

Approved: 2-8-96
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 January 31, 1996 in Room 526-S of the Capitol.

All members were present except:

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

Conferees appearing before the committee:

Joann Wiley, Silver Haired Legislature
Elizabeth Saadi, Ph.D., Director, Health Care Information, Center for H & E Statistics, KDHE
Terri Roberts, Kansas State Nurses Association
Connie Hubbell, Commissioner of Income Maintenance and Employment Preparation Services, SRS
State Senator Lana Oleen
William W. Sneed, Kansas Funeral Directors and Embalmers Association

Others attending: See attached list

Introduction of bills

Joann Wiley, representing the Silver Haired Legislature, requested a Resolution that urges the Kansas Legislature to fund the Department on Aging's subsidy to the Retired and Senior Volunteer Program in the amount of \$75,000. Senator Ramirez made a motion the Committee recommend introduction of the proposed resolution, seconded by Senator Langworthy. The motion carried. (Attachment #1)

Ms. Wiley also requested introduction of two bills. The first bill would create legislation that directs the Secretary of Social and Rehabilitation Services to request that the waiver under which home and community-based services are provided as a part of the Kansas Medicaid program be broadened to allow payment to the operators of assisted living facilities for the costs of care and services provided by the facility. Senator Walker made a motion the Committee recommend introduction of the proposed legislation, seconded by Senator Langworthy. The motion carried. The second bill request would restrict the delegation of nursing procedures as allowed in the Kansas Nurse Practice Act to those persons who have met education requirements established by rules and regulations adopted by the State Board of Nursing. Senator Papay made a motion the Committee recommend introduction of the proposed legislation, seconded by Senator Langworthy. The motion carried. (Attachment #2 & #3)

Hearing on SB 500 - Membership of Health Care Data Governing Board

Elizabeth Saadi, KDHE, testified before the Committee in support of SB 500 which amends KSA 65-6803 to change the membership of the Health Care Data Governing Board. This legislation would replace a representative from an institute associated with the University of Kansas Department of Health Services Administration with a representative from the Kansas Health Institute. (Attachment 4)

Terri Roberts, KSNA, expressed support for the concept of the Health Care Data Governing Board and offered an amendment that would include a Registered Nurse to the Board. (Attachment 5)

There were no opponents to SB 500.

Hearing on SB 524 - Funeral and Cemetery expenses, SRS, exceptions

Connie Hubbell, Commissioner of Income Maintenance and Employment Preparation Services, SRS, appeared before the Committee in support of SB 524 which would exempt SRS from paying a decedent's funeral and cemetery expenses if, at the time of death of the decedent, there was in force any life insurance policy on the life of the decedent. (Attachment 6) Committee discussion related to legality in obtaining decedent's life insurance policy and phasing out the Burial Assistance Program.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S
Statehouse, at 10:00 a.m. on January 31, 1996.

State Senator Lana Oleen, testified before the Committee in support of **SB 524** and gave a brief background history of her reason for introducing this legislation. Senator Oleen noted that modification of the bill needed to be made that would clarify language relating to insurance money of the deceased individual that could be used for burial expenses.

Bill Sneed, Kansas Funeral Directors and Embalmers Association, noted that KFDA agrees that if a life insurance policy is in force on the life of the deceased, proceeds of the policy should be used to pay funeral and cemetery expenses, however, it was pointed out that this bill does not guarantee proceeds of the life insurance policy would be paid towards the funeral unless the life insurance policy designates the funeral home as the beneficiary or irrevocably assigns the proceeds to the funeral home. Mr. Sneed suggested some form of family responsibility as noted in 1995 **HB 2515** could be placed in **SB 524** if the life insurance proceeds are paid to the adult children or parents of the deceased. (Attachment 7) Committee discussion related to the county or funeral home being responsible for burial of the deceased if language regarding life insurance policy of the decedent is not clarified in the bill as written.

There were no opponents to **SB 524**.

Approval of Minutes

Senator Langworthy made a motion to approve the Committee minutes of January 23, 24, 25, 1996, seconded by Senator Ramirez. The motion carried.

Adjournment

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

The next meeting is scheduled for February 1, 1996.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 1-31-96

NAME	REPRESENTING
Charley Young	Via Christi
Rick Guttman	Health Midwest
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Bill Speed	Ks Fin Dir. Assn
Ron Young	KSU
Ray Davis	KU
Ruth Maus	Ks. Health Institute
Charles Jensen	Ks Health Institute
Lizbeth W. Sadi	KDAB
Denn Pust	SRS
Connie Huelgel	SRS
John Garlman	SRS
Melissa Wagemann	Hein Ebert & Weir
Helen F. Felt	KDCA
Kobana J. Hibon	observer
Harold Pitts	KCOA
Steve Aslby	Health Benefits Admin.
Macl Smith	Mortuary Arts Board
Anne Kimmel	AARP

Terri Roberts

Kansas State Nurses Assn.

SUMMARY OF SHL RESOLUTION NO. 1204

Brief

SHL Resolution No. 1204 urges the Kansas Legislature to fund the Department on Aging's subsidy to the Retired and Senior Volunteer Program (RSVP) in the amount of \$75,000.

Background

There are currently 15 RSVP programs in the State of Kansas. These programs serve 33 counties. A subsidy totaling \$75,000 would provide \$5,000 for each program.

Current state funding for RSVP totals \$30,000.

0015316.01(10/2/95(10:47AM))

Senate Public Health & Welfare
Date: 1-31-96
Attachment No. 1

SUMMARY OF SHL BILL NO. 1208

Brief

SHL Bill No. 1208 would create legislation that directs the Secretary of Social and Rehabilitation Services to request that the waiver under which home and community-based services are provided as a part of the Kansas Medicaid program be broadened to allow payment to the operators of assisted living facilities for the costs of care and services provided by the facility. The proposed legislation would limit any reimbursement under the Medicaid program to those costs incurred by efficiently and economically operated facilities that are in compliance with applicable state and federal laws, regulations, and safety standards, rather than the actual costs of the assisted living facility. The reimbursement rate could not be less than but could be more than, an allowable per diem amount under the state Medicaid plan determined annually by the Secretary of Social and Rehabilitation Services in consultation with the secretaries of Aging and Health and Environment.

