

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS.

The meeting was called to order by Chairperson Dave Kerr at 12:30 p.m. on March 29, 1996 in Room 123-S of the Capitol.

All members were present except:

Committee staff present: Kathy Porter, Legislative Research Department
Paul West, Legislative Research Department
Susan Wieggers, Legislative Research Department
Norman Furse, Revisor of Statutes
Michael Corrigan, Revisor of Statutes
Judy Bromich, Administrative Assistant
Ronda Miller, Committee Secretary

Conferees appearing before the committee:

Others attending: See attached list

HB 2701: Claims against the state

Chairman Kerr noted that the Committee had reviewed provisions of **HB 2701** as amended by the House Committee on March 14, 1996 and had adopted recommendations to include in the Senate Committee's version of the bill. Those recommendations included authorizing payment of the claim for inspector fees in Sec. 8 from the State General Fund and including the Senate version of 1995 **SB 95**. The Senate Ways and Means Committee had not, however, recommended that its version of the claims bill be amended into **HB 2701**. He added that the House Committee of the Whole had further amended the bill, but the Senate Committee had not adopted those amendments. He commented that 1995 **SB 95** had been used as a vehicle for the Senate's version of the FY 97 appropriations bills and was in conference, so the Committee should not include it in **HB 2701**.

Senator Rock, who told members that he believed that the court reporter who transcribed the testimony in the Jones-Shriver contested election should be paid in the 1996 claims bill, moved that **HB 2701** be amended to include \$1164 from the SGF for the court reporter in the Jones-Shriver contested election. The Chairman requested that members adopt the Senate version of the 1996 claims bill prior to further amending the bill. As a courtesy to the Chair, Senator Rock withdrew his motion.

It was moved by Senator Rock and seconded by Senator Moran that **HB 2701** be amended by adopting the Senate Committee's version of the bill (which would be the provisions of **HB 2701** as amended by the House Committee and with the SGF as the funding source for Sec. 8) without including provisions of 1995 **SB 95**. The motion carried on a voice vote.

Senator Rock moved, Senator Brady seconded, that **HB 2701** be further amended by including \$1164 from the SGF for the court reporter in the Jones-Shriver contested election. Members commented that they might be supportive of paying the claim, but expressed a desire for additional information. Senator Salisbury commented that she would try to amend the bill on the Senate floor with the Keller family claim and stated that she believes she and Senator Rock have an obligation to persuade colleagues on the Senate floor. Senator Burke noted that it would be important to know who contracted with the court reporter. Senator Kerr requested that members determine that there is a clear line of responsibility on the part of the state or a state official before recommending payment. The motion failed on a voice vote.

It was moved by Senator Burke and seconded by Senator Lawrence that **HB 2701** as amended be recommended favorably for passage. The motion carried on a roll call vote.

HB 2792: Authorization of certain sales by correctional industries

The Chairman stated that he had determined that a hearing would not be held on **HB 2792** this year. He told members that Senator Burke had requested authorization for a charitable program and would propose to use **HB 2792** as a vehicle for his proposal.

Senator Burke explained that he had communicated with the former President of the Colorado Senate about a plan which has been adopted in Colorado and approximately fifteen other states to provide free dental service for those who cannot afford it and are medically compromised. The plan was originally designed to serve the developmentally disabled community but has been expanded to include anyone who cannot pay. Under

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON WAYS AND MEANS, Room 123-S Statehouse, at 12:30 p.m. on March 29, 1996.

provisions of the plan (Attachment 1), the agency contracts with a not-for-profit organization established by the dental association and they provide gatekeeping services and contact a dentist who volunteers for the program in the closest community. In some states, charitable trusts have funded the administrative costs of the program (Attachment 2), and Senator Burke noted that it would be his intent to investigate that possibility for next year. He proposed that the monies be provided from the State General Fund and the authority be given to SRS to contract on a grant basis with the Kansas Dental Society. He indicated that they have a trust which they can utilize and this can be accomplished by July 1, 1996. Senator Burke stated that the proposal (Attachment 1) would simply authorize the establishment of the program and make it subject to appropriation.

Members endorsed the program, particularly in light of deinstitutionalization. In response to questions, the revisor stated that he believed the language in the proposal would limit the dentist to providing services in his/her office and stated that that was one point which was emphasized in the information he reviewed. Members discussed their interest in broadening the scope of the language to allow services to be performed in an institutional or clinical setting. Senator Salisbury cautioned members about amending the bill before evaluating experiences of other states. The Chairman concurred and requested that staff study the possibility of expanding the location where services can be provided.

