

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on January 31, 1996 in Room 423-S of the State Capitol.

All members were present

Committee staff present: Norman Furse, Revision of Statutes  
Emalene Correll, Legislative Research Department  
Bill Wolff, Legislative Research Department  
Francie Marshall, Committee Secretary

Conferees appearing before the committee:

Carol Macdonald, Board of Dental Examiners  
Representative Lisa Benlon  
Clarence Thompson, Director of S.C.A.D.C.  
Andrew O'Donovan, Commissioner/Alcohol and Drug Abuse Services  
Judy Arpin, Central Kansas Foundation  
Canda Byrne, KADACA  
Gene Johnson, KS Community Alcohol Safety Action Project Coordinators Assoc.  
Cynthia Breitenbach, Director of Womens Recovery Center of DCCCA  
Cherie Price

Others attending: See Guest List: Attachment 1

Chairperson Mayans opened the meeting introducing Carol Macdonald, Kansas Dental Board. She presented a bill introduction relating to changes to the current dental statutes and had three proposed provisions (see Attachment 2). The committee raised concerns with provision KSA 65-1424 on whether the length of time of one year was adequate to accomplish the stated purpose and with the provision KSA 65-1436 regarding the vagueness of the use of the words "adequate records". On motion of Representative Freeborn, seconded by Representative Hutchins, the committee voted to introduced the bill.

**HB 2423 - Alcohol and Drug Screening Program for Welfare Recipients**

The hearing on **HB 2423** was opened.

The following proponents presented testimony supporting **HB 2423**:

Representative Lisa Benlon (Attachment 3),  
Clarence Thompson, Director of Dickinson County Council on Alcohol (Attachment 4),  
Andrew O'Donovan, Commissioner/Alcohol & Drug Abuse Services (Attachment 5),  
Judy Arpin, Central Kansas Foundation (Attachment 6),  
Canda Byrne, Kansas Alcohol & Drug Addictions Association (Attachment 7),  
Gene Johnson, Kansas Alcohol Safety Action Project Coordinators Association (Attachment 8),  
Cynthia Breitenbach, Director of Women's Recovery Center (Attachment 9),  
Cherie Price (Attachment 10).

Chairperson Mayans thanked Ms. Price, an ex-inmate and ex-welfare recipient, for sharing her personal experiences as a welfare recipient and a substance abuser.

Following testimony the proponents addressed the committee questions. Several issues were raised: interpretation of proponents written testimonies; funding; definition of "non physical screening"; and who the bill was referring to - adults or entire families. Eligibility requirements were also addressed.

The hearing on **HB 2423** was closed.

Chairperson Mayans thanked everyone for attending and testifying.

Chairperson Mayans announced there will be a meeting for tomorrow, February 1, 1996. A subcommittee will be appointed at the meeting.

The next meeting is scheduled for February 1, 1996.

The meeting was adjourned at 2:50 p.m.

# House Health & Human Services COMMITTEE GUEST LIST

DATE January 31, 1996

NAME	REPRESENTING
Cynthia Breitenbach	Women's Recovery Center
Cherie Price	Woman's Recovery Center
Barbara Johnson	Central Kansas Foundation
Audrey O'Duwa	SRS / ADAS
Judy G. Arpin	Central Ks. Foundation - Salina
Gene Johnson	KO A.S.A.P. Coordinator - Assen
Connie Huesler	SRS
Bob Hinder	-
CANDIA BYRNE	KADACA / Ks. Alliance on A/P D. S.
JUDY MAYO	SELF
Joe Fuzjanic	KCA
Carol Maddam	Kansas dental board
Cherly Young	Via Christi Ry Med Center
Rich Guthrie	Health Midwest
Shelli DeCoe	SELF
Alanna Thompson	Dickinson Co. Council Children Ks
KEITH R. LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Don Miller	SRS / ADAS
Melissa	N.O.W.

Melissa Wafferman

Hein Ebert & Weir

H & HS Comm.  
1-31-96  
Attn #1



BILL GRAVES  
GOVERNOR

BOARD OF DENTAL EXAMINERS

KANSAS DENTAL BOARD  
BUSINESS OFFICE  
3601 SW 29TH STREET, S-134  
TOPEKA, KANSAS 66614-2062  
TELEPHONE NO. (913) 273-0780

January 31, 1996

Chairman Mayans  
Members of the Health & Human Service Committee

The Kansas dental board would appreciate your consideration of these proposed changes to the dental statutes as a committee bill.