As used in SHL Bill No. 1208, assisted living facility is defined as the term is defined in the Adult Care Home Licensure Act, as amended in 1995.

Background

Since the Kansas Medicaid program can currently reimburse for necessary services for a Medicaid eligible client if such services are included under Medicaid, it is assumed the purpose of the proposed legislation is to allow reimbursement for the costs of room and board in an assisted living facility. Other costs such as home health care, physician visits, therapist's services, aides, etc. are currently reimbursable under the Medicaid program. Federal regulations do not allow federal cost sharing for any room or board component of assisted living. The Kansas Medicaid Program could cover such costs at the present time, but any such costs would be all state funded.

SUMMARY OF SHL BILL NO. 1210

Brief

SHL Bill No. 1210 would restrict the delegation of nursing procedures as allowed in the Kansas Nurse Practice Act to those persons who have met education requirements established by rules and regulations adopted by the State Board of Nursing.

The educational requirements to be specified by the Board must include: the equivalent of a high school education as evidenced by a diploma or general education development (GED) credentials; and the demonstrated ability to follow instructions in the performance of nursing procedures.

Finally, the Board of Nursing would be authorized to adopt any rules and regulations necessary to implement the provisions of the bill.

0015291.01(9/26/95{4:00PM})

Senate Public Health and Welfare
Date: 1-31-96
Attachment No. 3

State of Kansas

Bill Graves



Governor

Department of Health and Environment

James J. O'Connell, Secretary

Testimony presented to

Senate Committee on Public Health and Welfare

by

The Kansas Department of Health and Environment

Senate Bill 500

This bill amends KSA 65-6803 which describes the membership of the Health Care Data Governing Board. During the time that the original legislation establishing the board was being drafted, it was assumed that the Health Policy Institute would be housed at the University of Kansas. Therefore, the current language in the statute reads "one member of the board representing the institute associated with the University of Kansas Department of Health Services Administration."

However, decisions were made not to place the Institute at the University of Kansas but rather to establish a non-profit organization located in Topeka. It is believed the legislative intent was to specifically have a representative from the Kansas Health Institute sit on the Board. Now that the Kansas Health Institute has been established (fall of 1995), the Governing Board is requesting the language in the statute be changed to reflect the original intent and have the Institute representative fill the current seat on the Board.

Testimony presented by:

Elizabeth Saadi, Ph.D.
Director, Office of Health Care Information
Center for Health and Environmental Statistics
January 31, 1996



700 SW Jackson, Suite 601
Topeka, Kansas 66603-3731

913/233-8638 * FAX 913/233-5222

the Voice of Nursing in Kansas

Betty Smith-Campbell, M.N., R.N., ANRP
President

Terri Roberts, J.D., R.N.
Executive Director

FOR MORE INFORMATION CONTACT:

Terri Roberts J.D., R.N.
Executive Director

700 SW Jackson, Suite 601
Topeka, Kansas 66603-3731
913-233-8638

Date: January 31, 1996

S.B. 500 HEALTH CARE DATA GOVERNING BOARD

Chairperson Praeger and members of the Senate Public Health and Welfare Committee my name is Terri Roberts J.D., R.N. and I am the executive director of the Kansas State Nurses Association.

The Kansas State Nurses Association has been very supportive of the creation of the Health Care Data Governing Board and its activities to engage in systematic health data collection and analysis.

The Health Care Data Governing Board as currently constituted (created in 1993) is composed of a seven member board composed of the following representatives: Kansas Medical Society, Kansas Hospital Association, KUMC, Health Care Insurers, Adult Care Homes, KU Department of Health Services Administration, and a consumer (AARP).

In 1993 and again in 1994 KSNA asked the legislature (House committee) to consider a position on the Governing Board for a Registered Nurse. In the beginning, in 1993, it was felt that the composition was an emotionally charged issue and that if one provider group was added, then all the others would want a seat as well. Discussions in 1994 found resistance to adding or changing the composition of the Governing Board. We did however begin working closely with the Technical Advisory Committee and Mary McHugh Ph.D., R.N. (Wichita), an expert in Nursing Informatics, has served on that committee.

We are encouraged that there is some support for re-examining the composition issue again, with the current proposal to replace the KU Department of Health Services Administration representative (Ray Davis) with a representative of the Kansas Health Institute (Dr. Gessert). We hope that the legislature will be open to adding a Registered Nurse seat to the Governing Board. During our members deliberations on this issue there were several other areas that representation was felt to be warranted, in light of the breadth of data and complexity of the process for collection and analysis. These include someone with expertise in "Research" and also representation from the public health perspective.

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to advocate for the health and well-being of all people.

Constituent of The American Nurses Association

Senate Public Health & Welfare

Date: 1-31-96

Attachment No. 5

Kansas State Nurses Association
S.B. 500 Health Care Data Governing Board
January 31, 1996
Page 2

For the Record, one of the first official actions of the Governing Board was to adopt the CARE form, when the pre-admission assessment program was transferred to the Department on Aging and significant changes were made to the data collection instrument and implementation. This is a form completed by either R.N.'s or Social Workers on individuals over 65 years on dismissal/transfer from home/hospitals. Additionally, KSNA has been working with the Kansas Department of Health and Environment, Office of Local and Rural Health, to assemble data on the number and practice settings of ARNP's in the state. To assist the KDHE Health Care Data Governing Board staff, KSNA has pilot tested the data form in final stages of completion. I have attached these documents for your reference. We plan to continue to work with the agency in this endeavor and are committed to supporting the Health Care Data Governing Board in their work.

