsibility to protect others from the actions of individuals operating a motor vehicle with diminished abilities. This will only compound in the future as larger numbers of people live longer and suffer the hardships we have discussed here. It is not going to be an easy task, but is a task which deserves your most serious consideration.

Thank you for the opportunity to be a part of this process. If I can be of further assistance, I hope you will feel free to call upon me.

Sincerely,



Richard D. Reid
9900 Woodson
Overland Park, KS 66207
Ph: (913)642-7322

February 19, 1992

Testimony on Senate Bill No. 617
Senate Committee of Transportation and Utilities
William Morris, Chairperson

Presented by Linda Wright, R.N.C., B.A.
Geriatric Nurse Clinician

Member, Greater Kansas City Alzheimer's Association
Overland Park, Kansas

Mr. Chairman and Members of the Committee:

I am here today to speak in opposition to Senate Bill No. 617 as it is currently presented. I would however, like to commend Senator Langworthy and other members of the Kansas Senate for their concern and willingness to address this most difficult issue. As a family member and as a professional who works with individuals with Alzheimer's disease as well as with their family caregivers, I too am concerned over the issue of driving safety for those with this illness. Although many clinicians tend to recommend that individuals with the diagnosis of Alzheimer's cease driving, the issues involved in determining driving safety are complex. Despite the efforts of researchers, these issues currently do not yield to objective criteria for identifying those who should or should not drive.

Alzheimer's is but one of the many brain diseases which cause cognitive impairment, and even though it is likely the most prevalent of the organic brain diseases, the bill in its present form would neglect a significant number of other individuals having other brain diseases or other causes of cognitive impairment.

Additionally, singling out Alzheimer's disease might invite physicians who are often already reticent due to the current provisional nature of the diagnosis, to avoid use of this diagnostic label in order to avoid reporting issues, to avoid potential violations of medical confidentiality or to avoid what might appear to be discrimination as compared to individuals with other like-illnesses. Certain language contained in the bill, specifically found on lines sixteen (16) and seventeen (17) tends to be confusing and in part inappropriate criteria for defining behaviors or symptoms which could trigger action related to licensing for individuals with Alzheimer's disease. Indeed, behaviors and symptoms as listed in this bill, can be used to describe temporary physical conditions which might affect any person at some point in time. For example, an individual could sustain a head injury and experience an associated lapse of consciousness and during an acute illness, it is not uncommon for an individual to become delirious, that is, to have an episode of confusion.

Although Senate Bill No. 617 appears to imply that a reporting process would occur, the bill fails to identify the way in which the Division of Motor Vehicles

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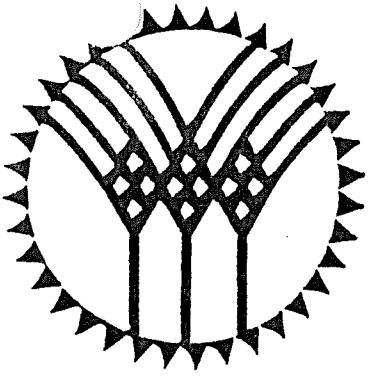
would be made aware of individuals who meet the criteria set out in lines fourteen (14) through twenty (20). Would individuals be expected to self-report? Will all Kansas drivers, upon license renewal, be asked questions regarding Alzheimer's disease, lapses of consciousness or episodes of marked confusion? Or is the expectation that physicians will be required to report their diagnosis?

I am also concerned that the medical advisory board which is referred to in this bill be better defined. What is the composition of this board? What are the qualifications of the individuals on the board to determine driving safety? And as importantly, can the individuals on this board establish a process and criteria to define whether the individual's cognitive status is such that they be denied a license or conversely, that they receive a driver's license? What liability on the part of the "medical board" or indeed on the part of the individual's private physician might occur in deciding that the individual can drive, even with restrictions. The issue of driving with restrictions is unclear in the bill and fails to account for the nature of brain diseases such as Alzheimer's. One of the hallmarks of Alzheimer's disease is the problem of loss of short-term memory. To expect an individual with this disease to remember they are restricted in their driving is counter to the manifestations of the illness.

The National Alzheimer's Association has not established a policy position related to this issue for two reasons. First, that although research is occurring, controversy regarding who should and who should not drive remains and second, there is still no concrete measurement available to guide decision making on the driving issue. None-the-less, a few states have adopted legislation related to driving licensure for individuals with cognitive disfunction. I am aware of related laws in California, Oregon and Pennsylvania. I am not familiar enough with these state laws to be able to detail them at this time, but feel that it would be helpful to be able to review the laws which these states have adopted as well as to discover the impact of implementation of the law in these respective states as we contemplate comparable legislation in Kansas.

I again thank Senator Langworthy, sponsor of the bill, and the members of this committee for the interest and concern reflected on this issue. Many of us who deal with the painful realities of Alzheimer's disease and related disorders share concern on the driving issue. Family caregivers are confronted with the difficulty of taking the driving privilege away from their loved one. This is never an easy task and quite often is emotionally and physically wrenching. Unfortunately, I am of the opinion that the current proposed piece of legislation will not ease the situation for families nor will it necessarily provide the means for evaluating and removing those drivers from the streets who should not be there due to cognitive impairment secondary to an organic brain disease. In order to give this important issue the comprehensive review it needs and deserves, I would like to suggest that a study be conducted, perhaps by the Kansas Department of Motor Vehicles with an appropriate panel of experts and family caregivers of those with Alzheimer's disease and related disorders and that a report of findings and recommendations on the issue be made back to the Senate before further consideration of change in our state law. I thank you for your time and attention and for allowing me to testify on Senate Bill No. 617.