The provisions are:

1. K.S.A. 65-1424, change which will allow the estate of a deceased or substantially disabled dentist to employ dentists to keep the practice viable for sale for a period of up to one year.
2. K.S.A. 65-1431, changes the annual license renewal process to a biennial process, renewing dentists one year and hygienists the next.
3. K.S.A. 65-1436, the portion of the statutes under which the board may refuse to issue a license, or may take action against a license:
  - expands actions to include felony convictions in another jurisdiction
  - adds failure to keep adequate records
  - adds license revoked or action against license in another jurisdiction
  - defines professional incompetence

Carol Macdonald  
Administrative Secretary for the Kansas dental board

*H+HS Comm  
1-31-96  
Attm #2*

BILL NO. \_\_\_\_\_

AN ACT concerning the dental practices act; defining "proprietor"; providing for biennial issuance of licenses; concerning grounds for licensure actions; amending K.S.A. 65-1424, 65-1431, 65-1436, 65-1447 and 74-1404 and repealing the existing sections; also repealing K.S.A. 65-1463.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 65-1424 is hereby amended to read as follows: 65-1424. The term "proprietor" as used in this act ~~shall be deemed to include~~ includes any person who:

(a) Employs dentists or dental hygienists in the operation of a dental office; or

(b) places in possession of a dentist or dental hygienists or other agent such dental material or equipment as may be necessary for the management of a dental office on the basis of a lease or any other agreement for compensation for the use of such material, equipment or offices; or

(c) retains the ownership or control of dental equipment or material or office and makes the same available in any manner for the use by dentists or dental hygienists or other agents: Provided,--however, except that nothing in this subsection (c) shall apply to bona fide sales of dental equipment or material secured by a chattel mortgage or retain title agreement.

A licensee of dentistry who enters into any of the above described arrangements with an unlicensed proprietor may have his such license certificate suspended or revoked by the board.

The estate or agent for a deceased or substantially disabled dentist may employ dentists, for a period of not more than one year, to provide service to patients until the practice can be sold.

Sec. 2. K.S.A. 65-1431 is hereby amended to read as follows:

65-1431. (a) On or before ~~the first day of~~ December 1 of each even-numbered year, commencing December 1, 1996, each dentist licensee of the Kansas dental board shall transmit to the secretary of the board a renewal application, upon a form prescribed by the board, which shall include such licensee's signature, post-office address, office address, the number of the license certificate of such licensee, whether such licensee has been engaged during the preceding ~~year~~ licensure period in active and continuous practice, whether within or without this state, and such other information as may be required by the board, together with the ~~annual-registration~~ biennial licensure fee for dentists which is fixed by the board pursuant to K.S.A. 65-1447 and amendments thereto.

(b) On or before December 1 of each odd-numbered year, commencing December 1, 1997, each dental hygiene licensee of the Kansas dental board shall transmit to the secretary of the board a renewal application, upon a form prescribed by the board, which shall include such licensee's signature, post office address, the number of the license certificate of such licensee, whether such licensee has been engaged during the preceding licensure period in active and continuous practice whether within or without this state, and such other information as may be required by the board, together with the biennial licensure fee for a dental hygienist which is fixed by the board pursuant to K.S.A. 65-1447 and amendments thereto. Each license of a dental hygienist issued during the licensure period next preceding December 1, 1997, shall submit a renewal application on or before December 1, 1997, as provided in this section.

~~(b)~~ (c) The board shall require every licensee to submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the board. The board by duly adopted rules and regulations shall establish the requirements for such program of continuing education as soon as possible after the effective date of this act. In establishing such requirements the board shall consider any existing programs

of continuing education currently being offered to such licensees.

(c) (d) Upon fixing the ~~annual-registration~~ biennial license renewal fee, the board shall immediately notify all licensees of the amount of the fee for the ensuing year licensure period. Upon receipt of such fee and upon receipt of evidence that the licensee has satisfactorily completed a program of continuing education required by the board, the licensee shall be issued a renewal certificate authorizing the licensee to continue to practice in this state for a period of ~~one-year~~ two years.

(d) (e) (1) Any license granted under authority of this act shall automatically be canceled if the holder thereof fails to ~~secure-a~~ apply for renewal certificate within a period of ~~three months~~ one month from ~~November-30~~ December 1 of each year.

(2) Any licensee whose license is automatically canceled by reason of failure, neglect or refusal to secure the renewal certificate may be reinstated by the board at any time within ~~three--months~~ one month from the date of the automatic cancellation of such license, upon payment of the ~~annual registration~~ biennial renewal fee and upon proof that such licensee has satisfactorily completed a program of continuing education required by the board or at any time within two months from the date of the automatic cancellation of the license upon payment of the biennial renewal fee and a penalty fee of \$15 \$50 and upon proof that such licensee has satisfactorily completed a program of continuing education required by the board. ~~If--such licensee--has-not-applied-for-renewal-of-the-license-within-three months-after-it-has-been-automatically-canceled-and-has-not--paid the--required--fees-or-presented-proof-of-satisfactory-completion of-the--required--program--of--continuing--education,--then--such licensee--shall--be--required-to-file-an-application-for-and-take the-examination-provided-for-in-this-act.~~

(e) (f) Upon failure of any licensee to pay the ~~annual registration~~ applicable renewal fee or to present proof of satisfactory completion of the required program of continuing

education within two months after November 30, the board shall notify such licensee, in writing, by mailing notice to such licensee's last registered address. Failure to mail or receive such notice shall not affect the cancellation of the license of such licensee.