There are over 25,000 RNs in Kansas and we comprise the largest number of health care providers in the state. Registered Nurses (RN's) work in virtually every setting in which any type of health care services is delivered. Several areas where RNs work, that have data gathering implications include schools, home health agencies, public health and hospice. The current Governing Board is representative of the traditional model of health care delivery, within institutions. With the dramatic increase in health services delivery in the community, this too must be captured in data, useful for policy decisions in the future.

Nurses have a unique perspective on health care that focuses on promoting wellness and teaching healthier lifestyles. We also document patient progress and outcomes in all the settings in which we work.

There will be a number of policies developed for data collection especially on outcomes that is directly related to nursing intervention. While the current Board are very astute in their respective fields, we believe adding a nurse with a background in research would add increased breadth to the Governing Board.

→ For the above aforementioned reasons we ask your support in adding a Registered Nurse to the Governing Board as an amendment to S.B. 500.

Thank you.

a:96legislation/purple/sb500/1a

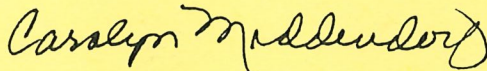
NUMBER OF LICENSEES PER DISCIPLINE

<u>Discipline</u>	<u>Number</u>
Psychologist	80
Social work licensed baccalaureate	680
Social work licensed master	400
Social work licensed specialist clinical	260
Registered professional counselors	20
Registered master level psychologists	150
Registered marriage and family therapists	1000
Dentists	2100
Hygienists	1300
MD	7500
DO	600
DC	750
DPM	108
Occupational Therapist	700
Occupational Therapist Assistant	110
Respiratory Therapist	1065
Physical Therapist	1065
Physical Therapy Assistant	700
Physician Assistant	230
Optometrists	463
Pharmacists	<u>3275</u>
TOTAL	22,556
REGISTERED NURSES	25,500

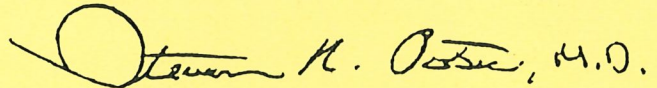
Dear Colleague,

The Kansas State Nurses Association and the Kansas Department of Health and Environment have joined together to survey Kansas ARNP's in three categories: CNM's, NP's and CNS's. The purpose of this survey is to collect specific information about the distribution of ARNP's throughout the state, including areas of specialty practice, and practice settings. This information will be used to help determine future health manpower needs in the state and assist in other areas of policy development.

The enclosed survey tool is the one that the Health Care Data Governing Board will be using as they assemble data statewide from all health care providers. We are the first to use it and would like a 100% return rate. Thank you for participating in this most important survey of Kansas ARNP's.



*Carolyn Middendorf, MN, RN
President
Kansas State Nurses Association*



*Steven M. Potts, M.D.
Steven Potts MD, MPH
Director of Health
Kansas Department of Health and Environment*

The 2-page (front/back) survey should take approximately 10 minutes to complete. Please return the completed survey by September 15, 1995 to the Kansas State Nurses Association, 700 SW Jackson, Suite 601, Topeka, KS, 66603 or by FAX (913) 233-5222.

INSTRUCTIONS FOR COMPLETION OF THE MODEL DATA COLLECTION FORM FOR HEALTH CARE OCCUPATIONS

- | | | | | | | | | | | | | | | | | | |
|---|--|-----------------|---------------------------------|-------------------|-------------------------|--------------|---------------------------|------------------------|----------------------------|--------------------------|----------------------------------|-----------------------|----------------------------------|-----------------------|--|---------------|-----------|
| <ol style="list-style-type: none"> 1. Fill in your nine digit Social Security Number.
<i>All information below is regarded as public information for release as per the Kansas Open Records Act KSA 48-216 through KAS 45-221 et seq.</i> 2. List your last name. 3. List your first name 4. List your middle name. 5. Have you practiced under another name(s)?
Check Yes or No. 6. If you indicated that you have practiced under another name(s), please specify the other name(s) under which you have practiced. 7. Fill in your date of birth (Month, Day, Year). 8. Indicate your sex by checking male or female. 9. Indicate your race by checking one of the provided categories. | <ol style="list-style-type: none"> 10. Indicate if you are of Hispanic Origin by checking yes or no. 11. Specify if you speak languages other than English by checking Spanish (if you speak Spanish relatively fluently) Sign Language, or specify what other language(s) you speak by writing them in. 12. Indicate the profession in which you practice using the code list provided below <table border="0" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%;">1. Chiropractor</td> <td style="width: 50%;">9. Physical Therapist Assistant</td> </tr> <tr> <td>2. Medical Doctor</td> <td>10. Physician Assistant</td> </tr> <tr> <td>3. Osteopath</td> <td>11. Respiratory Therapist</td> </tr> <tr> <td>4. Educational License</td> <td>12. Occupational Therapist</td> </tr> <tr> <td>5. Institutional License</td> <td>13. Occupation Therapy Assistant</td> </tr> <tr> <td>6. Visiting Professor</td> <td>14. Emergency Medical Technician</td> </tr> <tr> <td>7. Physical Therapist</td> <td>15. Advanced Registered Nurse Practitioner</td> </tr> <tr> <td>8. Podiatrist</td> <td>16. Other</td> </tr> </table> | 1. Chiropractor | 9. Physical Therapist Assistant | 2. Medical Doctor | 10. Physician Assistant | 3. Osteopath | 11. Respiratory Therapist | 4. Educational License | 12. Occupational Therapist | 5. Institutional License | 13. Occupation Therapy Assistant | 6. Visiting Professor | 14. Emergency Medical Technician | 7. Physical Therapist | 15. Advanced Registered Nurse Practitioner | 8. Podiatrist | 16. Other |
| 1. Chiropractor | 9. Physical Therapist Assistant | | | | | | | | | | | | | | | | |
| 2. Medical Doctor | 10. Physician Assistant | | | | | | | | | | | | | | | | |
| 3. Osteopath | 11. Respiratory Therapist | | | | | | | | | | | | | | | | |
| 4. Educational License | 12. Occupational Therapist | | | | | | | | | | | | | | | | |
| 5. Institutional License | 13. Occupation Therapy Assistant | | | | | | | | | | | | | | | | |
| 6. Visiting Professor | 14. Emergency Medical Technician | | | | | | | | | | | | | | | | |
| 7. Physical Therapist | 15. Advanced Registered Nurse Practitioner | | | | | | | | | | | | | | | | |
| 8. Podiatrist | 16. Other | | | | | | | | | | | | | | | | |