Senator Burke moved, Senator Brady seconded, that the language in Attachment 1 be substituted for the language in HB 2792. The motion carried on a voice vote.

It was moved by Senator Burke and seconded by Senator Brady that Senate Substitute for HB 2792 be recommended favorably for passage. The motion carried on a roll call vote.

HB 3048: Alcohol and drug abuse individuals to receive local care and treatment, instead of by SRS institutions

Andrew O'Donovan, Commissioner of Drug and Alcohol Services for SRS, testified in support of **HB 3048** and reviewed his written testimony (Attachment 3). He stated that with the closure of the units at Osawatomie and Larned state hospitals, **HB 3048** revises involuntary statutes to allow the courts to commit people to community based programs that contract with SRS. In explaining how the system would work, Comm. O'Donovan stated that detoxification would be provided at Osawatomie or Larned, the court and assessment officers would determine the appropriate community placement, and SRS will work with law enforcement in each area to arrange transportation to the treatment center.

Senator Moran expressed concern about who would provide alcohol and drug abuse services in western Kansas because it has been impossible to get clients admitted to New Chance in Dodge City in the past. Commissioner O'Donovan stated that over the last six months SRS has employed "screeners" to perform preassessments because clients were inappropriately referred to residential treatment centers who should have received outpatient treatment. He stated that New Chance is a 42 bed facility that is currently treating 15 clients. Commissioner O'Donovan added that \$500,000 has been provided for new contracts in part to provide secure settings in anticipation of closure of the units at Osawatomie and Larned.

Roger Haden, Department of Corrections, appeared on behalf of Secretary Simmons to propose that the bill be amended to clarify that the substance abuse treatment program provided to inmates of the Department of Corrections at Larned State Hospital is expected to continue (Attachment 4). In response to the Chairman, Secretary Chronister, Department of SRS, stated that the Department had no objections to the proposal.

Senator Salisbury moved, Senator Moran seconded, that HB 3048 be amended with language provided by the Department of Corrections (Attachment 4). The motion carried on a voice vote.

Written testimony in opposition to **HB 3048** from Gene Johnson on behalf of the Kansas Community Alcohol Safety Action Project Coordinators Association was distributed to members (Attachment 5).

There was discussion of a proviso which had been added by the Ways and Means Committee to an appropriations bill that would keep 7 detoxification beds open at each facility. Members commented that they did not believe that proviso conflicts with provisions of this bill.

It was moved by Senator Salisbury and seconded by Senator Burke that HB 3048 as amended be recommended favorably for passage. The motion carried on a roll call vote.

It was moved by Senator Moran and seconded by Senator Morris that bill draft 5 RS 2473 be introduced as requested by Senator Moran. The motion carried on a voice vote.

The Chairman adjourned the meeting at 1:30 P.M. The next meeting is not scheduled.

SENATE Substitute for HOUSE BILL NO. 2792

AN ACT authorizing the secretary of social and rehabilitation services to establish a donated dental services program.

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

Section 1. The secretary of social and rehabilitation services is hereby authorized in cooperation with the Kansas dental association and the national foundation of dentistry for the handicapped to establish a donated dental services program. The donated dental services program shall provide through volunteers who are licensed dentists comprehensive dental care without charge to needy, disabled, aged and medically-compromised individuals. Volunteer licensed dentists will provide treatment under the donated dental services program in their respective offices. Patients will be treated under the program based upon arrangements as to the number of patients and the types of cases the participating volunteer dentists are willing to undertake. The secretary of social and rehabilitation services may adopt rules and regulations as necessary for the administration of this program.

Sec. 2. This act shall take effect and be in force from and after its publication in the statute book.

*Senate Ways & Means
March 29, 1996
Attachment 1*

Donated Dental Services (DDS)

A humanitarian dental care program proposed by the Kansas Dental Association

Many disabled, elderly, and medically-compromised people in Kansas cannot afford essential dental care.

- Medicare provides no dental benefits.
- The State Medicaid program includes dental care for children; however, coverage is not extended to adults.
- Most public health clinics do not have dental departments, and those that do generally have exceedingly long waiting lists.