~~(f)~~ (g) The board may waive the payment of ~~annual~~ biennial fees and the continuing education requirements for the renewal of certificates without the payment of any ~~registration~~ fee for ~~any~~ a person who has held a Kansas license to practice dentistry or dental hygiene if such licensee has retired from such practice or has become temporarily or permanently disabled and such licensee files with the board a certificate stating either of the following:

(1) A retiring licensee shall certify to the board that the licensee is: (A) At least 65 years of age and has retired from the active practice of dentistry or dental hygiene; and (B) not engaged in the provision of any dental service, the performance of any dental operation or procedure or the delivery of any dental hygiene service as defined by the statutes of the state of Kansas; or

(2) a disabled licensee shall certify to the board that such licensee is no longer engaged in the provision of dental services, the performance of any dental operation or the provision of any dental hygiene services as defined by the statutes of the state of Kansas by reason of any physical disability, whether permanent or temporary, and shall describe the nature of such disability.

~~(g)~~ (h) The waiver of fees under subsection (f) shall continue so long as the retirement or physical disability exists. In the event the licensee returns to the practice for which such person is licensed, the requirement for payment of fees and continuing education requirements shall be reimposed commencing with and continuing after the date the licensee returns to such active practice. The performance of any dental service, including consulting service, or the performance of any dental



hygiene service, including consulting service, shall be deemed the resumption of such service, requiring payment of license fees.

(h) (i) The Kansas dental board may adopt such rules and regulations requiring the examination and providing means for examination of those persons returning to active practice after a period of retirement or disability as the board shall deem necessary and appropriate for the protection of the people of the state of Kansas.

Sec. 3. K.S.A. 65-1436 is hereby amended to read as follows: 65-1436. (a) The Kansas dental board may refuse to issue the license provided for in this act, or may take any of the actions with respect to any dental or dental hygiene license as set forth in subsection (b), whenever it is established, after notice and opportunity for hearing in accordance with the provisions of the Kansas administrative procedure act, that any applicant for a dental or dental hygiene license or any licensed dentist or dental hygienist practicing in the state of Kansas has:

(1) Committed fraud, deceit or misrepresentation in obtaining any license, money or other thing of value;

(2) habitually used intoxicants or drugs which have rendered such person unfit for the practice of dentistry or dental hygiene;

(3) been determined ~~to-be~~ by the board to be professionally incompetent;

(4) committed gross, wanton or willful negligence in the practice of dentistry or dental hygiene;

(5) employed, allowed or permitted any unlicensed person or persons to perform any work in the licensee's office which constitutes the practice of dentistry or dental hygiene under the provisions of this act;

(6) willfully violated the laws of this state relating to the practice of dentistry or dental hygiene or the rules and regulations of the secretary of health and environment or of the board regarding sanitation;

(7) engaged in the division of fees, or agreed to split or divide the fee received for dental service with any person for bringing or referring a patient without the knowledge of the patient or the patient's legal representative, except the division of fees between dentists practicing in a partnership and sharing professional fees, or in case of one licensed dentist employing another;

(8) committed complicity in association with or allowed the use of the licensed dentist's name in conjunction with any person who is engaged in the illegal practice of dentistry;

(9) ~~been convicted of a felony if-the-board-determines, after-investigation, that-such-person-has-not--been--sufficiently rehabilitated--to--warrant--the--public--trust,~~ or a misdemeanor involving moral turpitude in any jurisdiction and the licensee fails to show that the licensee has been sufficiently rehabilitated to warrant the public trust;

(10) failed to pay license fees;

(11) used the name "clinic," "institute" or other title that may suggest a public or semipublic activity except that the name "clinic" may be used as authorized in K.S.A. 65-1435 and amendments thereto;

(12) committed, after becoming a licensee, any conduct which is detrimental to the public health, safety or welfare as defined by rules and regulations of the board; or

(13) engaged in a misleading, deceptive, untrue or fraudulent misrepresentation in the practice of dentistry or on any document connected with the practice of dentistry by knowingly submitting any misleading, deceptive, untrue or fraudulent misrepresentation on a claim form, bill or statement, including the systematic waiver of patient co-payment or co-insurance;

(14) failed to keep adequate records; or

(15) the licensee has had a license to practice dentistry revoked, suspended or limited, has been censured or has had other disciplinary action taken, an application for license denied, or

voluntarily surrendered the license after formal proceedings have been commenced by the proper licensing authority or another state, territory or the District of Columbia or other country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof.

(b) Whenever it is established, after notice and opportunity for hearing in accordance with the provisions of the Kansas administrative procedure act, that a licensee is in any of the circumstances or has committed any of the acts described in subsection (a), the Kansas dental board may take one or any combination of the following actions with respect to the license of the licensee:

(1) Revoke the license.

(2) Suspend the license for such period of time as may be determined by the board.

(3) Restrict the right of the licensee to practice by imposing limitations upon dental or dental hygiene procedures which may be performed, categories of dental disease which may be treated or types of patients which may be treated by the dentist or dental hygienist. Such restrictions shall continue for such period of time as may be determined by the board, and the board may require the licensee to provide additional evidence at hearing before lifting such restrictions..