5-4

State of Kansas

RECEIVED OCT 24

Bill Graves



Governor

Department of Health and Environment

James J. O'Connell, Secretary

October 24, 1995

To: Mary McHugh, Connie Satzler, Terri Roberts, and Melissa Hungerford

From: Rachel Lindbloom *RL*

Date: October 24, 1995

Subject: Model Form

As you know, a preliminary test of the Model Form was piloted with the ARNPs. The feedback was both interesting and informative. I've attempted to incorporate the information this pilot test provided along with feedback from others into the newly drafted form. I've enclosed a copy of the most recent Model Form draft for your review. Would you take a moment to review the draft and comment. If you like, you might try copying and completing one of the forms just to see how it flows. I surely would appreciate any feedback you might offer. Do let me hear from you as soon as possible.

Thanks again.

5-5

MODEL DATA COLLECTION FORM FOR HEALTH CARE PROFESSIONS
HEALTH CARE DATA GOVERNING BOARD
Licensure/Renewal Form for Health Care Professions
1995 Data Survey



1. Social Security Number ____ - ____ - ____

All information below is regarded as public information for release as per the Kansas Open Records Act KSA 48-216 through KSA 45-221 *et. seq.*

2. License Number _____

3. Name _____ 4. _____ 5. _____
Last First Middle

6. Have you practiced under another name(s)? Yes No

7. Other names(s) under which you have practiced (specify) _____

8. Date of Birth ____ / ____ / ____
dd mm yyyy

9. Sex: Male Female

10. Race: White Black
 Native American Asian or pacific islander
 Multi-racial Other

11. Are you of Hispanic Origin? Yes No

12. Languages that you speak
 English Spanish Sign Language Other (specify) _____

13. Profession in which you are applying for licensure/renewal

14. State of initial professional licensure in this profession

15. Country of initial licensure in this profession

16. Date of initial professional licensure in this profession in another state
dd - mm - yyyy

17. Date of initial professional licensure in this profession in Kansas.
dd - mm - yyyy

18. Degree required for licensure in this profession

19. School or University at which the required professional degree was obtained

19a. Other (specify) _____

20. In which degree received for this professional
are.
dd-mm-yyyy

21. Highest achieved educational degree/level

22. School or university at which your highest educational
degree was received

22a. Other (specify) _____

23. Date your highest educational degree was received
dd-mm-yyyy

24. Education residency/practicum/internship/other:

A. Most recent residency/practicum/internship/other

1) Title _____

2) Street Address _____

3) City _____ 4) State _____ 5) Zip Code _____

6) Date Completed ____ / ____ / ____ 7) Level: undergraduate graduate
 post graduate other
dd - mm - yyyy

B. Second most recent residency/practicum/internship/other

1) Title _____

2) Street Address _____

3) City _____ 4) State _____ 5) Zip Code _____

6) Date Completed ____ / ____ / ____ 7) Level: undergraduate graduate
 post graduate other
dd - mm - yyyy

C. Third most recent residency/practicum/internship/other

1) Title _____

2) Street Address _____

3) City _____ 4) State _____ 5) Zip Code _____

6) Date Completed ____ / ____ / ____ 7) Level: undergraduate graduate
 post graduate other
dd - mm - yyyy

Mailing Address: 25. _____ 26. _____
Street/PO Box Suite/Apt

27. _____ 28. _____ 29. _____ 30. _____
City County State Zip Code +4

31. Is the above listed mailing address your: practice address residence address
 practice and residence address other address

Residence Address: 32. _____ 33. _____
Street/RR # Suite/Apt
34. _____ 35. _____ 36. _____ 37. _____
City County State Zip Code +4

(This residence address will not
be released unless other
addresses are unavailable.)