The Kansas Dental Association (KDA), in association with the National Foundation of Dentistry for the Handicapped, proposes to ameliorate the problem by organizing a Donated Dental Services (DDS) program.

- Approximately 140 dentists (12% of the 1,170 KDA members) and 25 dental laboratories are expected to volunteer, initially.
- They will provide needy disabled, aged, and medically-compromised individuals comprehensive dental care, free. The average case will involve treatment worth more than \$1,200. Approximately 80 people will complete treatment during the first year. As the project grows and matures, more than 150 individuals will be helped annually.
- The volunteer dentists will treat DDS patients in their respective offices. The program avoids the overhead of establishing and operating special clinics, the dentists can be more efficient, and most patients can be referred to local volunteers.
- A half-time referral coordinator will be needed to staff the program. S/he will determine eligibility of applicants, match patients with dentists, and track cases through completion of treatment.

\$42,575 is requested from the State of Kansas for program operating costs.

- A budget detailing operating costs is provided on the reverse side.
- *The proposed \$42,575 "investment" will return about \$100,000 in free dental care during the first year. That \$2.35-to-\$1.00 ratio will improve in subsequent years to \$5-to-\$1, or more.*
- The service projections are realistic, not speculative, as they are based on DDS project statistics from fifteen states; AK, CA (central valley), CO, IL, IN, LA, MD, MI, MS, NJ, OH (Cincinnati), OR, PA (Philadelphia), RI, and WY. Among the states, the average treatment value to operating cost ratio is \$5 / \$1, and in the most productive projects it exceeds \$7 / \$1.
- More than 5,000 dentists and 750 dental laboratories have provided \$14 million of treatment to 18,000 people.

*Senate Ways & Means
March 29, 1996
Attachment 2*

OPERATING COSTS, First Year

<u>Amount</u>	<u>Line Item</u>	<u>Detail</u>
\$17,000	Personnel	12,500 salary for a half-time referral coordinator 2,800 benefits (health and disability insurance) 1,700 taxes (social security, unemployment, workers comp)
5,000	Laboratory Services	More than 1/3rd of the DDS patients are expected to need fixed or removable prostheses. The fabrication of many will be donated by participating dental laboratories; however, the need for laboratory support will exceed what volunteer labs can reasonably provide. Funds are therefore budgeted to reimburse dentists, as necessary, for laboratory bills.
5,000	Technical Support	DDS is a licensed program of the National Foundation of Dentistry for the Handicapped (NFDH). The Foundation provides technical and administrative support to the projects. Initial training and ongoing guidance is provided for the referral coordinator. The Foundation also advises and assists with all aspects of establishing and operating the program. First year costs are higher than expected for subsequent years because of the initial start-up and training.
3,000	Equipment	1,700 Computer and printer 1,000 Desk, chair, file cabinet, and bookcase for coordinator 300 Telephone equipment
2,400	Rent	\$200/month for a referral coordinator's office
2,000	Telephone	Local service, an intra-state WATS line, and some out-state long distance charges.
2,000	Travel	The referral coordinator will be trained for 3 days at the NFDH office in Denver. Several months later, a trainer from the Foundation will travel to Kansas for 3 days of follow-up training. Each trip is budgeted at \$800. Another \$400 is included for the coordinator's local travel.
2,000	Volunteer Recognition	Each volunteer dentist and laboratory will be given a plaque, pictured in the brochure, acknowledging their involvement. Annual participation tabs, which can be affixed to the plaques, will also be distributed. The unit cost of the plaques is \$16. Approximately 125 will be distributed the first year.
1,200	Printing/Copying	Letters and postcards to recruit volunteers, DDS brochures to inform potential referral agencies about the project, project stationery and envelopes, application forms, etc.
1,200	Postage	Money to distribute above materials
800	Office Supplies	Computer, filing, and other general supplies
500	Software	The NFDH will donate the DDS software; however, upgrades on related programs will be needed.
300	Insurance	Share of general liability insurance
<u>175</u>	Audit	Cost to audit annual financial report.
\$42,575		

Kansas Department of Social and Rehabilitation Services
Rochelle Chronister, Secretary

Senate Ways and Means
Testimony on HB 3048 - An Act Relating to Care and Treatment of Drug and Alcohol
Abusers; Local Care and Treatment
March 29, 1996

Mr. Chairman and Members of the Committee, I am Andrew O'Donovan, Commissioner/Alcohol and Drug Abuse Services testifying today for Rochelle Chronister in support of HB 3048 and additional technical changes.