(4) Grant a period of probation during which the imposition of one or more of the actions described in subsections (b)(1) through (b)(3) will be stayed subject to such conditions as may be imposed by the board including a requirement that the dentist or dental hygienist refrain from any course of conduct which may result in further violation of the dental practice act or the dentist or dental hygienist complete additional or remedial instruction. The violation of any provision of the dental practice act or failure to meet any condition imposed by the board as set forth in the order of the board will result in immediate termination of the period of probation and imposition of such other action as has been taken by the board.

(c) As used in this section, "professionally incompetent" means:

(1) One or more instances involving failure to adhere to the applicable standard of dental or dental hygienist care to a degree which constitutes gross negligence, as determined by the board;

(2) repeated instances involving failure to adhere to the applicable standard of dental or dental hygienist care to a degree which constitutes ordinary negligence, as determined by the board; or

(3) a pattern of dental or dental hygienist practice or other behavior which demonstrates a manifest incapacity or incompetence to practice dentistry.

~~(c)~~ (d) The board may upon its own motion or upon the request of any licensee who is a party to a licensure action require a physical or mental examination, or both, of such licensee either prior to a hearing to be held as a part of a licensure action or prior to the termination of any period of suspension or the termination of any restrictions imposed upon the licensee as provided in subsection (b).

Sec. 4. K.S.A. 65-1447 is hereby amended to read as follows:  
65-1447. (a) On or before ~~September 17, 1980, and on or before~~ October 1 of each year ~~thereafter,~~ the Kansas dental board shall determine the amount of funds which will be required during the ensuing fiscal year to properly administer the laws which the board is directed to enforce and administer and shall fix fees in accordance with this section in such reasonable sums as may be necessary for such purposes, within the limitations prescribed by subsection (b).

(b) The board shall collect fees provided for in this act as follows:

Examination fee for dental applicants -- not more than	\$100
Subsequent examination fee for dental applicants -- not	
more than .....	50

2-9

Certificate fee for special qualifications -- not more than .....	100
Reciprocity fee -- not more than .....	100
Duplicate license fee -- not more than .....	10
Certificate fee, including certificate for reciprocity, for dentists and dental hygienists -- not more than	10
<del>Annual--registration</del> <u>Biennial license renewal</u> fee for dentists -- not more than.....	<del>100</del> <u>200</u>
Examination fee for dental hygienist applicants -- not more than .....	50
Subsequent examination fee for dental hygienist applicants -- not more than .....	50
<del>Annual--registration</del> <u>Biennial license renewal</u> fee for dental hygienists -- not more than.....	<del>50</del> <u>100</u>

(c) The amounts of fees in effect on the day preceding the effective date of this act and the act of which this section is amendatory shall remain in effect until fixed in different amounts by the board under this section.

Sec. 5. K.S.A. 74-1404 is hereby amended to read as follows: 74-1404. (a) In order to accomplish the purpose and to provide for the enforcement of this act, there is hereby created the Kansas dental board. The board shall be vested with authority to carry out the purposes and enforce the provisions of this act. The board shall consist of the following: (1) Three licensed and qualified resident dentists; (2) one registered licensed and qualified resident dental hygienist; and (3) one representative of the general public. At least 30 days before the expiration of any term, other than that of the member appointed from the general public or a member who is a dental hygienist, the Kansas dental association or its successor shall submit to the governor a list of three names of persons of recognized ability who have the qualifications prescribed for the dentist board members. At least 30 days before the expiration of the term of the dental hygienist member of the board, the Kansas dental hygiene association shall submit to the governor a list of three names of

persons of recognized ability who have the qualifications prescribed for the dental hygienist member. The governor shall consider such list of persons in making the appointment to the board. The members shall be appointed by the governor in the manner hereinafter prescribed for terms of four years and until their successors are appointed and qualified. No person in any way connected with a dental supply or dental laboratory business shall be eligible for appointment to the board. No person shall be eligible for appointment to the board who has been convicted of a violation of any of the provisions of this or any other prior dental practice act or who has been convicted of a felony. No dentist or dental hygienist shall be appointed to the board who has not been engaged in the active practice of dentistry or dental hygiene in the state of Kansas for at least five years next preceding appointment. Whenever a vacancy occurs it shall be filled by appointment for the remainder of the unexpired term in the same manner as an original appointment is made.

(b) Upon the expiration of terms of office of members, successors shall be appointed in the same manner as original appointments for terms of four years.

Sec. 6. K.S.A. 65-1424, 65-1431, 65-1436, 65-1447, 65-1463 and 74-1404 are hereby repealed.

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



TOPEKA

HOUSE OF  
REPRESENTATIVES

LISA L. BENLON  
REPRESENTATIVE, 17TH DISTRICT  
REPRESENTING PORTIONS OF  
SHAWNEE AND LENEXA  
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COMMITTEE ASSIGNMENTS  
VICE CHAIRMAN GOVERNMENTAL ORGANIZATION  
AND ELECTIONS  
MEMBER ECONOMIC DEVELOPMENT  
SELECT COMMITTEE ON  
HIGHER EDUCATION

Testimony before the House Health and Human Services Committee  
House Bill 2423  
January 31, 1996

Chairman Mayans and Committee Members,

Thank you Mr. Chairman for the opportunity to testify on House Bill 2423.