38. Are you actively practicing in Kansas? Yes No

39. Are you retired? Yes No

40. Are you practicing at least one hour per week in Kansas? Yes No

41. Please indicate the estimated number hours per week you are on call. _____

Category	42. Practice Specialty 1 <input type="checkbox"/> 42a. Other (specify) _____ 43. Board Certified Yes <input type="checkbox"/> No <input type="checkbox"/>	44. Practice Specialty 2 <input type="checkbox"/> 44a. Other (specify) _____ 45. Board Certified Yes <input type="checkbox"/> No <input type="checkbox"/>	46. Practice Specialty 3 <input type="checkbox"/> 46a. Other (specify) _____ 47. Board Certified Yes <input type="checkbox"/> No <input type="checkbox"/>	Other Non-Spr Practice
48. Work Location 1 Work Setting <input type="checkbox"/> 48a. Other (specify) _____	49. Estimated average number of hours per week worked excluding on call hours in Specialty 1. A. Administration _____ B. Research _____ C. Patient Care _____ D. Teaching _____ E. Retail/Wholesale _____ F. Other _____	50. Estimated average number of hours per week worked excluding on call hours in Specialty 2. A. Administration _____ B. Research _____ C. Patient Care _____ D. Teaching _____ E. Retail/Wholesale _____ F. Other _____	51. Estimated average number of hours per week worked excluding on call hours in Specialty 3. A. Administration _____ B. Research _____ C. Patient Care _____ D. Teaching _____ E. Retail/Wholesale _____ F. Other _____	52. Estimated average number of hours per week worked excluding on call hours in Non-Specialty Practice. A. Administration _____ B. Research _____ C. Patient Care _____ D. Teaching _____ E. Retail/Wholesale _____ F. Other _____
53. Employer name: (if applicable) _____ 54. Practice location 1 title _____ 55. Street _____ 56. RR# _____ 57. Suite# _____ 58. City _____ 59. County _____ 60. State _____ 61. Zip code+4 _____ 62. Phone number (____) - _____				
63. Work Location 2 Work Setting <input type="checkbox"/> 63a. Other (specify) _____	64. Estimated average number of hours per week worked excluding on call hours in Specialty 1. A. Administration _____ B. Research _____ C. Patient Care _____ D. Teaching _____ E. Retail/Wholesale _____ F. Other _____	65. Estimated average number of hours per week worked excluding on call hours in Specialty 2. A. Administration _____ B. Research _____ C. Patient Care _____ D. Teaching _____ E. Retail/Wholesale _____ F. Other _____	66. Estimated average number of hours per week worked excluding on call hours in Specialty 3. A. Administration _____ B. Research _____ C. Patient Care _____ D. Teaching _____ E. Retail/Wholesale _____ F. Other _____	67. Estimated average number of hours per week worked excluding on call hours in Non-Specialty Practice. A. Administration _____ B. Research _____ C. Patient Care _____ D. Teaching _____ E. Retail/Wholesale _____ F. Other _____
68. Employer name: (if applicable) _____ 69. Practice location 2 title _____ 70. Street _____ 71. RR# _____ 72. Suite# _____ 73. City _____ 74. County _____ 75. State _____ 76. Zip code+4 _____ 77. Phone number (____) - _____				
78. Work Location 3 Work Setting <input type="checkbox"/> 78a. Other (specify) _____	79. Estimated average number of hours per week worked excluding on call hours in Specialty 1. A. Administration _____ B. Research _____ C. Patient Care _____ D. Teaching _____ E. Retail/Wholesale _____ F. Other _____	80. Estimated average number of hours per week worked excluding on call hours in Specialty 2. A. Administration _____ B. Research _____ C. Patient Care _____ D. Teaching _____ E. Retail/Wholesale _____ F. Other _____	81. Estimated average number of hours per week worked excluding on call hours in Specialty 3. A. Administration _____ B. Research _____ C. Patient Care _____ D. Teaching _____ E. Retail/Wholesale _____ F. Other _____	82. Estimated average number of hours per week worked excluding on call hours in Non-Specialty Practice. A. Administration _____ B. Research _____ C. Patient Care _____ D. Teaching _____ E. Retail/Wholesale _____ F. Other _____
83. Employer name: (if applicable) _____ 84. Practice location 3 title _____ 85. Street _____ 86. RR# _____ 87. Suite# _____ 88. City _____ 89. County _____ 90. State _____ 91. Zip code+4 _____ 92. Phone number (____) - _____				

INSTRUCTIONS FOR COMPLETION OF THE MODEL DATA COLLECTION FORM
FOR HEALTH CARE OCCUPATIONS

1. Fill in your nine digit Social Security Number.

All information below is regarded as public information for release as per the Kansas Open Records Act KSA 48-216 through KSA 45-221 *et seq.*

2. Fill in your Kansas license number for the profession in which you practice.
3. List your last name.
4. List your first name
5. List your middle name.
6. Have you practiced under another name (s)? Check Yes or No.
7. If you indicated that you have practiced under another name(s), please specify the other name(s) under which you have practiced.
8. Fill in your date of birth (Day, Month, Year).
9. Indicate your sex by checking male or female.
10. Indicate your race by checking one of the provided categories.
11. Indicate if you are of Hispanic Origin by checking yes or no.
12. Specify the language you speak by checking English, Spanish (if you speak Spanish relatively fluently), Sign Language or specify what other language(s) you speak by writing them in.
13. Indicate the profession in which you practice using the code list provided below.

- | | | | |
|---------------------------------|--|---|--|
| 1. Chiropractor | 13. Occupation Therapy Assistant | 22. Registered Marriage and Family Therapist | 30. Home Health Aid |
| 2. Medical Doctor | 14. Emergency Medical Technician | 23. Master Level Psychologist | 31. Nursing Facility Administrator |
| 3. Osteopath | 15. Advanced Registered Nurse Practitioner | 24. Ph.D. Level Psychologist | 32. Speech-Language Pathology or Audiology |
| 4. Educational License | 16. Licensed Practical Nurse | 25. Registered Alcohol and Drug Abuse Counselor | 33. Certified Nurses Aid |
| 5. Institutional License | 17. Mental Health Technician | 26. Registered Professional Counselor | 34. Med Aid |
| 6. Visiting Professor | 18. Registered Nurse Anesthetist | 27. Social Worker | 35. Optometrist |
| 7. Physical Therapist | 19. Registered Nurse | 28. Pharmacist | 36. First Responder (EMS) |
| 8. Podiatrist | 20. Dentist | 29. Dietitian | 37. Emergency Medical Technician |
| 9. Physical Therapist Assistant | 21. Dental Hygienist | | 38. Mobil Intensive Care Technician |
| 10. Physician Assistant | | | 39. Other |
| 11. Respiratory Therapist | | | |
| 12. Occupational Therapist | | | |

Indicate the initial state of licensure for practice in your profession using the code list provide below.

