

Approved: 3-24-95
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on March 13, 1995 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department
Bill Wolff, Legislative Research Department
Norman Furse, Revisor of Statutes
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Thelma Hunter-Gordon, Secretary elect, Kansas Department on Aging
James J. O'Connell, Secretary elect, Kansas Department of Health & Environment
Dr. William L. Albott, Kansas Psychological Association
Dan Lord, President, Kansas Association for Marriage and Family Therapy
C. L. Wheelen, Kansas Psychiatric Society

Others attending: See attached list

Confirmation hearing on:

Thelma Hunter-Gordon, Secretary, Kansas Department on Aging

Ms. Gordon briefed the Committee on her goals as Secretary for the Department on Aging as noted in her written testimony (Attachment 1) During Committee discussion Ms. Gordon expressed her support for coordinating and improving services with area agencies on aging through monthly meetings, as well as monitoring of the nursing home preadmission screening program and working in cooperation with KDHE and SRS on age related issues. Ms. Gordon noted she would be sending out more information to the Committee on changes regarding case management.

James J. O'Connell, Secretary, Kansas Department of Health and Environment

Mr. O'Connell outlined some of the programs administered by KDHE as well as a list of priorities noted in his written testimony. (Attachment 2) During Committee discussion concern was expressed with regard to working with KDHE personnel in the past, problems encountered when complying with federal requirements and grants, and the possibility of the agency splitting into two entities -- environmental and health.

Continued Hearing and Discussion on: Sub. SB 306 - Professional counselor credentialing changed from registration to licensure

Staff briefed the Committee on a report of the Special Committee on Public Health and Welfare to the 1986 Kansas legislature regarding Proposal No. 49 - Credentialing of Certain Health Care Providers. (Attachment 3)

Staff noted, in response to a question, that the legislature had not intended that the credentialing process result in licensing of a new group of providers unless licensing is found to be the only way to protect the public. The 1986 amendments to the Kansas Act on Credentialing make it clear that a high degree of danger to the public must be found to exist before licensing is recommended as the appropriate level of credentialing. Licensing creates a relatively small pool of providers who are allowed to practice within the scope of practice defined in a law. Other providers who may be trained to do a part of the care or treatment included within the legislatively defined scope of practice are precluded from providing such care or treatment. Registration, on the other hand, does not keep persons who are trained from providing a service. Registration, by prohibiting the use of title or specific letters following one's name by persons who do not choose to be registered, allows the public or employer to make the decision as to whether care or treatment will be provided by someone who

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S
Statehouse, at 10:00 a.m. on March 13, 1995.

has met certain educational requirements and in some instances completed an examination who is entitled to use a protected title. The decision as to who provides the services is left to the client not the state.

Dr. William L. Albott, Kansas Psychological Association, spoke in opposition to **Sub. SB 306** as noted in his written testimony. Dr. Albott stated the bill is currently circumventing the process of credentialing which was set up by the Kansas legislature, and that the professional counselors proposed change in credentialing level would be more properly pursued by presenting their proposal to the Department of Health and Environment for statutory review. (Attachment 4)

In answer to a member's question on other reasons he opposes the bill, Dr. Albott noted he has heard nothing in the testimony that changes the risk method to consumers assigned in 1986 and passage of the bill would add more complications to the Board of Behavioral Sciences.

It was pointed out by staff that the technical committee secretary indicated the real potential for harm arises from unethical relationships between mental health providers and their patients, and recommended that issue needed to be looked at by the legislature, not just in conjunction with counselors, psychologists and psychiatrists -- but all of the groups that develop that type of relationship with patients.

Dan Lord, Kansas Association for Marriage and Family Therapy, commented that he has two concerns with **SB 306** -- (1) introduction of marriage and family counseling as an additional area of required course work, and (2) registered marriage and family therapists and registered alcohol and other drug counselors not noted in section (a) of the bill which describes other qualified professionals whose activities and services would not be subject to this act's regulatory powers. (Attachment 5) During Committee discussion Mr. Lord commented that the public needs to be protected, and Kansas would be well served by having previously licensed groups subjected to the same review.

Chip Wheelen, Kansas Psychiatric Society, submitted written testimony in opposition to the bill because the bill is inconsistent with the principles incorporated in the Kansas Credentialing Act and suggested **Sub. SB 306** be discussed during the subcommittee meeting on **SB 268**. (Attachment 6) Mr. Wheelen also expressed his opposition to the original **SB 306** because it would allow professional counselors to engage in the practice of medicine and surgery without a license to practice medicine and surgery.

Written testimony was received from Carole J. Carter, M.S., RPC, and Judith E. Dutton, M.S. addressing some of the questions asked regarding licensure at the Committee meeting on March 10, 1995. (Attachment 7)

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for March 14, 1995.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 3-13-95

NAME	REPRESENTING
Thelma Hunt Gordon	KDOA
Lyndon Dunn	KDOA
Alfred Dwyer	KDOA
Don Reed	KS Assn for Marriage & Family Therapy
Harold Pitts	KCOA
Wesley J. Kidd	Jayhawk AAA
Caviano Richey	Golden Rule Insurance Co.
Michelle Peterson	Golden Rule Ins Co.
Charles Freeman	AARP - CTF
Donna Travis	AARP - SLC
Jan Runk	AARP - SLC
Maril Freund	with Girl Scouts
Melissa Erbe	"
Jill Sowder	with Girl Scouts
Lamey & Day	Girl Scouts
Amy Vineyard	Girl Scouts
Barbara Kil	Student Ft. Hays St. BSN
Elizabeth Maxwell	East Central Kansas Area Agency Aging
Billy Lunden	South Central Kansas Area Agency Aging

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
GUEST LIST

DATE: 3-13-95

NAME	REPRESENTING
Guy Newton	Shawnee Heights Council
Roger Vance	Dr. Monte D. Heath Cancer Center
Steph A. Stone	KS Meat Helt Co Assoc
John E. Price	Univ of Kansas Coll of
Philip J. White	Emporia State University
Janet Baker-Meyer	
Ron Hein	K A M F T
W. L. Albott Ph.D.	K. P. A.

APPOINTMENTS QUESTIONNAIRE

Office of Governor Bill Graves

Please complete and return this form to the Governor's Appointments Office. Attach additional sheets if necessary.

Name: Thelma Hunter Gordon

Home Address: 4612 Royal Birkendale Court

City, State, Zip: Lawrence, KS 66049

Business Address: 150-S, Docking State Office Building, 915 SW Harrison

City, State, Zip: Topeka, KS 66612-1500

Home Phone: 913-842-2078 Business Phone: 913-296-4986

Date of Birth: October 10, 1944 Place of Birth: Stephens, Georgia

Party Affiliation: Republican KBI Check: NA In Process Complete

Appointed as: Secretary, Kansas Department on Aging

Appointment Date: Jan. 9, 1995 Expiration Date: Jan., 1999

Term Length: Four years Statutory Authority: 75-5903

Salary: \$65,000 Predecessor: Joanne E. Hurst

Statutory Requirements: _____

BACKGROUND

1. List high school, college, or other education institution attended along with the date attended and degree conferred.

Education Institution	Dates	Degree
<u>Emporia State University</u>	<u>1975</u>	<u>Ed.S Counseling</u>
<u>University of Kansas</u>	<u>1972</u>	<u>M.A. Education (Curriculum and Instruction)</u>
<u>Albany State Collele</u>	<u>1969</u>	<u>B.S. English and Social Studies</u>

2. List memberships in business, trade and professional organizations for the past 10 years.

Organization	Dates
<u>National Forum for Black Public Administrators</u>	
<u>American Public Welfare Association</u>	
<u>American Association for Counseling and Development</u>	
<u>National Council of State Human Service Administrators</u>	
<u>National Education Association</u>	<u>1984-1987</u>

3. List any public offices you have been elected or appointed to, along with the dates of service.

Office Held	Dates
<u>Not Applicable</u>	
<u>Senate Public Health & Welfare</u>	<u>Date: 3-13-95</u>
	<u>Attachment No. 1</u>

4. List any positions held with a foreign, federal or local government entity along with the dates of service. (All with the Kansas Department of Social and Rehabilitation Services)

Position	Government Entity	Dates
Deputy Director, Workforce Development Division		1972-1995
Acting Director for Workforce Development		June - Oct. 1992
Exec. Community Coordinator, Workforce Develop. Div.		1991-1992
Director, Human Resources Division		1988-1991
Special Assistant to the Secretary		1987-1988

5. List any lobbying activities you have been involved in during the past five years. This includes activities as a registered lobbyist or lobbying activities for which you were compensated.

Group	Compensation (yes/no)	Dates
Not Applicable		

6. List experience or interests which qualify you for the position to which you have been appointed. General workshops and Institutes on Gerontology and dealing with elder parents.

7. Summarize business and professional experience. Sixteen years of high school counseling experience and seven and one-half years of management experience at the Kansas Department of Social and Rehabilitation Services.

8. List any service in the United States military. Include dates of service, branch, date and type of discharge.

Branch	Discharge	Dates
Not Applicable		

9. Provide details of any arrest, charge or questioning by a federal, state or other law enforcement authority for violation of any federal, state, county or municipal law, regulation or ordinance (excluding traffic violations for which a fine of \$100 or less was imposed).