During the summer and fall of 1994, I had the honor of chairing a joint interim committee on the subject of drug and alcohol abuse. This committee had the opportunity to visit and tour some wonderful facilities across the state.

Repeatedly, at the various agencies, what we heard was how addiction causes those individuals who are receiving public assistance a further roadblock to getting back to being responsible, taxpaying individuals.

House Bill 2423 is not intended to point fingers at those who are down on their luck. Instead, my intention is to focus on early intervention and treatment for those in need. Quite often children are involved in the individual's life. It is important that we protect the children and make sure they have the best home life possible by having healthy parents.

The bill will not require a drug screening as a condition of qualifying for funds. Screening will be done only if a recipient shows symptoms of addiction after being approved for general assistance.

As an incentive for the recipient to finish the treatment, the amount of assistance may be reduced if the individual fails to complete the treatment program recommended as a result of an SRS evaluation.

Mr. Chairman, again, thank you for allowing me to testify this afternoon. I will be happy to stand for questions.

*Handwritten note:*  
HHS Comm -  
1-31-96  
Attn #3

H. B. -2423  
TESTIMONY

CARLOS MAYANS, CHAIRMAN  
HEALTH AND HUMAN SERVICE COMMITTEE

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE, MY NAME IS CLARENCE THOMPSON. I AM THE DIRECTOR OF THE DICKINSON COUNTY COUNCIL ON ALCOHOL AND OTHER DRUGS AND THE KANSAS MOTHERS AND CHILDREN ALCOHOL & DRUG TREATMENT PROGRAM. MY AGENCY IS LOCATED IN ABILENE, KANSAS. I'M HERE TODAY TO SPEAK TO YOU IN FAVOR OF HOUSE BILL 2423. THERE ARE MANY STATISTICS AVAILABLE THAT WILL INDICATED THE SERIOUSNESS OF SUBSTANCE ABUSE ON OUR KANSAS FAMILIES AND CHILDREN. CERTAINLY ONE OF THE MOST IMPORTANT THINGS THAT WE CAN DO IN DEALING WITH SUBSTANCE ABUSE IS TO MAKE SURE THAT OUR EFFORTS ARE DIRECTED AT EARLY IDENTIFICATION AND EARLY INTERVENTION. I'M SURE THAT YOU ALL HAVE SEEN MANY STATISTICS FROM VARIOUS PARTS OF THE COUNTRY REGARDING THE SERIOUSNESS OF SUBSTANCE ABUSE. IT'S MY BELIEF THE THINGS THAT COUNT FOR US HERE ARE WHAT IS HAPPENING IN THE STATE OF KANSAS. THE STATISTICS FROM ALCOHOL AND DRUG ABUSE SERVICES HERE IN TOPEKA ALONG WITH THE CONTRACT FROM KANSAS STATE UNIVERSITY INDICATE TO US THAT TREATMENT FOR SUBSTANCE ABUSE IS EFFECTIVE. IT HAS BEEN OUR EXPERIENCE IN ABILENE OVER THE PAST 6 YEARS THAT THE MAJORITY OF THE CLIENTS THAT WE SERVE ARE PRESENTLY RECEIVING SOME SORT OF ASSISTANCE FROM THE WELFARE SYSTEM. WE ARE ALSO AWARE THAT IT'S EXTREMELY DIFFICULT TO MOTIVATE PEOPLE TO MAKE DRASTIC LIFESTYLE CHANGES WHEN THEY ARE ADDICTED TO ALCOHOL OR OTHER DRUGS OR EVEN IN SOME CASES SYSTEM DEPENDENT.

CONCERNS THAT I HAVE ENCOUNTERED IN DISCUSSING THIS ISSUE WITH PERSONNEL FROM THE SOCIAL REHABILITATION SERVICES IS A CONCERN FOR INFRINGEMENT ON THE RIGHTS OF THE PEOPLE THEY SERVE. WE NOW HAVE IN OUR FILES A STATEMENT SIGNED BY ALL OF OUR EMPLOYEES REGARDING A DRUG FREE WORK PLACE. WE ALSO ARE AWARE THAT DRUG SCREENING FOR EMPLOYMENT IS A STANDARD PRACTICE IN MOST COMPANIES. JUST RECENTLY CONTRACTS HAVE BEEN MADE AVAILABLE TO AGENCIES IN OUR STATE FROM A COMPANY CALLED MAXIMUS REFERRAL AND MONITORING AGENCY. THESE PEOPLE ARE UNDER CONTRACT TO THE SOCIAL SECURITY ADMINISTRATION TO PROVIDE MONITORING SERVICES

HHS Comm  
1-31-96  
attmt # 4



FOR ALCOHOL AND DRUG DISABLED BENEFICIARIES WHO ARE UNABLE TO WORK DUE TO THEIR ADDICTION. IF THEY FAIL TO FOLLOW A RECOMMENDED TREATMENT PROGRAM THEY FORFEIT THEIR BENEFITS.