AL	Alabama	IA	Iowa	NM	New Mexico	WA	Washington
AK	Alaska	KS	Kansas	NY	New York	WV	West Virginia
AZ	Arizona	KY	Kentucky	NC	North Carolina	WI	Wisconsin
AR	Arkansas	LA	Louisiana	ND	North Dakota	WY	Wyoming
CA	California	ME	Maine	OH	Ohio		
CO	Colorado	MD	Maryland	OK	Oklahoma	AS	American Samoa
CT	Connecticut	MA	Massachusetts	OR	Oregon		
DE	Delaware	MI	Michigan	PA	Pennsylvania	FM	Federated States of Micronesia
DC	District of Columbia	MN	Minnesota	RI	Rhode Island		
		MS	Mississippi	SC	South Carolina		
FL	Florida	MO	Missouri	SD	South Dakota	GU	Guam
GA	Georgia	MT	Montana	TN	Tennessee	MP	Northern Marianas
HI	Hawaii	NE	Nebraska	TX	Texas		
ID	Idaho	NV	Nevada	UT	Utah	PW	Palau
IL	Illinois	NH	New Hampshire	VT	Vermont	PR	Puerto Rico
IN	Indiana	NJ	New Jersey	VA	Virginia	VI	Virgin Islands

15. Indicate the country in which you received initial licensure in this profession.
16. Indicate the date of initial professional licensure in this profession.
17. Indicate the date of initial professional licensure in this profession in Kansas.
18. Indicate the degree required for licensure in this profession.

- 1 = Certificate or authorized without high school diploma (e.g. CNA)
- 2 = High school diploma (e.g. CNA)
- 3 = Technical diploma (e.g. LPN, LMHT)
- 4 = Community college degree (e.g. Associate Degree, Associate of Arts)
- 5 = Bachelors degree from a college or university (e.g. BSN, BPA, BA, BS)
- 6 = Master's degree (e.g. MA, MSN, MSW, etc.)
- 7 = Doctoral degree (e.g. MD, Ph.D., DNS, or combined degree such as MD/PhD, Etc.)
- 8 = Other (e.g. ND)

Indicate the school or university from which your required professional degree was obtained. If the school is not listed, indicate the state or specify other (This is an example for ARNPs. Each board will tailor their own list).

Baker University-AD, Topeka	68-405	Kansas Wesleyan-AD, Salina	68-401
Baker University-DE, Topeka	68-504	Labette CCC, Parsons	68-474
Barton Co. Com. Col., Junction City	48-461	Marymount College, Salina	68-575
Barton CCC-AD, Hays	48-402	Mid America Nazarene, Olathe	68-572
Barton CCC, Great Bend	68-473	Neosho CCC, Chanute	68-450
Bethel College, N Newton	68-571	Neosho CCC-AD, Independence	68-403
Butler CCC, El Dorado	68-459	Neosho CCC-AD, Ottawa	68-404
Cloud CCC, Beloit	68-466	Newman Hospital-DI, Emporia	68-356
Colby CCC, Colby	68-406	Pittsburg State University, Pittsburg	68-573
Dodge City CC, Dodge City	68-460	Pratt CC, Pratt	68-454
Emporia State U-DE, Emporia	68-503	Seward CCC, Liberal	68-462
Fort Hays State U-DE, Hays	68-577	Southwestern College-AD, Winfield	68-501
Ft. Scott CC, Fort Scott	68-468	St. Mary of the Plains-AD, Wichita	68-453
Garden City CC, Garden City	68-469	St. Mary of the Plains-AD, Topeka	68-400
Hesston College, Hesston	68-470	St. Mary of the Plains-DE, Wichita	68-574
Hutchinson CC, Hutchinson	68-457	St. Mary of the Plains-DE, Topeka	68-502
Johnson CCC, Overland Park	68-465	Univ Kansas Medical Center, Kansas City	68-596
Kansas City CC, Kansas City	68-471	Washburn University, Topeka	68-570
Kansas Newman College, Wichita	68-458	Wichita State University, Wichita	67-576

Alabama	78	Guam	87	Minnesota	10	Oregon	80
Alaska	94	Hawaii	37	Mississippi	79	Pennsylvania	25
American Samoa	02	Idaho	82	Missouri	17	Rhode Island	13
Arizona	96	Illinois	49	Montana	98	South Carolina	26
Arkansas	39	Indiana	48	Nebraska	67	South Dakota	66
California	04	Iowa	60	Nevada	89	Tennessee	77
Cmwth Marianas	01	Kansas	68	New Hampshire	51	Texas	27
Colorado	95	Kentucky	76	New Jersey	18	Utah	38
Connecticut	69	Louisiana	06	New Mexico	36	Virgin Islands	81
Delaware	12 Dist	Maine	40	New York	03	Virginia	28
of Columbia	75	Maryland	07	North Carolina	19	Washington	29
Florida	70	Massachusetts	08	North Dakota	65	West Virginia	30
Georgia	05	Michigan	09	Ohio	20	Wisconsin	50
				Oklahoma	24	Wyoming	88

- 19a. If the above choices in question 19, do not include where the professional degree was obtained, please specify the educational institution and it's location.
20. Indicate the date you received the degree necessary for this professional license.
21. Indicate your highest achieved educational degree/level from the categories listed in question 18.
22. From the categories provided in question 19, indicate the university/school at which your highest educational degree was received
23. Indicate the date your highest educational degree was received.

Educational residency/practicum/internship/other:

- A. For the most recent educational residency/practicum/internship/other, write in:
 - 1) The title of the place in which the educational experience was completed.
 - 2) The street address of the place in which the educational experience was completed.
 - 3) The city of the place in which the educational experience was completed.
 - 4) The state of the place in which the educational experience was completed.
 - 5) The zip code of the place in which the educational experience was completed.
 - 6) The date the educational experience was completed.
 - 7) Check whether experience was undergraduate, graduate, post graduate or other level.

- B. Second most recent educational residency/practicum/internship/other.
If, applicable, use the same instructions for 24A.

- C. Third most recent educational residency/practicum/internship/other.
If, applicable, use the same instructions for 24A.