Not Applicable

10. List and provide details of any interests that may present a conflict of interest for this position. Not Applicable

I, Thelma Hunter Gordon, declare that this questionnaire is true, correct and complete to the best of my knowledge.

Thelma Hunter Gordon
Signature

2/14/95
Date



KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSE

APPOINTMENT TO STATE OFFICE IS SUBJECT TO SENATE CONFIRMATION

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by each person whose appointment to a state position is subject to Senate confirmation (K.S.A. 46-247 and 46-248). Failure to complete and return this statement may result in a fine of \$10 per day for each day it remains unfiled. Also, any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 913-296-4219.

A. IDENTIFICATION:

PLEASE TYPE OR PRINT

G	O	R	D	O	N					T	H	E	L	M	A			H	U	N	T	E	R
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Last Name

First Name

MI

J	A	C	O	B		U		G	O	R	D	O	N										
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Spouse's Name

4	6	1	2		R	O	Y	A	L		B	I	R	K	D	A	L	E		C	O	U	R	T
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Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

L	A	W	R	E	N	C	E		K	S		6	6	0	4	9							
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City, State, Zip Code

9	1	3	**	8	4	2	**	2	0	7	8
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Home Phone Number

9	1	3	**	2	9	6	**	4	9	8	6
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Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

K	S		D	E	P	A	R	T	M	E	N	T		O	N		A	G	I	N	G		
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List Name of Agency, Commission or Board

S	E	C	R	E	T	A	R	Y		O	F		A	G	I	N	G						
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Position

* The last four digits of your social security number will aid in identifying you from others with the same name on the computer list. This information is optional.

*

5	8	4	8
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OWNERSHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income in, which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "C", check here ____.

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM	PERCENT OF OWNERSHIP INTERESTS
Institute for Urban Development and Research	Educational Counseling		<input type="checkbox"/> You <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Jointly	50%
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	

GIFTS OR HONORARIA: List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

If you have nothing to report in Section "D", check here X.

NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY:
1.		
2.		
3.		

1-4

RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE ____.
 If you have nothing to report in Section "E"1, check here ____.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.			
2.			

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.
 If you have nothing to report in Section "E"2, check here ____.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Project Neighborhood	Kansas City, MO	AoD Prevention
2.	Community Research Association	Hashville, Tennessee	COP Training

OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional page if necessary to complete this section. If you have nothing to report in Section "F", check here ____.

	BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
1.	National Council of African American Men, Inc.	President & CEO	Spouse
2.	Ks. Multicultural Association of Substance Abuse (K-MASA), Inc.	Executive Director	Spouse
3.	Institute for Urban Development and Research	Executive Director	Spouse
4.			
5.			

RECEIPT OF FEES AND COMMISSIONS: List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates only to businesses or combination of businesses.* In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "G", check here X .

	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

DECLARATION:

I, Thelma Hunter Gordon, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

2/9/95
Date

Thelma Hunter Gordon
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____

Return your completed statement to the Secretary of State, State House, Topeka, Kansas 66612.

Secretary Thelma Hunter Gordon Kansas Department on Aging

Thelma Hunter Gordon was born and reared in Athens, Georgia and received the Bachelor's degree in English and Social Studies from Albany State College, Albany, Georgia in 1969. She received the Master's of Arts degree in Curriculum and Instruction in 1972 from the University of Kansas and the Education Specialist degree in Counseling in 1975 from Emporia State University.

Secretary Gordon has had successful careers in education and government. She was a counselor at Lawrence High School for 16 years before accepting an appointment as Special Assistant to the Secretary of the Kansas Department of Social and Rehabilitation Services (SRS) in 1987.

She taught Social Studies and English for 2-1/2 years before serving as a Counselor at Lawrence High School for 16 years. She left education to accept an appointment as Special Assistant to the Secretary of the Kansas Department of Social and Rehabilitation Services (SRS) in 1987. She later became the first Director of SRS Division of Human Resources from 1987 to 1991. She also served as Deputy Director of SRS Division of Workforce Development from 1992 to 1994.

Before her appointment as Secretary of the Kansas Department on Aging, she had the distinction of serving as a member of the four-person transition team for Governor Bill Graves.

Secretary Gordon holds memberships in several state boards, committees and professional organizations. She is also a recipient of many honors and awards, including Leadership Lawrence, Topeka YWCA Leadership Award, and NAACP Lawrence Chapter Service Award.

Secretary Gordon is married to Dr. Jacob U. Gordon, Professor and Research Fellow and the Executive Director of the Institute for Leadership Development and Research at the University of Kansas. They have four adult children (Jacob, Jr., Jason, Jevon and Edythe).

KANSAS DEPARTMENT ON AGING

**Room 150-S, Docking State Office Building
915 S.W. Harrison
Topeka, Kansas 66612-1500**

Phone 913-296-4986

FAX 913-296-0256

Statewide Toll-Free Helpline 1-800-432-3535

STATE OF KANSAS



DEPARTMENT ON AGING
Docking State Office Building, 150 S
915 S.W. Harrison
Topeka, Kansas 66612-1500
PHONE (913) 296-4986
FAX (913) 296-0256

January 17, 1994

Dear Legislator:

It is my privilege to present to the 1995 Legislature this edition of the KDOA Legislative Packet. I trust that it will be as well received as those we have submitted in the past.

As with our previous editions, you will find that this packet contains basic information--history, missions, program and budget--as well as a list of key personnel available to assist you.

I especially want to direct your attention to the section titled "Vision Statements." These vision statements are areas of vital concern for the future of the aging network.

I look forward to meeting the new members of the legislature and renewing the ties of partnership with returning members. Please be assured that the staff of the Department on Aging is eager to assist you throughout the 1995 legislative session. If I may be of service in any way, please do not hesitate to contact me.

Sincerely,

Thelma Hunter Gordon

AGENCY MISSION

The Kansas Department on Aging resolves to serve and represent the interests of older Kansans through information, oversight and advocacy, and seeks to ensure that all Kansans are afforded the same opportunities and assistance with daily living, without regard to age or ability. The Department endeavors to provide, in coordination with other public agencies and private industry, such assistance as will help to preserve, to the greatest degree possible, the dignity, security and independence of older Kansans and permits them to remain active and contributing members of their families and community.

AGENCY PHILOSOPHY

The Kansas Department on Aging carries out its statutory responsibilities with deep respect for Older Kansans and a high regard for the principle of compassion both through the administration of its programs and through the daily conduct of its staff.

AGENCY FUNCTION

In 1977, the Kansas Department on Aging was established by statute as a cabinet level department to assist older Kansans maintain their independence. The department is mandated by the federal Older Americans Act to serve as an advocate for the elderly in Kansas. The mission and goals of the department encompass assisting older persons to "age in place" and to age with dignity and respect. Older persons in Kansas are not only served by the Department, but they also interact with the members of the department, providing input and their own advocacy on issues and concerns. The programs and services which are described in subsequent sections of this notebook all contribute to the health and well-being of the elderly in our state.

Kansas has an increasing number of older persons. Between the census counts of 1980 and 1990, the number of older persons 85 and over increased by 26.3% compared to the total population growth of 4.8%. The number of older persons 65 and over increased by 11.9% compared to the 4.8% increase of the general population.

As we note this continued growth in the older population, it becomes increasingly important to emphasize the further development of home and community based services as a cost effectiveness measure in ensuring the ability of elders to maintain their independence.

VISION STATEMENTS

Recently, the area agencies and the department have been working on plans for the future of the aging network. The following vision statements were developed as a result of the planning which has occurred.

I. Capacity

An aging network with the capacity of delivering consumer-oriented, top-quality, comprehensive and coordinated services and capable of responding to dynamic changes occurring in the aging population.

II. Long Term Care Service Delivery System

To provide a cost-effective, comprehensive, coordinated and consumer-oriented system of quality long-term care services.

III. Computer System

To design and implement a user friendly state-of-the-art information system that ensures collection and analysis of outcome-based program data. This system shall have all necessary commensurate resources.

IV. Advocacy

To ensure that the voices of older Kansans and those with long-term care needs are heard by taking proactive positions in communicating seniors' needs.

The vision statements include the current work which is being done, the continuation of the work and the continued nurturing of the current partnerships which exist within the aging network.

OVERVIEW OF KANSAS DEPARTMENT ON AGING

Background

The Kansas Department on Aging is the state's focal point for aging services and information. The mission of the department is to assist older Kansans maintain their independence. The department administers federal and state programs to assist the elderly population of Kansas. It also acts as an advocate and coordinator to ensure that state services meet the needs of the elderly in the most effective manner. The department's programs include nutrition and employment programs, an information and referral system, legal services, a Nursing Home Ombudsman program, the Client Assessment Referral and Evaluation Program, community based services and case management.

The mission and goals of the department encompass assisting older persons to "age in place" and to age with dignity and respect. Older persons in Kansas are not only served by the Department, but they also interact with the members of the department, providing input and their own advocacy on issues and concerns. The programs and services which are described in subsequent sections of this notebook all contribute to the health and well-being of the elderly in our state.