I'M ALSO AWARE THAT IN THIS LEGISLATIVE SESSION THERE IS A LOT OF DISCUSSION REGARDING THE DEVELOPMENT OF A YOUTH AUTHORITY. I HAVE BEEN DOING SOME PRELIMINARY WORK ON SOME PROJECTS HAVING TO DO WITH JUVENILE ASSESSMENT CENTERS IN OUR STATE. IT'S CERTAINLY VERY EVIDENT BASED ON ALL INFORMATION I HAVE READ AND SEEN THAT SUBSTANCE ABUSE CERTAINLY IS A BIG BIG ISSUE HAVING TO DO WITH THE JUVENILE CRIME RATE. CERTAINLY ALCOHOL AND DRUG ISSUES MUST BE CONSIDERED WHEN LOOKING AT ANY PROJECTS SUCH AS JUVENILE ASSESSMENT CENTERS AND THE DEVELOPMENT OF YOUTH AUTHORITY AGENCY IN KANSAS.

I'M AWARE THAT MANY PEOPLE ARE CONCERNED ABOUT FUNDING FOR VARIOUS SOCIAL PROGRAMS AND SERVICES. I ALSO AM AWARE THAT THE GENERAL TENDENCY IN DEALING WITH SOLUTIONS FOR SOCIAL PROBLEMS IS TO ASK FOR MORE FUNDS. I DON'T BELIEVE THAT THERE IS AS MUCH A SHORTAGE OF MONEY AS THERE IS A SHORTAGE OF INITIATIVE TO DEVELOP EFFECTIVE PROGRAMMING. I'M ALSO AWARE THAT IT IS NOT POSSIBLE TO BE ALL THINGS TO ALL PEOPLE AND THEREFORE I NEED TO RESPECT OTHER PEOPLES OPINIONS AND ABILITIES IN DEALING WITH THESE SOCIAL ISSUES.

THANK YOU VERY MUCH FOR YOUR TIME I APPRECIATE THE OPPORTUNITY TO BE HERE TODAY AND HOPE THAT YOU CAN FIND IT WITHIN YOURSELVES TO BE POSITIVE SO FAR AS H.B.-2423 IS CONCERNED. IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO ASK.



CLARENCE THOMPSON, CADC III  
DICKINSON COUNTY COUNCIL ON ALCOHOL & OTHER DRUGS INC. \K.M.A.C  
409 N W THIRD STREET  
ABILENE, KANSAS 67410  
(913) 263-1081

Kansas Department of Social and Rehabilitation Services

Rochelle Chronister, Secretary

Health and Human Services Committee

Testimony on HB 2423 - An Act Establishing an Alcohol and Drug Screening Program for Cash Assistance Recipients

January 31, 1996

Mr. Chairman and Members of the Committee, I am Andrew O'Donovan, Commissioner/Alcohol and Drug Abuse Services testifying today for Secretary Rochelle Chronister in support of HB 2423.

The Bill is important because at least 1.3 million adult welfare recipients currently abuse or are addicted to drugs and alcohol according to national data. Welfare agencies identify substance abuse as one of the most serious barriers to becoming part of the work force. A study of 25 state Aid For Dependent Children (AFDC) offices by the Inspector General of the Department of Health and Human Services found substance abuse to be among the most frequently identified impairments preventing AFDC recipients from leaving welfare and successfully completing job training programs. Our experience in Kansas has shown that anywhere from 20% to 50% of the AFDC population would fail a drug screen. Through our employment project with CESSNA, 20% of the work program participants we refer to their job training project fail the company's mandatory drug screen. Before the drug screen, these participants were considered the most likely to succeed of all the many applicants.

We support House Bill 2423 with the following recommendations and concerns:

**RECOMMENDATION**

In implementing House Bill 2423 we propose the following:

1. All cash assistance recipients will receive a simple, non-physical, screening.
2. If indicated by simple testing, a more comprehensive assessment will be provided through one of the existing five Regional Assessment Centers.
3. If indicated by the comprehensive assessment, recipients will be required to complete community-based alcohol and drug abuse treatment and to submit to random, physical drug testing. Priority admission to treatment centers will be given to this population.
4. Additional fiscal costs will be absorbed within existing spending limitations.

**CONCERNS**

1. Current federal law does not allow drug screening to affect eligibility for public assistance. The state would need to obtain a federal waiver to allow drug screening and treatment to be condition of eligibility for AFDC recipients. It is probable that the AFDC waiver will be approved but it is unlikely that such a waiver would be approved for Food Stamp and Medicaid recipients. In addition, as part of the waiver requirements, we will have to fund an evaluation by an outside contractor and establish a control group.
2. There are currently enough treatment slots in the state to accommodate a 20% drug screen failure rate. However, if we had to place more than 6,000 people in treatment a year, the availability of treatment slots becomes questionable.
3. There would be additional costs associated with the increased number of laboratory drug screening and confirmation testing.

With this process we support House Bill 2423.  
Contact: Andrew O'Donovan, 913-296-3925

H & H S Comm.  
1-31-96  
Attn #5

**January 30, 1996**

**Testimony for: House Bill No. 2423**

I would like to thank the committee for this opportunity to speak in support of House Bill No. 2423, concerning the establishment of an alcohol and drug screening program for social welfare services. My name is Judy Arpin, and I am a certified alcohol and drug abuse counselor for the Central Kansas Foundation in Salina.