- 25. List the street number and name or PO Box number or rural route of your mailing address.
- 26. List the suite number and/or apartment number of your mailing address.
- 27. List the city of your mailing address using the initials from the list below:
- 28. List the county of your mailing address.

AL	Allen	EW	Ellsworth	LC	Lincoln	RP	Republic
AN	Anderson	FI	Finney	LN	Linn	RC	Rice
AT	Atchison	FO	Ford	LG	Logan	RL	Riley
BA	Barber	FR	Franklin	LY	Lyon	RO	Rooks
BT	Barton	GE	Geary	MN	Marion	RH	Rush
BB	Bourbon	GO	Gove	MS	Marshall	RS	Russell
BR	Brown	GH	Graham	MP	McPherson	SA	Saline
BU	Bulter	GT	Grant	ME	Meade	SC	Scott
CS	Chase	GY	Gray	MI	Maimi	SG	Sedgewick
CQ	Chautauqua	GL	Greeley	MC	Mitchell	SW	Seward
CK	Cherokee	GW	Greenwood	MG	Montgomery	SN	Shawnee
CN	Cheyenne	HM	Hamilton	MR	Morris	SD	Sheridan
CA	Clark	HP	Harper	MT	Morton	SH	Sherman
CY	Clay	HV	Harvey	NM	Nemaha	SM	Smith
CD	Cloud	HS	Haskell	NO	Neosho	SF	Stafford
CF	Coffey	HG	Hodgeman	NS	Ness	ST	Stanton
CM	Comanche	JA	Jackson	NT	Norton	SV	Stevens
CL	Cowley	JF	Jefferson	OS	Osage	SU	Sumner
CR	Crawford	JW	Jewell	OB	Osborne	TH	Thomas
DC	Decatur	JO	Johnson	OT	Ottawa	TR	Trego
DK	Dickinson	KE	Kearny	PN	Pawnee	WB	Wabaunsee
DP	Doniphan	KM	Kingman	PL	Phillips	WA	Wallace
DG	Douglas	KW	Kiowa	PT	Pottawatomie	WS	Washington
ED	Edwards	LB	Labette	PR	Pratt	WH	Wichita
EK	Elk	LE	Lane	RA	Rawlins	WL	Wilson
EL	Ellis	LV	Leavenworth	RN	Reno	WO	Woodson
						WY	Wyandotte

List the state of your mailing address.

30. List the zip code and the four digit zip code extension number of your mailing address.
31. Indicate with a check mark in the box provided whether the mailing address your listed is a practice address, a residence address, a practice and residence address or other address.
32. List the street number and name, PO Box number or rural route of your residence address.
33. List the suite number and/or apartment number of your residence address.
34. List the city of your residence address.
35. List the county of your residence address (See question 28 for code list).
36. List the state of your residence address.
37. List the zip code and the four digit zip code extension number of your residence address.
38. Indicate whether you are practicing in Kansas by checking either yes or no in the box provided.
39. Indicate whether or not you are retired by checking either yes or no in the box provided.
40. Indicate whether you are practicing at least one hour per week in Kansas by checking yes or no in the box provided.
41. Write in the estimated number of hours per week you are on call in your profession, if applicable.
42. Indicate your primary practice specialty for Practice Location 1, using the code list provided below or specify (42a) your practice specialty if you have one and it is not included on the list provided. (The information below is an example provided by the Nursing Board. Each board must develop an individualized list.)

Nurse Clinician/Practitioner

1. Adult
2. Family
3. Family Planning
4. Women's health
5. Maternal Health
6. Gerontological
7. Medical-surgical
8. Community Health
9. Psychiatric-Mental Health
10. Primary Care
11. Other _____

12. Nurse Anesthetist

13. Nurse Midwife

Clinical Nurse Specialist

14. Adult
15. Family
16. Family Planning
17. Women's health
18. Maternal Health
19. Gerontological
20. Medical-surgical
21. Community Health
22. Psychiatric-Mental Health
23. Primary Care
24. Other _____

If you selected other in question 42 as your specialty, specify your specialty by writing it in the blank provided.

43. Indicate whether or not practice specialty 1 is board certified by checking yes or no.
44. If applicable, indicate your second practice specialty for Practice Location 1, if applicable, using the code list provided in question 42.
- 44a. If you selected other in question 44 as your specialty, specify your specialty by writing it in the blank provided.
45. Indicate whether or not practice specialty 2 is board certified by checking yes or no.
46. If applicable, indicate your third practice specialty for Practice Location 1, using the code list provided in question 42.
- 46a. If you selected other in question 44 as your specialty, specify your specialty by writing it in the blank provided.
47. Indicate whether or not practice specialty 3 is board certified by checking yes or no.
48. For work location 1, indicate the work setting in which you work, using the code list provided below or check other and specify by writing in your work setting if it is not included in the list provided.

- | | |
|--------------------------------------|--|
| 1. Administrative/regulatory agency | 16. Local health department |
| 2. Ambulance company | 17. Nursing/Long Term Care Facility |
| 3. Ambulatory surgery center | 18. Partnership/group practice office |
| 4. Assisted living facility | 19. Pharmacy |
| 5. Business/Industrial establishment | 20. Radiology/Imaginy center |
| 6. Federal hospital or facility | 21. Rehabilitation Hospital |
| 7. Federally qualified health center | 22. Rural health clinic |
| 8. Free standing clinic | 23. School district or educational cooperative |
| 9. General hospital | 24. School clinic |
| 10. HMO/Insurance Company | 25. State or community mental retardation facility |
| 11. Home health agency | 26. State or community mental health facility |
| 12. Independent laboratory | 27. State governmental agency |
| 13. Independent living center | 28. Teaching Hospital |
| 14. Indian Health Center | 30. University or College |
| 15. Individual practitioner's office | 31. Other (specify) _____ |

- 48a. If you selected other in question 48 as your work setting, specify it by writing it in the blank provided.
49. Estimate the number of hours per week that you spend in work location 1 doing administration, research, patient care, teaching, retail/wholesale or other within the specialty you indicated as specialty 1 (question 42).