The department was created by the 1977 Legislature (KSA 75-5901 et seq.) It is a cabinet-level agency headed by a secretary who is appointed by the Governor. Attached to the department is the Advisory Council on Aging, a 15-member body made up of older persons, legislators and professionals in aging.

The department's responsibilities are delineated under the Kansas Act on Aging (KSA 75-5901 through 5929) and 1994 Ks. Sess. Laws, Ch.47 (CARE):

1. to develop a comprehensive plan to meet the needs of older Kansans;

2. to keep informed of the latest developments, research studies and programs being conducted on the needs of older people and to develop programs to meet those needs;
3. to evaluate all programs, services and facilities in the state to determine the extent to which needs are being met;
4. to establish state policies for administration of the department;
5. to receive and disperse federal funds;
6. to solicit, accept and administer, on behalf of the state, any grants and other funds made available to Kansans for services to the elderly; and
7. to establish an Alzheimer's and related diseases information and referral network to assist those afflicted in gaining access to services.

The Aging Network

KDOA administers its programs through grants of state and federal funds to area agencies that serve a designated geographic area. The area agencies, in turn, administer the programs through subgrantees that provide the services. This organizational system is commonly referred to as the aging network.

The aging network derives from federal legislation. The Older Americans Act (OAA) was passed in 1965 (PL 89-73), and the Older Americans Nutrition Program was established in 1972. In 1973, the Area Agencies on Aging (AAA) were created to plan and implement social service programs, such as the nutrition program, at the local level. There are 11 area agencies in Kansas, of which three are units of government, and the others are not-for-profit agencies. Each is headed by a director and has an advisory board.

A variety of organizations across the state provide services to the elderly. They include the area agencies, senior centers, meal sites, the American Red Cross, Visiting Nurses, the department and other state agencies. Advocacy services are provided by such groups as Kansans for the Improvement of Nursing Homes, the Alzheimer's and Related Diseases Organization, and the American Association for Retired Persons. Most

of these organizations are members of the Kansas Coalition on Aging. In the broadest sense, the aging network can be said to encompass all of these groups and institutions.

AREA AGENCIES ON AGING

Area agencies on aging are mandated by federal statute. They exist within planning and service areas in each state and are funded through the Older Americans Act, state general funds and local mill levy funds.

The Kansas Department on Aging (as a designated state unit on aging) is responsible for funding, establishing state-wide policies, monitoring and assessing the eleven area agencies on aging in Kansas. Each area agency has a director and staff members and an advisory board. Employees of the area agencies are not state employees, but are employed by the governing body, either a governmental entity (county government) or a policy board (non-profit entities).

The area agency directors have a statewide organization, the Kansas Association of Area Agencies on Aging, which meets at least monthly. This provides a vehicle for all area agency directors to come together to discuss common issues. The Secretary and staff of the department meet with the area agency directors at this monthly meeting. Additionally, day to day routine administrative discussions and interactions occur as needed between area agency staff and KDOA.

Financing

Throughout its seventeen years as a cabinet level agency, the total budget of the Department has increased by 187.1%, from an original appropriation of \$6.13 million to approved expenditures of \$17.6 million in FY 1994. Approved expenditures for FY 95 total about \$20.04 million.

Federal funds account for 69% of the department's budget. The largest share of that money comes from the federal Older Americans Act. These funds are split among several activities including congregate meals, home delivered meals, social services, state operations, employment, health

promotion and disease prevention. The latest amendments, the Older Americans Act Amendments of 1992 (PL 102-375, December 31, 1992, are contained in 45 CFR Part 1321, 1326, and 1328.

Additional federal money is provided by the United States Department of Agriculture for each meal served in the OAA nutrition program. The amount of the refund is approximately 61.46 cents per meal. The department also receives monies for the Older Worker JTPA Employment Federal Fund through the Kansas Department of Human Resources. In addition, the department receives federal funds for special projects that are awarded to individual area agencies on aging.

The area agencies on aging are funded by a variety of sources. Besides grant money received from the department on aging, the agencies obtain participant contributions, in-kind volunteer support, office space and utilities, as well as local county mill levy funds for aging programs. Of the 105 counties, 76 have an aging mill levy. In addition, the area agencies obtain federal grants from other sources, such as KDOT (Section 18 Transportation grants).

Kansas has an increasing number of older persons. Between the census counts of 1980 and 1990, the number of older persons 85 and over increased by 26.3% compared to the total population growth of 4.8%. The number of older persons 65 and over increased by 11.9% compared to the 4.8% increase of the general population.

As we note this continued growth in the older population, it becomes increasingly important to emphasize the further development of home and community based services as a cost effectiveness measure in ensuring the ability of elders to maintain their independence.

OLDER AMERICANS ACT SERVICES

Eligibility Requirement

Age is the only eligibility requirement for Older Americans Act services. An individual must be age 60 or older.

General Requirements

Older persons are not charged a fee for services funded under the Older Americans Act (OAA); however, they are offered the opportunity and are encouraged to make a confidential contribution toward the cost of the service based on their ability to pay. No one is denied service if he or she does not give a contribution.

Match

There is a 15% match required for OAA dollars. Of the 15% match, 10% is local and may be cash or in-kind and 5% is State -- cash only.

Nutrition Programs

The Department administers two (2) nutrition programs -- Federally mandated Older Americans Act program and the State funded In-Home Nutrition program.

The Older Americans Act Nutrition Program provides meals and nutrition education services to older persons (those age 60 and older) and their spouses regardless of age. The Nutrition program has two components -- Congregate and Home-Delivered. The Congregate program provides meals in a congregate setting to the well and healthy elderly, as well as some moderately impaired individuals who are mobile enough to visit a site. The Home-Delivered meals program provides meals in the home of older individuals who are homebound due to moderate and severe impairments or who live in rural areas where there are no nutrition sites.

A meal containing 1/3 of the RDA is provided 5 days per week. In some areas of the State, Home-Delivered meals are provided seven days a week if there is no alternative support system to provide meals on the weekends.

Individuals are offered the opportunity to contribute toward the cost of the meal.

The state-funded In-Home Nutrition Program provides only home-delivered meals to individuals who are moderately to severely impaired and who are homebound.

Supportive Services and Senior Centers

These services are funded through grants to area agencies on aging. There are three categories of services. They are Access, In-Home and Community Services. The category of Access services includes such services as Transportation, Outreach, Escort and Case Management and Information and Referral services. These services facilitate older persons' and their caregivers' ability to identify and find services, opportunities and information that they need. The In-Home category of services includes such as Personal Care, Homemaker services, Respite Care and Adult Day Care. These services are targeted to those individuals with moderate to severe impairments who require assistance in performing routine daily activities such as bathing, eating, etc. The services are necessary to enable the older Kansans to remain in their homes and communities and to prevent their premature institutionalization. Community services, the third category of supportive services, is targeted to the active older person. A variety of services can be funded. Included are Multi-Purpose Senior Centers, Legal Services, Counseling, Education and Training, Hospice, Minor Home Repair and Recreational Activities.

Disease Prevention and Health Promotion Services

This program is Federally funded. Services provided are designed to

provide older individuals with information and opportunities that will help them make informed choices about lifestyle changes they can make to maintain or improve their health status. Services that may be funded include Health Risk Assessments, Health Promotion Programs, Health Screening, Home Injury Control and Education and Screening Program, Nutrition Counseling, Physical Fitness and Exercise Programs.

Vulnerable Elder Rights Protection

Elder Rights activities, or Title VII of the Older Americans Act, include four separate areas as follows:

- Ombudsman program;
- Prevention of Elder Abuse, Neglect & Exploitation;
- State Elder Rights and Legal Assistance Development Program;
- and
- Outreach, Counseling and Assistance Program including Senior Health Insurance Counseling for Kansas and Public Benefits Outreach, Counseling and Assistance.

KDOA has formed an Elder Rights Task Force which includes state agency staff, attorneys, advocates, area agency directors, and association representatives. The Task Force chose as its FY 1995 priority, "Financial Exploitation: How to Stay in Control of Your Future". Subcommittees have been formed for intervention, education and legislative advocacy.

Legal Assistance

KDOA provides OAA Title III-B funds under the intrastate formula to the 11 area agencies which expend 7.8% of their Title III-B funds for legal services which includes legal advice and representation. Legal assistance services provide access to the system of justice by offering advice and representation by a legal provider who acts as an advocate for the social and economically needy older individual to ensure gaining access to essential services and/or financial resources, and protecting their rights to be autonomous and to retain dignity. In FY 1994, legal services were provided to 4,747 older Kansans. The predominate areas of service

include advance directives, financial powers of attorney, SSI, Medicare, Medicaid, home ownership, divorce, wills/estate planning, consumer complaints and guardianship.

Information and Referral/Assistance

The Department adopted in August, 1992 a five year information and referral/assistance plan as an amendment to the State Plan on Aging. Many of the objectives have been implemented.

The National Association of Area Agencies on Aging implemented the Eldercare Locator service in Kansas. The Locator is a national toll-free telephone number (1-800-677-1116) to assist people in finding aging services in any state.