"I came here because I didn't have anyone else to talk to. I have trouble dealing with reality and it is hard for me to face reality. I need help with my drinking problem. When I was seven I had my first drink and got drunk. For about a year I have drank just about every weekend. My dad let me drink; he claimed I was his best drinking buddy. I think my dad is an alcoholic. I have a bad attitude and a bad temper. I have slapped my brothers. My dad told me once to hit my mom, but I didn't because she's my mom. What I would really like is a bed and warmer blankets."

When this ten-year old child reached my office he was in desperate need of help. He had, at age 10, already contemplated suicide. Although there were many problems in his family system, much of the dysfunction could be traced to his father's use of alcohol and drugs. Unfortunately, this child was only one of many in this type of situation.

The reason I mention this case today is that this family had been involved in the SRS system for some time and the problem of chemical abuse had gone undetected. This is not in any way an indictment of the caseworkers involved; it is instead an example of the dynamics of addiction. Those who abuse chemicals become very good at hiding this use from all "outsiders." Without a specific assessment of chemical use problems the problem can go undetected for many years.

Most of us today are fully aware of the impact that alcohol/drug abuse has on an individual's ability to function in everyday life; amongst various others problems he/she often finds

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it difficult to hold down a job and be responsible for financial obligations. Without appropriate intervention, we so often see the cycle of abuse repeat itself through generations.

However, if a system for assessment and intervention of alcohol and drug problems were in place for those receiving benefits, the cycle could be interrupted at an earlier stage and families could be assisted in becoming healthier and more productive.

Fortunately, because of this ten year old's phone call, and the intervention that followed which involved social services and alcohol/drug professionals, his father was able to receive treatment for his chemical abuse, and to begin the process of building a healthy family system.



**KADACA**

Kansas Alcoholism and Drug Addiction Counselors Association

For More Information Contact:  
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January 31, 1996

**HB 2423: AN ACT CONCERNING SOCIAL WELFARE;  
ESTABLISHING AN ALCOHOL AND DRUG SCREENING PROGRAM**

Representative Mayans and members of the Health and Human Services Committee, my name is Canda Byrne. I am the Legislative Representative for the Kansas Alcoholism and Drug Addictions Counselors Association and the Kansas Alliance on Alcohol and Other Drug Service, Inc. The Kansas Alcoholism and Drug Addictions Counselors Association (KADACA) is a membership organization that represents over 500 alcoholism and drug addiction counselors around the state of Kansas, their primary task is the certification of addiction counselors. The Alliance on Alcohol and Other Drug Addiction Services, Inc. is representative of groups including the Kansas Multi-Cultural Association on Substance Abuse, the Regional Prevention Centers Directors Association, Mothers Against Drunk Drivers and KADACA.

I am here today to speak in support of HB 2423. This bill provides for a screening program for those people applying for and eligible for state assistance. We know that the average first use of alcohol is at about 12 years of age and that economic deprivation is one of the community risk factors for alcohol use. It is estimated that approximately 20% to 50% of those persons receiving state assistance suffer from a substance abuse disorder. Although SRS is not presently screening applicants, they do know that approximately 20% of clients sent to a job location requiring drug screens fail this drug screen.

Early detection and treatment will provide for a better use of state funding if money is not spent for contraband items. Proper use of state monies will also provide for better health for those family members being supported by this funding. This early detection and treatment may, in fact, help some find employment and get off assistance more quickly.

Thank you for allowing me to provide testimony in support of HB 2423.

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H+HS Comm  
1-31-96  
Attn #1

**Testimony**  
**House Committee on Health and Human Services**  
**January 31, 1996**

**House Bill 2423**

Good afternoon Chairman Mayans and Members of the Committee,

I am Gene Johnson and I represent the Kansas Community Alcohol Safety Action Project Coordinators Association. Our organizations are located in each of the Judicial Districts in the State of Kansas to conduct pre-sentence evaluations on those offenders who have been charged with the crime of DUI and other alcohol related offenses as prescribed by K.S.A. 8-1008. Community based alcohol safety action projects have been a functioning part of the court system since the DUI legislation enacted in July of 1982. At the present time we have twenty-five active members in our organization throughout the State of Kansas.

Our Association supports H.B. 2423 as another tool in our fight against the misuse and abuse of alcohol and other drugs. Too often preparing our evaluation of those people who have been arrested for DUI, we find that these offenders are receiving some type of public assistance. Our evaluators find it a "bitter pill" and one that is extremely hard to swallow when these offenders are found to be unemployed, depending upon public assistance for their subsistence, yet they are operating a motor vehicle after consuming intoxicating beverages. For the most part, many of those offenders have a serious problem with alcohol and or drugs. They need help.

This particular legislation would give the Secretary of Social and Rehabilitation Services a tool to have these recipients of general assistance screened and referred to the appropriate program in order to alleviate their alcohol and drug problems.