Estimate the number of hours per week that you spend in work location 1 doing administration, research, patient care, teaching, retail/wholesale or other within the specialty you indicated as specialty 2 (question 44).

51. Estimate the number of hours per week that you spend in work location 1 doing administration, research, patient care, teaching, retail/wholesale or other within the specialty you indicated as specialty 3 (question 46).
52. Estimate the number of hours per week that spend at work location 1 engaging in non-specialty practice.
53. For practice location 1, list your employer's name (or state self if you are self-employed).
54. Fill in the title of practice location 1, if applicable.
55. For work location 1, write in the street name and number (no post office boxes please).
56. For work location 1, write in the rural route number, if applicable.
57. For work location 1, write in the suite number, if applicable.
58. For work location 1, write in the city location of practice.
59. For work location 1, write in the county location of practice using the code list provided in question 28.
60. For work location 1, write in the state location of practice.
61. For work location 1, write in the five digit zip code plus the four digit extension.
62. For work location 1, write in the telephone number including area code.
62. For work location 2, (questions 63 through 77) use the same instructions given for questions 48 through 62.
77. For work location 3, (question 78 through 92) if applicable, use the same instructions provided for questions 48 through 62.

KANSAS DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES
Rochelle Chronister, Secretary

Senate Committee on Public Health and Welfare
Testimony on SB 524 Pertaining to the Burial Assistance Program

January 31, 1996

Madam Chairman and Members of the Committee, I am Connie Hubbell, Commissioner of Income Maintenance and Employment Preparation Services. Thank you for the opportunity to appear before the Committee to briefly testify in support of SB 524. SRS operates the Burial Assistance Program which provides payment of limited funeral and cemetery expenses for eligible public assistance recipients. The average payment is currently \$854. Eligibility and the amount of payment are based on resources available at the time of an individual's death. Currently SRS considers the value of life insurance as an available resource but only if it is owned by the decedent. The agency does not take into account life insurance owned by a decedent's spouse, children or any other interested party.

SB 524 will provide SRS with the statutory authority to consider all life insurance on a deceased individual as an available resource, regardless of the policy owner or beneficiary. For example, with the passage of this bill a woman who owns life insurance on her recently deceased husband may no longer apply for Burial Assistance on his behalf and is under no obligation to use the life insurance to pay for his funeral. It is the agency's conservative estimate that approximately 15% of our Burial Assistance cases fall into this type of scenario.

The fiscal impact of this policy change projected into FY 1997 and based on our current policies and expenditures of \$730,000 per year would produce savings of approximately \$111,900 annually. The Governor's budget recommendations for FY 1997 recommend phasing out the Burial Assistance program over time and fund the program at \$500,000 in FY 1997. This statutory change would provide the agency with one method by which to reduce spending in the Burial Assistance program, yet not penalize these families which are truly without means to bury their loved ones.

Senate Public Health and Welfare
Date: 1-31-96
Attachment No. 6

MEMORANDUM

TO: The Honorable Sandy Praeger, Chairperson
Senate Public Health and Welfare Committee

FROM: William W. Sneed, Legislative Counsel
Kansas Funeral Directors and Embalmers Association

DATE: January 31, 1996

RE: S.B. 524

Madam Chairperson, Members of the Committee: My name is Bill Sneed and I represent the Kansas Funeral Directors and Embalmers Association (KFDA).

I appear before you today concerning S.B. 524, which provides that the state burial assistance program shall not cover the funeral and cemetery expenses of a deceased if at the time of death a life insurance policy was in effect on the deceased's life.

The KFDA agrees that if a life insurance policy is in force on the life of a deceased, the proceeds of the policy should be used to pay funeral and cemetery expenses. This bill, however, does not guarantee that the proceeds of the life insurance policy will be paid towards the funeral. Unless the life insurance policy designates the funeral home as the beneficiary or irrevocably assigns the proceeds to the funeral home, the proceeds will be paid under the contract to the designated beneficiary. The beneficiary may or may not be a family member. Unless the beneficiary is the spouse, they probably have no legal responsibility to pay for the funeral. Last session the KFDA had introduced a bill, H.B. 2515, which would have placed the legal responsibility to pay for funeral or cemetery expenses on the spouse, adult children or parents of the deceased. Perhaps some form of family responsibility could be placed in this bill if the life insurance proceeds are paid to the adult children or parents of the deceased.

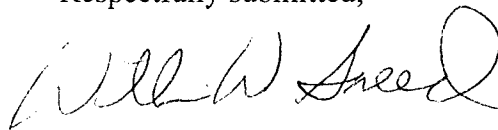
Senate Public Health and Welfare
Date: 1-31-96
Attachment No. 7

Additionally, this bill does not take into consideration life insurance policies that have a death benefit which is less than the funeral and cemetery expenses paid by SRS. SRS currently deducts the value of the life policies from the allocation paid to the funeral director for funeral expenses. If this bill is passed, the state would not be responsible for the difference between the life insurance proceeds and the cost of the funeral and cemetery expenses paid under the program. For example, if an old life insurance policy was in force with a death benefit of \$250.00, that amount would be deducted from the amount due to the funeral director under the burial assistance program and the funeral director would be responsible for collecting the proceeds of the policy from the spouse. It is often unrecoverable because it is spent before the funeral director finds out about it.

These are just a few practical problems that would occur if this bill is passed. The KFDA does believe that a family should be responsible to pay burial expenses if possible; however, this bill does not assure this will happen.

I would be happy to attempt to answer your questions, or you may contact Pam Scott at (913) 232-7789.

Respectfully submitted,

A handwritten signature in cursive script that reads "William W. Sneed". The signature is written in dark ink and is positioned above the printed name.

William W. Sneed