KDOA and the Area Agencies on Aging implemented case management services in September, 1992 with new state funds and existing Older Americans Act funds appropriated by the 1992 Kansas Legislature. The House Appropriations Subcommittee #2 added the money to the Department's budget (HB 2729) "to ensure that information and referral services will be provided and that appropriate services and funding sources will be found for senior citizens seeking alternatives to nursing home care." The 1993 and 1994 Kansas Legislature appropriated additional funds for case management.

KDOA and the Area Agencies on Aging in December, 1992, printed and distributed 160,000 copies of "Explore Your Options," a long term care guide with a directory of local services for each Area Agency on Aging. KDOA is now preparing the new annual edition.

KDOA signed interagency agreements with Mental Health and Retardation Services of the Kansas Department of Social and Rehabilitation Services and with the Office of Government and Community Relations of the Kansas Department of Health and Environment. KDOA and KDHE subsequently convened a conference on health and aging in 1993.

KDOA is now listing its toll free telephone number in each of the state's telephone directories with funds appropriated by the 1994 Kansas Legislature.

KDOA proposes in 1995 to provide information about aging services through an on-line network.

STATE AND OTHER PROGRAM INITIATIVES

Case Management, Custom Care, Environmental Modification

The purpose of the case management program is to provide assistance to persons 60 years of age or older, whose ability to accomplish all those tasks necessary to living is compromised by physical or mental limitations, to determine, establish, and adjust as necessary a system of services and support which will give the person the maximum opportunity for living in the environment of their choice. Case management is provided across the state with each Area Agency on Aging choosing to have direct service employees or contracted case management providers.

Custom care and environmental modification are funding allocations that enable case management to address unique needs of the customers, plug existing "holes" in services, and make physical adaptations to the home.

Case management funding is both Older Americans Act and State General Funds, and is therefore governed by federal, state, and agency directives. Directives, policies, budgets, and other program information is available from the KDOA Policy, Program Analysis, and Advocacy Unit, specifically the Aging Network Liaison Position.

Senior Care Act Program

The inappropriate or premature institutionalization of persons who have not exhausted their financial resources often leads to exhaustion of those resources and placement in more costly and limited long-term care services. The Legislature passed the Senior Care Act in 1989 to assist people 60 and older receive in-home services to delay nursing home entrance; the program serves people with too much income for the services provided by SRS. Clients pay for services on a sliding fee scale based on income.

KDOA grants funds to Area Agencies on Aging which contract with local providers to deliver the services. Available services vary from county to county, but include attendant care, homemaker, respite services,

transportation for care, chore services, personal emergency response services, custom care, residential repair, assisted living and adult day care. The program is unique in that it requires a local match of one dollar for each two dollars of state funds; federal or state dollars cannot be used to meet the match.

An independent evaluation of the program by Kansas State University, partially funded by the Kansas Health Foundation, has found the program to be effective in reducing the state funds expended to match medicaid nursing home costs; the program was estimated in FY 94 to save the state \$1.39 for each dollar expended, for a total savings of \$643,331. In FY '94, 3,491 older Kansans received services.

In FY '94, \$1,562,180 of state funds were expended for the program; the Legislature allocated \$1,773,951 for the program in FY '95. More than 90 counties are currently covered.

Alzheimer's and Related Disorders Helpline

The Helpline that was established by the Legislature in 1986 provides information, referrals, assistance and education regarding Alzheimer's, Parkinson's and Huntington's disease to other community and professional resources such as local caregiver support groups, diagnostic centers and special care units in nursing homes. The Helpline produces and distributes the "Caregiver's Guide for Alzheimer's and Related Disorders," "Huntington's Information Packet," "The Parkinson's Disease Information Packet," "How to Select a Special Care Unit," and updated listings of Kansas Caregiver Support Groups and Special Care Units. A new "Parkinson's Disease Guide that was drafted in cooperation with KSU Adult Extension Services will be published by the end of 1994.

Client Assessment, Referral and Evaluation Program (CARE)

CARE is a new assessment program started by the 1994 Kansas Legislature. Everyone seeking nursing home care after January 1, 1995 must be assessed by the CARE program before they can enter the nursing home. The responsibility for the administration of the HCFA-mandated

preadmission screening was transferred by the 1994 Kansas Legislature from the Department of Social and Rehabilitation Services to the Department on Aging.

The purpose of CARE is to help people find appropriate long term care services and to collect data on the need for home and community based services. CARE assessors will provide people with information about long term care options in the person's community and screen for the need for specialized mental health / mental retardation services (as required by HCFA). The Kansas Department on Aging will record the need for community-based long term care services and report its findings on service availability to the Governor and the legislature each year.

Funding for the CARE Program is shared by HCFA and State General Funds. The Department on Aging works cooperatively with the Department of SRS, as SRS maintains liaison responsibilities with HCFA. This program does not affect the administration of the Medicaid program.

Long Term Care

KDOA, SRS, KDHE, KDOC&H, and the KU School of Social Welfare have met since 1992 as the interagency Long Term Care Action Committee to discuss long term care policy issues. The Secretaries of Aging, SRS, and KDHE have submitted recommendations from the Committee to the 1992, 1993, and 1994 Legislatures.

The Committee is currently studying the following issues for its 1995 report: level of care program eligibility criteria, economic development and long term care, public education, joint contracting, housing, shared risk, and uniform assessment instrument.

In 1993, KDOA and SRS jointly commissioned a study of long term care by the National Long Term Care Resource Center. The Center submitted its final report in October. KDOA plans to submit the report to the 1995 Kansas Legislature.

The 1994 Kansas Legislature (in the House Appropriations Subcommittee report on SB 633) asked KDOA, SRS, and KDHE (where appropriate) to "begin work on a strategic plan for the consolidation of all long-term care services within KDOA." The Legislature directed the agencies "to have a preliminary report prepared for review by the House Subcommittee by October 1, 1994, and a final report ready by January, 1995 for review by the 1995 Legislature."

The 1994 Legislature also asked (in the conference report on HB 2759) the agencies to "develop a strategic plan to address the escalating costs of long term care and the coordination of services and present that plan to the 1995 Legislature by January 9, 1995." The National Long Term Care Resource Center report includes a strategic plan to control costs.

Uniform Assessment Instrument

With the legislative mandate for the use of the Care instrument, an opportunity was identified to improve the quality of the data gathered by care and to unify the initial paperwork by which an individual applies for social services. The Committee on Reinventing Government had indicated concern for the large number of initial applications in use, and urged the devising of a single form. The CARE instrument provided a good opportunity for this initiative

Under the leadership of KDOA, an interagency committee devised the instrument and its attendant manual, training for assessors was provided, the program was tested on a pilot basis, in conjunction with the Management Information System.

The Uniform Assessment instrument has been in use in the Northeast Kansas and Johnson County areas since the beginning of the fourth quarter of calendar 1994, and is to be in statewide use 1995. The application of the information requirements of NAPIS (National Aging Programs Information System) has been deferred until at least October 1, 1994.

Americans with Disabilities Act (ADA)

KDOA has provided education and training on the Americans with Disabilities Act as follows, Governor's Conference on Aging 1993, Community Services Conference, 1992 and 1994, the OKIRSA retreat 1993 and 1994.

In December, 1992 KDOA Information Memorandum (IM) 93-9 provided three fact sheets on persons with disabilities. IM's are a formal communication from KDOA to area agencies directors, nutrition directors, area agency chairpersons and the State Advisory Council. In January 1993, IM 93-20 provided ADA information including Checklist for Readily Achievable Barrier Removal, ANSI standards, Department of Transportation accessibility regulations, state law, Kansas requirements on public and government buildings and several advocacy bulletins. In July 1994, IM 94-21 requested an ADA plan as an amendment to the area plan process.

In 1994, ADA compliance was added to the team assessment process. We are focusing on compliance for access to the congregate meal sites, including parking, access to the entrance, meal seating area and restrooms and information access for older Kansans with sight or hearing disabilities to the area agency and the services which they fund. We have completed five team assessments and have found significant problems both with physical accessibility, program accessibility and information accessibility.

KEY PERSONNEL

Ten staff members currently make up the Secretary's leadership team. This group meets weekly with the Secretary to assist in the planning, coordination and evaluation of the department's activities.

Lyndon Drew, Director of Policy, Planning and Advocacy

Issue papers, Long-Term Care Comprehensive Plan; Advocacy; Legislative Issues; Operation of Senior Care Act, Case Management, and the Client Assessment, Referral and Evaluation Program.

Myron Dunavan, State Long Term Care Ombudsman

Responsible for directing the Long Term Care Ombudsman unit which protects residential rights of Older Kansans state-wide.

Craig Kammen, Director of Finance and Analysis Division

Supervises fiscal unit. Prepares the departmental budget proposal.

Alice Knatt, Chief of Operations

Supervises team assessments, Personnel Officer for the Department; Liaison with the Regional Office of the Administration on Aging; Kansas Attorney General's office, auditors.

Mike Schmidt, Director, Insurance Counseling Program

Responsible for administering the federally-funded Health Insurance Counseling Program for older Kansans.

Betty Schuetz, Administrative Assistant

General information; keeps Secretary's calendar and processes correspondence; supervises a secretary and office assistant; keeps minutes of meetings. Personnel assistant; acting recording secretary for the State Advisory Council.