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Douglas County Senior Services

745 Vermont Street
Lawrence, Kansas 66044
(913) 842-0543

*Baldwin*Eudora*Lawrence*Lecompton

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February 18, 1992

Chairperson Bill Morris
Transportation and Utilities Committee
143 North, Capital Building
Topeka, Kansas 66612

Dear Sirs,

I am writing today to support Senate Bill No. 617, an act relating to driver licenses, concerning applicants with Alzheimer's Disease. I also am asking for a change in the criteria for revocation/renewal.

My position as Support Services Coordinator with Douglas County Senior Services in Lawrence provides me the opportunity to work with Alzheimer's caregivers as well as caregivers of people with other dementias that are related to Alzheimer's Disease (dementing diseases cause an inability to reason and remember, which affects 10-12% of persons over the age of sixty and 50% of individuals over 85). One of the crisis the caregivers and the community faces is how to prevent the demented individual from driving.

Senate Bill No. 617 correctly addresses the need for deterrents. Some of the incidents I have heard at the caregiver support group meetings are pure horror stories. As you may know, Alzheimer's victims can become extremely restless and wander. One man's form of wandering was to get into his new car and drive in the countryside. When the shocked family intervened, the car had "hundreds of dings" and over 15,000 miles racked up in three months. Another was picked up by police in a city over one hundred miles away from his home. Frequently, local officials not knowing that they are doing an extreme disservice to the community, allow the "old guy" to get off with a warning that will not be remembered five miles down the road. Thank you for helping to prevent these stories from becoming statistics.

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However, other forms of dementia besides Alzheimer's Disease needs to be covered in the Senate bill. Of the sixty families I have worked with during the last four years, most do not have a diagnosis of Alzheimer's Disease.

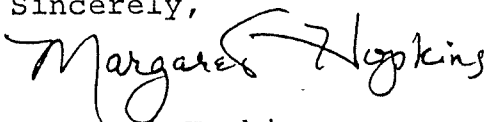
Roughly a third will have an official Alzheimer's diagnosis, but most will have only a diagnosis of "senile dementia" as many physicians are reluctant to give such a dreadful diagnosis that can only be probable until autopsy confirms or denies the determination. Since the bill only includes diagnosed Alzheimer's, many demented individuals will continue to drive, endangering their lives and the lives of others. The bill should be changed to include any dementing incapacity that might affect the ability to drive safely.

If Senate Bill No. 617 passes with changes that include other dementing illness, it would have a important impact on caregivers as well as increasing community safety. Many caregivers would not be forced into disabling vehicles, "stealing cars," and hiding keys. It would also take the power of enforcing the decision not to drive away from the caregiver, who is often ineffective in preventing unsafe driving. Of the forty caregivers for whom driving has been an issue, less than half of the demented individuals gave up driving voluntarily, more than half actively resisted attempts to curtail their driving, and five are still driving that should not.

Spouses, all wives, tell me "Oh, I only let him drive when I am with him." It may make the spouse stop and think if I ask if they would put a grandchild between them in the front seat, but it may also do no good as many wives live such traditional roles that they would never suggest that the husband stop doing anything even if the act is dangerous.

Senate Bill No. 617 is an excellent start on addressing this critical and difficult issue, and with the inclusion of all dementias, Kansas will be a safer state to drive. I urge you to make the changes suggested and make this bill law with no delay. If there is any way I can be of further assistance, please do not hesitate to call on me. Thank you for your consideration and concern.

Sincerely,



Margaret Hopkins
Support Services Coordinator

MH:es

STATEMENT
by the
KANSAS MOTOR CARRIERS ASSOCIATION

Supporting Senate Bill 690 which revises registration categories to aid enforcement and compliance with the Commercial Driver's License.

Presented to the Senate Transportation and Utilities Committee, Senator Bill Morris, Chairman; Statehouse, Topeka, February 19, 1992.

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE:

I am Mary E. Turkington, Executive Director of the Kansas Motor Carriers Association. Tom Whitaker, our Governmental Relations Director and I appear here this morning to support Senate Bill 690 which will clarify Kansas registration categories and enforcement procedures for the Commercial Driver's License.

A CDL is required for the operator of any vehicle which:

- a) has a gross vehicle weight **rating** of 26,001 or more lbs. **OR**
- b) has a gross vehicle weight **registration** of 26,001 lbs. or more, whichever is greater.

Kansas gross vehicle registration brackets basically are in 6,000-lb. increments. The critical bracket for clarification purposes is the current 24,001 to 30,000 registration category. The legislation we are requesting simply would divide that gross weight registration category to provide for new brackets of 24,001 to 26,000 lbs. and 26,001 lbs. or more.

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This change would occur throughout all registration categories, including the farm registration schedule.

Fees would not be increased. The suggested effective date of the revisions would be January 1, 1993.

Missouri made this change in its registration brackets a year ago. We believe enforcement officials would have no difficulty in determining the vehicles which would require a CDL.

We have talked with the Division of Vehicles, Department of Revenue; and with representatives of farm organizations and the Kansas Cooperative Council who understand the purpose of the proposed legislation.

We ask you to favorably consider this proposal. We will be pleased to respond to any questions at this time.

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