Our observation over the past fourteen years indicates that persons who have received professional treatment for their alcohol and drug problems do return to gainful employment and eventually remove themselves from the public assistance roles of the State of Kansas. These same people then become tax paying citizens. Therefore, in the long run, H.B. 2423. will reduce the financial burden these offenders place on the State of Kansas as far as public assistance is concerned.

We heartily endorse the concept of House Bill 2423 and hopefully this committee will act favorably upon its passage in order to have it enacted into Law in this 1996 Legislative session.

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Thank you for allowing me to appear today and I will attempt to answer any questions.

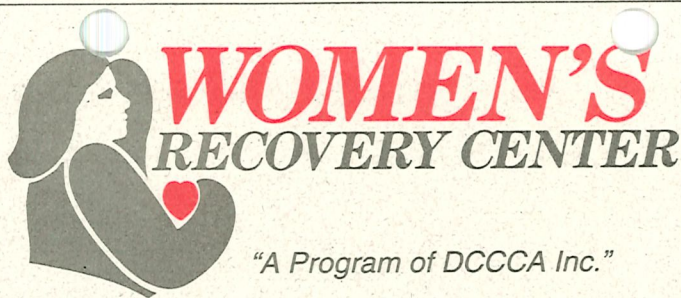
Respectfully,

A handwritten signature in cursive script that reads "Gene Johnson".

Gene Johnson

Legislative Liaison

Kansas Community Alcohol Safety Action Project Coordinators Association



Testimony in Support of HB 2423  
Provided by Cynthia Breitenbach  
January 31, 1996

I would like to offer my support for the passage of House Bill 2423. As the director of an alcohol and drug addiction treatment center for indigent women and their children, I am familiar with the population that this bill targets.

Women's Recovery Center provides residential treatment services to addicted women and their children. Our program is unique because mothers can bring their children to live with them at the treatment center. At least 50% of our clients are recipients of AFDC. Another 25% are recipients of general assistance. We serve approximately 200 women each year, many of them referred by SRS area offices across the state.

Research tells us that the earlier the intervention in the disease process, the better the chances for recovery. The screening process proposed in the legislation is a means of intervention. However, if we impose interventions as outlined in the bill, we must be prepared for a major increase in the number of clients entering state supported treatment programs.

The bill indicates that, with appropriate federal waivers, AFDC applicants and recipients will also be included in this process. This is where I am hesitant to support the bill without examining its impact.

Because our society still believes that addiction is a moral weakness, we will be quick to believe that women who are addicts are also unfit mothers. The result could be an overly burdened foster care system, which will be more costly. If, instead, these women enter the treatment system with their children, we will need increased funding to have these children in our programs. There are several addiction treatment programs for women designed to allow women to bring their children to treatment. All of us have been very vocal about the lack of funding to have these children in our programs. The only funding that we receive for their care is an hourly reimbursement for the time they are in day care. No one has yet responded to our numerous requests for sufficient staffing to care for these children 24 hours a day. Many of these children have been diagnosed with emotional and mental health problems.

In summary, I believe the intent of the legislation is good. However, I believe the ramifications of it being passed and implemented needs careful consideration and planning.

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Tuesday 1:30

Hello Ladies + Gentlemen

My name is Cherrie Price, And I am a recovering addict and alcoholic, Thanks to myself, women's recovery, and most of all SRS for believing in me as a addict + alcoholic by giving me the chance to be someone again. 15 months

Today am here to express my ~~point~~ opinion on how I feel about ~~the way the state is~~ screening people on getting assistance from SRS. I feel that <sup>ANYONE</sup> ~~anyone~~ who ~~appears for~~ ~~assistance should be~~ ~~screened~~ <sup>SRS</sup> is on a now and who is applying now should be screened. There are more addicts + alcoholic on assistance then anything else. who have kids in there homes with shoes, clothes food bills cut off all because the check ~~that~~ was sent to them went straight to the Drug man or liquor store when the mailman delivered it. Are you ~~not~~ have those ~~people~~ who have kids and there kids there self, and am talking about these young teen age girl giving ~~there~~ money to these gang Boys to buy Drug In the last 5 months I have seen more young girl with kids smoke ~~weed~~ weed are buy it to sell. My opinion is that there are to many out there taking advantage of get a check <sup>the</sup> once a month

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The one thing I have learn by being clean is that as long as the money is ~~there~~ there and know one checks out what they are really spending it on they will keep using Drugs & Acoholic. And the longer the state keeps doing that you are <sup>enabling</sup> ~~enabling~~ them to <sup>not</sup> stop. Because they know as long as that check is coming the Drug man know's how much money they get he will stop when it over. I was once one of those addicts & Acoholic, and I did the same thing. But one thing you have to remember and think about is how long do you stop them from get their check ~~at~~ after treatment.

And to get them to reconize that, they will not get a check unless they are screen, And if the screening shows that there are drugs & Acoholic in there system they ~~se~~ have to go to treatment and not for just 30 days. Because everyone can not just go 30 days and stay clean. And they will reconize that they have a problem because they depend on there check every month. I know I have been out there and scene a lot of ~~o~~ them. And what they do.

I support the screening program  
but please make sure <sup>that</sup> there are enough  
programs so everyone can get help