Tim Swietek, Director of the Management Information System Operations

Responsible for developing, training and maintenance of the computerized local area network and aging area network.

Richard Wagner

Director of Program Operations; Nutrition; Employment; Social Services; RSVP.

1-28

UNITS WITHIN THE ORGANIZATIONAL STRUCTURE

Policy, Planning and Advocacy

This unit is responsible for the planning function of the Department as required by federal law. It is also the unit which develops policy recommendations to the secretary. The unit carries out the federal legislative mandate of advocacy.

This unit also administers several of the Department's programs: the Senior Care Act, the Case Management Program, the Client Assessment Referral and Evaluation (CARE) Program (formerly the preadmission assessment program administered by SRS), the Alzheimer's Hotline.

The coordination of legal services for the elderly falls within this unit's responsibility.

Program Operations

This unit administers the federal Older Americans Act Programs including the III-C(1) and C(2) nutrition programs, the III-B Social Services Programs, the III-D In-Home Services for the Frail Elderly, and III-F Disease Prevention and Health Promotion. These services are all funded by the federal Administration on Aging. This unit also administers the state in-home nutrition program.

Employment programs, both state and federal, for the elderly are administered in this unit.

This unit also is responsible for administering the federal Insurance Counseling Program (Senior Health Insurance Counseling of Kansas) which is funded by the Health Care Financing Administration.

Management Information Systems Unit

This unit is responsible for the development, training and maintenance of a computerized information system which collects data from the aging network (presently 11 area agencies on aging; but service providers will be added to the system as funds permit). This unit also does the maintenance and training for the local area network which is used in-house.

Grants Management

This unit is responsible for allocating grants and contracts to the area agencies on aging and for monitoring and assessing their performances.

Fiscal Unit

The fiscal unit is responsible for compliance and audit responses and for management of the state and federal funds which are allocated to the Department on Aging.

Ombudsman Unit

Federal law requires that each state have ombudsmen who protect the rights of the elderly who are in institutional care.

Public Information Officer

The public information officer responds to the media, initiates press releases and has the role of being responsible for the development and publishing of the various publications of the Department.

Legal Needs

Because of its compliance monitoring role for federal dollars and the need to hold public hearings, draft regulations, and respond to legal questions raised in the field by area agencies on aging, the Department does contract for legal services.

STAFF MEMBERS

Thelma Hunter Gordon	Secretary of Aging
Mike Brooks	Applications Programmer/Analyst I
Shirley Bruno	Area Representative
Alma Burris	Office Assistant I
Bill Cutler	Senior Care Act Manager
Ardie Davis	Employment Specialist
Lyndon Drew	Director - Policy, Planning & Advocacy
Myron Dunavan	State Long Term Care Ombudsman, Topeka
Maryanne Esteban	Reg'l. Long Term Care Ombudsman, Kansas City
Loma Glick	Grants Manager
Craig Kammen	Director, Budget, Finance and Analysis
John Kelly	Grants Manager
Eva Kennedy	Alzheimer's Helpline
Alice Knatt	Chief of Operations
Glenda Lamme	Bookkeeper
Phoebe Langley	Secretary II
Vicky Martin	Aging Network Specialist
Tom Morrow	Research Analyst III
Ray Menendez	Planner
Teresa Miller-Keck	SHICK Secretary
Muriel Murray	Regional Ombudsman, Wichita
Alice Nida	Legal Services Developer
Woodrow Parkison	Applications Programmer/Analyst I
Regina Poor	Keyboard Operator
Shirley Reed	Accounting Specialist
Clarence Rhambo	Area Representative
Mike Schmidt	SHICK Program Administrator
Betty Schuetz	Administrative Assistant
Phyllis "Sue" Schuster	Reg'l. Long Term Care Ombudsman, Great Bend
Merlene Smith	Secretary II
Suzette Smith	Accountant II
Melanie Starns	CARE Director
Carolee Stephens	Reg'l. Long Term Care Ombudsman, Topeka
Myrna Stephens	SHICK Trainer
Tim Swietek	Applications Programmer/Analyst IV
Tamara Tiemann	Nutrition Specialist
Richard Wagner	Director, Program Operations -

**SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR BILL GRAVES**

Please complete and return this form to the Governor's Appointments Office. Attach additional sheets if necessary.

Name: JAMES J. O'BONNELL
 Home Address: 5127 BAUCENTINE AVE.
 City, State, Zip: SHAWNEE, KS. 66203
 Business Address: SINCLAIR SAWYER THOMPSON & WAYNES, P.C. ~~4700 MAIN ST~~ ~~K.C. MO 64112~~
 City, State, Zip: ~~4900 MAIN ST.~~ KANSAS CITY, MO 64112
 Home Phone: (913) 631-5192 Business Phone: (816) 531-5555
 Date of Birth: 07/01/39 Place of Birth: WERSTER, MASSACHUSETTS
 Party Affiliation: REPUBLICAN KBI Check (yes/no): In process
 Appointed as: SECRETARY, HEALTH & ENVIRONMENT
 Appointment Date: _____ Expiration Date: _____
 Term Length: _____ Statutory Authority: _____
 Salary: _____ Predecessor: _____
 Statutory Requirements: _____

BACKGROUND

1. List high school, college, or other education institution attended along with the date attended and degree conferred.

Education Institution	Dates	Degree
UNIV OF MISSOURI - KANSAS CITY SCHOOL OF LAW	8/91 - 5/94	JURIS DOCTOR
WASHINGTON UNIVERSITY	9/65 - 5/67	MASTERS, HOSP. ADMIN.
UNIV. OF CONNECTICUT	9/56 - 6/60	B.S., PHARMACY

2. List memberships in business, trade and professional organizations for the past 10 years.

Organization	Dates
AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES	1967 - DATE
KANSAS CITY AREA HOSP. ASSOC.	1990 - DATE
RESERVE OFFICERS ASSOC.	1977 - DATE
UMKC SCHOOL OF LAW - ALUMNI	1994 - DATE
KC METRO BAR ASSOC.	1994 - DATE

3. List any public offices you have been elected or appointed to, along with the dates of service.

Office Held	Dates
<u>NONE</u>	
_____	_____
_____	_____

Senate Public Health and Welfare
 Date: 3-13-95
 Attachment No. 2

4. List any positions held with a foreign, federal or local government entity along with the dates of service.

Position	Government Entity	Dates
<i>NONE</i>		

5. List any lobbying activities you have been involved in during the past five years. This includes activities as a registered lobbyist or lobbying activities for which you were compensated.

Group	Dates	Compensation (yes/no)
<i>NONE</i>		

6. List experience or interests which qualify you for the position to which you have been appointed. EDUCATED IN HEALTH SCIENCES AND MANAGEMENT; MILITARY AND CIVILIAN MEDICAL SERVICES PLANNING AND MANAGEMENT SINCE 1961. LAW DEGREE.

7. Summarize business and professional experience. (SEE ABOVE)

8. List any service in the United States military. Include dates of service, branch, date and type of discharge.

Dates	Branch	Discharge
<i>4/61 - 8/90</i>	<i>USAF</i>	<i>HONORABLE</i>
<i>8/90 - 3/91</i>	<i>USAF RESERVE</i>	<i>RETIRED (MANDATORY, 30 YRS SVE; GRADE: COLONEL)</i>

9. Provide details of any arrest, charge or questioning by a federal, state or other law enforcement authority for violation of any federal, state, county or municipal law, regulation or ordinance (excluding traffic violations for which a fine of \$100 or less was imposed).

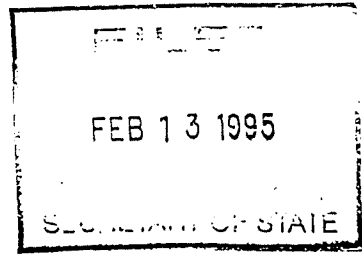
NONE

10. List and provide details of any interests that may present a conflict of interest for this position. NONE

I, JAMES J. O'CONNELL, declare that this questionnaire is true, correct and complete to the best of my knowledge.

James J. O'Connell
Signature

January 29, 1995
Date



KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSE

APPOINTMENT TO STATE OFFICE IS SUBJECT TO SENATE CONFIRMATION

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by each person whose appointment to a state position is subject to Senate confirmation (K.S.A. 46-247 and 46-248). Failure to complete and return this statement may result in a fine of \$10 per day for each day it remains unfiled. Also, any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 913-296-4219.

A. IDENTIFICATION: PLEASE TYPE OR PRINT

O ' C O N N E L L J A M E S J
Last Name First Name MI

O ' C O N N E L L J A N E T M
Spouse's Name

5 1 2 7 B A L L E N T I N E A V E N U E
Number & Street Name; Apartment Number, Rural Route, or P.O. Box Number

S H A W N E E K S 6 6 2 0 3
City, State, Zip Code

9 1 3 ** 6 3 1 ** 5 1 9 2
Home Phone Number

9 1 3 ** 2 9 6 ** 0 4 6 1
Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

K S D E P T H E A L T H & E N V I R O N M E N T
List Name of Agency, Commission or Board

S E C R E T A R Y
Position

* The last four digits of your social security number will aid in identifying you from others with the same name on the computer list. This information is optional.

* 0 1 4 8

OWNERSHIP INTERESTS: List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income in, which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "C", check here .

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM	PERCENT OF OWNERSHIP INTERESTS
1.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
2.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
3.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
4.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
5.			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	
			<input type="checkbox"/> You <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly	

GIFTS OR HONORARIA: List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

If you have nothing to report in Section "D", check here .

NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY:

RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE ____.
 If you have nothing to report in Section "E"1, check here ____.

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
SCL Health Services Corp.	Leavenworth KS	Central Management services - Hospitals
Van Osdol, Magruder, Erickson & Redmond	Kansas City MO	Law Firm
Sinclair, Sawyer, Thompson & Haynes	Kansas City MO	Law Firm

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.
 If you have nothing to report in Section "E"2, check here ____.

NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
Bioff, Singer & Finucane	Kansas City MO	Law Firm

OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional page if necessary to complete this section. If you have nothing to report in Section "F", check here X.

BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM

RECEIPT OF FEES AND COMMISSIONS: List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. *The phrase "client or customer" relates only to businesses or combination of businesses.* In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "G", check here x .


	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
1.			
2.			
3.			

DECLARATION:

I, James J. O'Connell, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

2/13/95

Date



 Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES _____.

turn your completed statement to the Secretary of State, State House, Topeka, Kansas 66612.

2-6

State of Kansas

Bill Graves



Governor

Department of Health and Environment

James J. O'Connell, Secretary

Confirmation Presentation

to

Senate Public Health and Welfare Committee

by

James J. O'Connell

March 13, 1995

As you know, the Kansas Department of Health and Environment (KDHE) administers a wide variety of programs, including a number of approved programs that would otherwise be administered directly by Federal agencies. These include, the Clean Air Act, Clean Water Act and waste management. Similarly, the agency performs health facility surveys that meet Federal compliance requirements for the Medicaid and Medicare programs. Disease prevention and epidemiology work focuses increasingly on identification of the incidence and causes of illnesses and injuries and necessarily includes consideration of environmental factors of all kinds. The Health and Environmental Laboratory is a state of the art facility whose technology is applied to both clinical laboratory testing for direct health status parameters and also to environmental testing. Environmental testing is critical to the protection of human health and the environment and is essential in epidemiology where environmental factors must be considered.

These components of KDHE come together in their combined mission of helping assure the well-being in economic, environmental and health terms, of all Kansans. I consider my nomination by the Governor to the Secretary's job to be not only a unique and special honor, but also an opportunity to apply my health, administrative and legal training to this essential mission.

Except for military service, my background does not include any elected or appointed government service. I am trained as a pharmacist, as a health care administrator, and as a lawyer. I am experienced in managing complex organizations, and though I am just learning the details of organization and procedures of state government, I believe my education and experience are well suited to the Secretary's job.

#2-7

My priorities at this time are to do a very thorough job of the Governor's directed review of Rules and Regulations. In addition to assuring that the existing Rules and Regulations are appropriate and necessary, are not unduly burdensome, and are efficient and effective in achieving their purposes, I believe their review provides an opportunity to examine the internal procedures for development and adoption of regulations, the relationship between the sections of KDHE involved in regulations, and the opportunity for enhanced efficiency and streamlining of procedures.

Another top priority is to review and define concise performance and outcome measures for every grant and program area, whether they are state or federally funded. We must be able to track and measure improvements to insure optimum tangible results from available resources.

Many of KDHE's programs are grant funded. The requirements for allocation of personnel costs, particularly in Federal programs, very severely restricts flexibility in use of personnel resources. We need to find ways to relieve some of those restrictions while maintaining compliance with the grant requirements in order to get the most out of a highly qualified staff.

The last priority I'll mention this morning is to establish an effective central coordination within KDHE of grant proposals to assure that they are consistent with overall strategies designed to meet the needs of Kansas and its people.

I appreciate the opportunity to appear before you today to seek your confirmation of my appointment by Governor Graves. I'd be pleased to answer any questions you may have.

Given the current statute that specifies that an employer may give reasons for discharge in writing upon request (K.S.A. 44-117), a request form should be devised for the purpose of asking for information as well as a response form for reply, thus simplifying and standardizing the process for the administrator.

An adult care home administrator, following proper procedures in supplying or requesting information, should be exempt from civil liability for such actions.

A needed protection to the vulnerable population residing in adult care homes would be the prohibition of the employment of any person having a felony conviction for a crime against persons, or who has committed an act of physical, mental, or emotional abuse, or neglect or sexual abuse as validated by the Department of Social and Rehabilitation Services.

Respectfully submitted,

Rep. Jessie Branson

Rep. Elaine Hassler

Senate Public Health & Welfare
Date: 3-13-95
Attachment No. 3

RE: PROPOSAL NO. 49 — CREDENTIALING OF CERTAIN
HEALTH CARE PROVIDERS*

The Special Committee on Public Health and Welfare was directed by Proposal No. 49 to review the Kansas Act on Credentialing and the credentialing process; determine whether the staffing and funding of credentialing activities are adequate; make recommendations on the need for credentialing of occupational and respiratory therapists, the appropriate level if credentialing is recommended, and the location of responsibility for credentialing; and determine whether the nomenclature used in the credentialing of doctoral level psychologists and pharmacists is appropriate.

Background

The Kansas Act on Credentialing was enacted in 1980 following an interim study which considered the advantages and disadvantages of state licensing or registration of allied health care personnel, a study by the Statewide Health Coordinating Council directed by the Legislature, and a second interim study of the recommendations made by the Statewide Health Coordinating Council. The 1980 legislation appears as K.S.A. 65-5001 through 65-5010, and generally (1) sets out a procedure for review of the need for state regulation of applicant ancillary health care provider groups; (2) provides for recommendations to the Legislature; and (3) sets guidelines to be followed in determining whether a specific group of health care providers should be credentialed by the state and for determining the appropriate level of credentialing if credentialing is recommended. The interim studies and the 1980 legislation arose from the fact that the Kansas Legislature was being asked to consider mandatory licensing for numbers of ancillary health care provider groups in legislative session, without having sufficient time to consider

* H.B. 2663 accompanies this report.

the ramifications of creating an exclusive sphere of practice for each of an increasing number of groups that play some role in the provision of health care.

During the Committee study of Proposal No. 49, the members reviewed the background of state regulation of health care providers, reviewed the Kansas statutes and the procedural manual and criteria being utilized in the credentialing review process, reviewed portions of the credentialing applications submitted by occupational therapists and respiratory therapists, and heard conferees on issues involved in the credentialing reviews that have been conducted to date.

The Committee heard the Secretary of Health and Environment, a member of the Statewide Health Coordinating Council, a member of a credentialing review technical committee, a representative of the Kansas Occupational Therapy Association, a representative of the Kansas Respiratory Therapy Society, the Director of Educational Services of the Kansas Hospital Association, a representative of the Kansas Association of Health, Physical Education, Recreation and Dance, a clinical psychologist, a drama therapist, a representative of the Kansas Medical Society, a representative of the Kansas Society for Medical Technology, a representative of the Kansas Chapter of the American Physical Therapy Association, and a representative of the Kansas Recreation and Parks Association. Written testimony was submitted by the Kansas Art Therapy Association.

In general, conferees who met with the Committee were critical of the credentialing review process as it has been carried out in the last several years. Conferees noted that the standards and criteria set out in the manual have been interpreted differently during the review of different credentialing applications; that the technical committee reviews have lacked objectivity and have resulted in recommendations for credentialing when criteria have not been met; that the cost and economic impact of state licensure of an occupational group have not been considered; that claims made by an applicant group have not been independently verified; that notice has not been given to interested groups, and that interested groups have been denied an opportunity to be heard;

that technical committee staff have played too prominent a role in decision making, have made recommendations that appear contrary to the evidence, standards and guidelines, and are not prepared by background and training for a research role; that technical committees have ignored certain standards, underplayed others, and accepted criteria as met even though the criteria making up the standards are largely unmet; that the burden of proof of the need for credentialing has been shifted from the applicant group by the acceptance of hypothetical examples of potential harm to the public with no requirement for determining whether "hard" evidence that a potential for harm exists; and that technical review committees have not included representatives of the health care professions.

Additionally, conferees noted that the proposed credentialing of occupational therapists would preclude other providers from practicing occupations for which they have trained, that credentialing is sought to obtain occupational recognition rather than protection of the public, that licensing results in setting one ancillary health care occupation above other groups who are not licensed by the state, and that licensing should be granted only when extreme harm to the public can result from an unregulated practice of an occupation.

During the course of Committee study, it was learned that the federal agency exercising oversight over federally funded health planning expenditures will no longer allow credentialing reviews to be considered a part of health planning. The effect of this decision is to preclude the use of federal health planning funds for the support of staff and technical committee activities connected with credentialing reviews under the Kansas Act on Credentialing.

Conclusions

The Special Committee on Public Health and Welfare has concluded that the health care provider credentialing procedure as set out in K.S.A. 65-5001 et seq., has not been implemented in the way the Legislature intended in enacting

the Kansas Act on Credentialing. Staff interpretations of the law, extreme turnover in staff, lack of clear direction to technical committees by the Statewide Health Coordinating Council, and inappropriately constituted technical committees have all contributed to the breakdown of the process.

The breakdown in the process of health care provider credentialing review, as demonstrated by the handling of the last five or six applications by technical committees and staff of the Department of Health and Environment, was considered sufficiently serious by the Committee to warrant consideration of a recommendation to repeal the existing act. However, after considering the impact of ill-considered licensing of ancillary health care providers on the economics and availability of health care, the Committee concluded that the concept of prelegislative review of credentialing is a sound one that should be continued after modifications are made in the procedures.

The Committee concluded that the technical committees appointed to review credentialing applications had not carried out their responsibilities in an adequate and unbiased manner, nor had such committees been consistent in the application of the guidelines set out in the credentialing manual. Additionally, the Committee notes that the technical committees' deliberations have not been open to the receipt of testimony from all interested groups, that the procedures that have been followed result in staff, rather than the members of the technical committee, making the initial decisions concerning whether guidelines have been met, that preliminary decisions have been made before groups other than the applicant group have been given an opportunity for hearing, and that the clear bias in the Kansas Act on Credentialing toward registration as the appropriate level of credentialing has been ignored or misinterpreted by both the staff and the technical committees. The composition of the technical committees is also a matter of concern in that those persons who are perhaps most knowledgeable about health care and the roles of health care providers have been excluded from participation on the technical committees, i.e., physicians, employers of providers, provider groups already credentialed by the state. The Committee wishes to indicate that in reaching these conclusions,

the members in no way intend to minimize the time and effort expended by those who have served on technical committees. The Committee has concluded that additional statutory directives should be developed relating to the membership of technical committees and the guidelines they are to consider in reaching their recommendations.

It appears that the Statewide Health Coordinating Council has ratified the findings and recommendations of the technical committees without reviewing the application or the specific findings of the technical committees. The minutes of the Council indicate that the Council has not carried out an independent role in the credentialing process.

The Committee believes the responsibility for the staffing of health care provider credentialing activities should be removed from the health planning function. In reaching this conclusion, the Committee is aware that health planning staff has experienced a high rate of turnover in the last four years and that health planning staff in the Department of Health and Environment have insufficient time to devote to credentialing activities. The Committee further notes that the Secretary can assign staff for credentialing from any resource within the agency rather than relying solely on staff that also serves as Statewide Health Coordinating Council staff. The Committee considers that one staff member with appropriate clerical support could handle the credentialing process and that, as the backlog of applications is diminished, this level of staffing could be reconsidered. The Committee further concludes that continuity in staffing the technical committees is important.

The Committee concludes that the Kansas Act on Credentialing should be amended to add a standard of proof, to make it clear that actual serious harm must have occurred in order to support a finding of a potential threat to the public of the unregulated practice of a health care occupation, to make it clear that registration is the appropriate level of credentialing to be recommended in most circumstances, and that the exclusive practice of an occupation represented by licensing should be reserved for those instances in which the unregulated practice of a health care occupation represents a serious threat to the public's health and safety.

The Committee concludes that a definition of "certification" should be added to the Kansas Act on Credentialing and that such a definition should recognize that many ancillary health occupations have developed private credentialing procedures carried out by national organizations. The federal government also has developed credentialing procedures for a few health occupations. The Committee observes that education of the public about credentialing through a private organization could be accomplished by health occupational groups through media advertisements, publicity at health fairs, and through other means. Such educational efforts represent an effective alternative to seeking credentialing by the state.

The Committee believes the Legislature should consider the creation of a separate board or commission to handle the credentialing of ancillary health care personnel. The practice of adding responsibility for the credentialing of additional health care providers to existing health care regulatory agencies dilutes the effectiveness of the regulatory process. Consideration should be given to moving the responsibility for the registration of physical therapists from the Board of Healing Arts and the licensing of mental health technicians from the Board of Nursing to any such umbrella regulatory agency.

The Committee held no hearings on the specific bills that concern the licensing of occupational therapists and respiratory therapists. However, the recommendations of the technical committee and the Statewide Health Coordinating Council were against the credentialing of respiratory therapists. Credentialing was recommended only by the Secretary of Health and Environment. The recommendations of the technical committee, the Statewide Health Coordinating Council and the Secretary were in favor of credentialing occupational therapists, and the level of credentialing recommended was licensing. The Committee is concerned about the recommended level of credentialing for occupational therapists and believes the Legislature should give careful attention to the application submitted by the occupational therapists and the basis for the credentialing recommendation before accepting it.

The Committee concludes that the Pharmacy Act of the State of Kansas and the act under which doctoral psychologists are certified should be amended to reflect that such individuals are licensed because both acts limit the practice of such professions to those individuals who are credentialed under the acts. The Committee has directed that technical bills be drafted to effect the recommended changes in the Pharmacy Act of the State of Kansas and the act under which clinical psychologists are certified. The Committee has further directed that such bills be introduced at the beginning of the 1986 Session.

Recommendations

The Committee recommends that the process under which various ancillary health care occupations are reviewed as to the need for credentialing be retained, but that the statutes governing the process be amended to reflect changes recommended by the Committee. These changes are embodied in H.B. 2663.

The Committee further recommends that the Secretary of Health and Environment assign appropriate and qualified staff to the credentialing process and exercise oversight of the work of such staff. The Committee recommends that one full-time staff position be assigned to this responsibility until the backlog of credentialing applications has been reduced. Unless a staff position is assigned to credentialing, the Committee recommends that no additional credentialing studies be undertaken.

The Committee recommends that the Legislature exercise great caution in considering the recommendations for credentialing made prior to the report of this Committee and that, in considering any such recommendations, the Legislature consider the problems identified by this Committee in the procedure through which the recommendations were made.

The Committee recommends that H.B. 2663 be passed by the 1986 Legislature. H.B. 2663 adds a definition of "certification" to the Kansas Act on Credentialing which

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recognizes private and federal credentialing; requires the technical committees to be seven-member committees appointed for one-year terms and to include three persons who are currently credentialed under Kansas law; requires the publication of notice of meetings 30 days in advance; sets the standard of clear and convincing evidence for finding a need for credentialing; sets out the procedure to be followed by the Statewide Health Coordinating Council and the Secretary of Health and Environment in reviewing credentialing recommendations; makes it clear that the results of studies undertaken under the Kansas Act on Credentialing are advisory only and not binding on the Legislature; adds to the existing criteria that are to be met in making recommendations in regard to credentialing and makes it clear that all such criteria must be met before credentialing may be recommended; clarifies the criteria to be followed in making recommendations for a level of credentialing; and requires the Secretary of Health and Environment to adopt rules and regulations establishing policies and procedures to be followed in conducting credentialing reviews.

Respectfully submitted,

November 26, 1985

Rep. Marvin Littlejohn,
Chairperson
Special Committee on Public
Health and Welfare

Sen. Roy M. Ehrlich,
Vice-Chairperson
Sen. Eugene Anderson
Sen. Bill Morris
Sen. William Mulich
Sen. Alicia Salisbury

Rep. Jessie Branson
Rep. Theo Cribbs
Rep. Dorothy Flottman
Rep. Kenneth Green
Rep. Elaine Hassler
Rep. Melvin Neufeld
Rep. Alfred Ramirez

H SE

By Special Committee

Re P

0018 AN ACT relating to the Kan
0019 the procedure of crede
0020 amending K.S.A. 65-5001
0021 65-5006, 65-5007 and 65-
0022 tions

0023 *Be it enacted by the Legis*

0024 Section I. K.S.A. 65-500

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0030 process of registration of,

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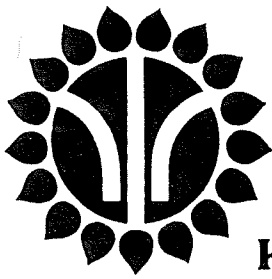
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KANSAS PSYCHOLOGICAL ASSOCIATION

March 10, 1995

Ms Chairperson, members of the committee, I am Dr. William L. Albott. I am appearing before you today on behalf of the Kansas Psychological Association and its officers, and in opposition to SB 306.

It has been the position of the Kansas Psychological Association and its national affiliate the American Psychological Association that credentialing rests on the principle of protection of the consumer. We have consistently advocated that the level of the credential should be the one which effects the greatest level of consumer protection at the lowest level of statutory credential necessary--a position which is at the very core of the levels of credentialing codified in Kansas statutes.

We oppose SB 306 because we believe it is currently circumventing the process of credentialing which was set up by the Kansas Legislature. It is our position that the Professional Counselors proposed change in credentialing level is most properly pursued by presenting their proposal to the Department of Health and Environment for statutory review. Whether credentialing is a recognition of a new group or a change in status of an already regulated group, the review should be based on the current statutory criteria and to the extent possible be free of political considerations.

The legislature, in 1986, after extensive hearings and

deliberations assigned "Registration" as the appropriate level of recognition and credentialing for this group. The proposed change implies that there has been a significant change in the risk to the consumer or that regulation as not been sufficient to protect the consumer and as testimony was presented we heard nothing that would suggest this has been the case. The fact that they argue that the proposed change and recognition would increase the job opportunities for this group does not make sense. Today any one can hire a registered professional counselor or any agency could require that an applicant be registered. Further the suggestion that this would create more providers seems to us paradoxical. Licensure, it seems to us, most often sets educational and training minimal standards at a higher level and thus tends to decrease the number of providers.

In closing, I repeat that the Kansas Psychological Association is opposed to the passage of SB 306 and requests that the committee refer the group back to the Department of Health and Environment for official review of their proposal. Unless there has been a substantial change in the risk to the public such change seems to us to be unwarranted.

Thank you for the opportunity for speaking on this matter.

DATE: March 13, 1995
TO: Kansas Senate Public Health and Welfare Committee
FROM: Daniel Lord, Ph.D., President of the Kansas Association for Marriage & Family Therapy
RE: KAMFT comment on SB 306

Madam Chairman and committee members, thank you for allowing me to return to your committee this morning. My name is Dan Lord. I am the president of the Kansas Association for Marriage and Family Therapy. I am here to comment on the substitute to SB 306. I wish to share several points of concern and again propose an alternative course of action.

Addition of marriage and family counseling "specialty"

The substitute for SB 306 contains one notable exception to its overall purpose of converting the professional counselors registration act into a licensure act. That exception is the introduction of marriage and family counseling (page 4, line 1) as an additional area of required coursework. Since this profession's overall practice actually occurs in specific areas of "specialty" (see section 65-5813), we assume one intent of the bill is to create marriage and family counseling as an "endorsed specialty" of the licensed professional counselor. KAMFT raises concern that this results in parallel state regulated professions of the registered marriage and family therapist and potentially the licensed specialist in marriage and family counseling. We are also unable to determine from this act what educational and training standards would be required to gain such an endorsement. Given the intent of the marriage and family therapist registration act, we are concerned that public confusion rather than public protection would be the end result of SB 306 as it is presently written.

✓ Omission of marriage and family therapists in section 5812

A second concern we raise has to do with section 65-5812 (page 10, line 22 through page 11, line 24) which is the bill's exclusion clause. Registered marriage and family therapists and registered alcohol and other drug counselors are not noted in section (a) describing other qualified professionals whose "activities and services" would not be subject to this act's regulatory powers. Our association would hope that this is simply an oversight. If not, the question again must be addressed regarding the impact the licensed specialty in marriage and family counseling on two specific professions previously defined and regulated by the State of Kansas.

Timeliness for a better approach to regulating mental health providers

Our primary comment regarding SB 306 has nothing to do with licensing professional counselors. Graduates especially from community mental health counseling programs are a valued and well trained profession which Kansas law now excludes from meaningful service in our state. We know well the dilemma of being highly qualified to contribute to the mental health provider network and being excluded by lack of licensure. However, we believe that SB 306 represents an unhelpful and out-of-date approach to correcting our state's regulatory gauntlet. It is wrong because it simply subjects the legislature to one more round of credentialing with the promise of promoting more to come without addressing the larger problems hindering the effective development of our state's mental health care delivery system.

The necessity of regulating mental health professions for the sake of public protection has long been established in many previous committee hearings. However, no longer can public protection alone be the singular concern of regulation. Now, the legislature must consider the effect of regulation on efficiency, effectiveness, and ultimately cost within the mental health care service area. We believe that the legislature's approach to

Senate Public Health and Welfare
Date: 3-13-95
Attachment No. 5

regulating the primary professional activities of all mental health professions must be reviewed. The current approach, such as SB 306, debates public safety while preserving a privileged class of professions who have captured the market of mental health services through licensing laws over two decades old. And when it comes to truly working at effective mental health reform, this privileged class is just as captive as those it works to exclude. One group must fight to be given equal access to the provider network while the other group must fight to protect their market control created by the state. This diverts tremendous energy and resources away from the state's most pressing needs of managing mental health resources more effectively. This also blocks market forces from identifying essential mental health services delivered at a fair price for the consumer.

KAMFT support for a collaborative approach to licensing mental health professions

In conclusion, we support a new approach to expanding the licensed mental health provider network in Kansas. Toward that specific end, we propose an alternative direction for this committee to consider.

Position: To promote continued mental health reform in Kansas, to allow for fair and equal presentation of all qualified mental health professions to the Kansas public, and to reduce the legislative demands of having various mental health professions debate scope of practice individually before the legislature, the Kansas Association for Marriage and Family Therapy proposes the following:

1. That this senate committee form an interim study to create one regulatory classification for licensed mental health providers (such as LMHP), defining specific criteria for diagnosing and treating mental disorders applicable to all qualified mental health professions.
2. That this interim study consult other states already using this approach to learn from their experience and identify productive ideas specifically suited to our state.
3. That this interim study review national accreditation standards for education and training in the respective mental health professions to be regulated by this licensure in order to create fair and comparable standards regarding the specific ability to "diagnose and treat mental disorders".
4. That this interim study consult with all accredited graduate programs within Kansas currently training persons in the respective mental health professions for input into the creation and enactment of this single category.
5. That this interim study request all mental health professional associations active in Kansas to collaborate for the promotion of an enhanced cooperative network of mental health providers facilitated by state regulation rather than using regulation to promote professional privilege and self-interest.
6. That out of this careful and collaborative effort, a sane and reasonable course of action regarding licensure of mental health professions in Kansas be prepared for presentation in the 1996 legislative session.

Thank you for receiving our input. On behalf of my association's board of directors and membership, I urge you to consider our ideas. We surely pledge our support and cooperation in a more sensible effort to promote the highly important concerns of ongoing innovation and reform in our state's mental health care delivery system.



Kansas Psychiatric Society

a district branch of the American Psychiatric Association

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March 13, 1995

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Councillor II
Wichita

James Donley, M.D.
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George Dyck, M.D.
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To: Senate Public Health and Welfare Committee

From: C. L. Wheelen, Kansas Psychiatric Society *Chip*

Subject: Substitute for SB306; Professional Counselors

Thank you for the opportunity to express our opposition to SB306. Although our major objection to the original SB306 is not included in the draft substitute, we remain opposed because both bills are inconsistent with the principles incorporated in the Kansas Credentialing Act.

If you review the Kansas Credentialing Act at K.S.A. 65-5001 et seq you will note that there are nine basic criteria for evaluation of health care occupations. Foremost among these criteria is the question whether the unregulated practice of the occupation "can harm or endanger the health, safety or welfare of the public and the potential for such harm is recognizable and not remote." This is the most important issue in credentialing.

In the case of a client relationship with a professional counselor, the only significant exposure to serious harm is in the event that a counselor engages in unethical conduct. In that case, the Behavioral Sciences Regulatory Board has sufficient authority to discipline an unethical counselor; it makes no difference whether the counselor is licensed or registered.

It would appear that the only real argument in favor of this bill is to improve employment opportunities for counselors who are already registered. Perhaps the solution to this problem is for professional counselors to educate prospective employers regarding their credentials rather than ask the Legislature to grant them deemed status.

Thank you for considering our views on this matter. We respectfully request that you report SB306 adversely.

Senate Public Health & Welfare
Date: 3-13-95
Attachment No. 6

March 12, 1995

TO: Senator Praeger and the Senate Committee on Public Health and Welfare

FROM: Carole J. Carter, M.S., RPC, 913-749-5447.

Judith E. Dutton, M.S., 913-749-0059

RE: Senate Bill 306, Clarification to questions

We'd like to speak to some of the questions you asked regarding licensure on Friday. Specifically we'd like to address the reason for our request for licensure rather than registration and some of the related economic issues.

Licensure is the recognized credential which publicly acknowledges that the licensee has met established professional standards in terms of an appropriate educational program, a significant number of supervised and documented hours, references from established mental health professionals and character references, and a requirement of a significant number of continuing education experiences.

LICENSURE is the credential held by the other mental health providers in Kansas (social workers and psychologists), and RECOGNIZED by consumers.

Mental health counselors MUST hold the same credential if we are to be recognized as equally qualified. Without licensure, we are perceived as unqualified, inferior, and unprofessional by our colleagues in other disciplines, as well as by the public, the consumers, and potential employers. Registered mental health counselors must currently meet the above mentioned criteria, BUT that Registered Professional Counselor credential is NOT recognized as indicative of competency.

UNTIL we are licensed, we will NOT be recognized or respected as qualified professionals by other mental health professionals, consumers, or prospective employers, who consistently choose LICENSED professionals.

With regard to the economic questions you asked, the first clarification is that licensure of professional counselors will provide a larger base of mental health practitioners who can provide services in a fee range of \$50-75 per clinical hour, as do licensed masters level social workers.

Without licensure many mental health agencies are reluctant or unwilling to hire professional counselors and instead hire licensed providers. If you look in the help wanted ads, you will notice that advertisements for mental health professionals REQUIRE licensed practitioners. A colleague in Pittsburg said that their community mental health agency has a wait of three to four weeks because of a shortage of licensed practitioners, in spite of openings in the agency. This is happening all over the state. When mental health counselors become licensed we will be able to provide many of these services.

Senate Public Health & Welfare

Date: 3-13-95

Attachment No. 7