House Bill 3048 revises the statute for the commitment of involuntary alcohol and drug abusers in Osawatomie and Larned State Hospitals, except for detoxification services. The bill contains technical changes that allows due process for the judicial system in committing an individual to a community-based substance abuse treatment facility.

Previously, these individuals were committed to the State Hospital Alcohol and Drug Units at Osawatomie and Larned. With these units proposed to close by September 30, 1996, House Bill 3048 allows the courts to refer them to contracted publicly funded community-based alcohol and drug treatment programs.

Five Alcohol and Drug Assessment Centers are now in operation to provide assessments and then refer an individual to the appropriate level of care in one of the contracted community-based programs. The bill provides for a continuum of services for the involuntary client and the court system.

We support HB 3048 to transition involuntary alcohol and drug abusers from the State Hospital Alcohol and Drug Units to community-based treatment programs.

Contact: Andrew O'Donovan, 913-296-3925.

*Senate Ways & Means
March 29, 1996
Attachment 3*

STATE OF KANSAS



DEPARTMENT OF CORRECTIONS
OFFICE OF THE SECRETARY
Landon State Office Building
900 S.W. Jackson — Suite 400-N
Topeka, Kansas 66612-1284
(913) 296-3317

Bill Graves
Governor

Charles E. Simmons
Secretary

MEMORANDUM

To: Senate Ways and Means Committee
From: Charles E. Simmons, Secretary
Subject: HB 3048
Date: March 28, 1996

The Department of Corrections requests that the bill be amended as follows:

On page 1, Line 36, amend New Sec. 2 by adding after the words "detoxification services" the following language: "...or alcohol abuse or drug abuse care and treatment provided to inmates in the custody of the Secretary of Corrections."

The Department of Social and Rehabilitation Services provides a 43-bed substance abuse treatment program to inmates of the Kansas Department of Corrections at no cost to the Department of Corrections. The Department of Corrections is concerned that the current language of HB 3048 would unintentionally eliminate that program which serves as the primary substance abuse treatment resource for the Department of Corrections' minimum security inmates. The program also provides 43 much needed beds that contribute to the Department's inmate capacity. It is our understanding that the Department of Social and Rehabilitation Services intends to eliminate its civilian substance abuse treatment program at Larned State Hospital, but not the program provided to inmates of the Department of Corrections. We believe that the suggested language will clarify that the substance abuse treatment program provided to inmates of the Department of Corrections at Larned State Hospital is expected to continue.

CES:jj

Senate Ways & Means
March 29, 1996
Attachment 4

Testimony
House Bill 3048
Appropriations subcommittee
State Hospitals and General Government
9 a.m. Thursday March 14, 1996

Good morning Chairman Carmody, and Members of the Committee,

My name is Gene Johnson and I represent the Kansas Community Alcohol Safety Action Project Coordinators Association. Our Association, at this time is not in total support of House Bill 3048.

Over the past several years we have seen efforts to close the Alcohol and Drug Treatment Units at both Osawatomie and at Larned State Hospitals due to budget constraints. The philosophy underlying these closings is that community based alcohol and drug treatment centers could do the job more economically in our local communities with limited inpatient emphasis and more emphasis on outpatient treatment. For the majority of those persons who suffer from alcohol and/or drug addiction, this is probably true. However, there is a segment of that addicted population who need at least 25 to 30 days of inpatient treatment to detox sufficiently for recovery.

The District Courts throughout the State of Kansas have used these two hospitals on the basis of civil commitment when the person was incapacitated with alcohol or drugs or when there is a direct court order for those addicted persons who have violated an alcohol and drug law and are sent there as a result of that court order for treatment.

We have found when a Sheriff takes a reluctant alcohol/drug addicted person to treatment, this can be beneficial toward the treatment process. The addicted person may realize that it is time for them to get serious about stopping drinking or drugging.

In the Topeka area we have found the Osawatomie State Hospital treatment unit has had excellent results in the courts of the Third Judicial District. We have used that facility to its capacity on a weekly basis. Occasionally, we also have a back list of persons waiting for beds in that facility and sometimes these individuals are detained in our local detention centers until a bed becomes available.

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Attachment 5

Testimony
page 2

Remember, under Kansas Law those persons receiving alcohol and drug treatment at Osawatomie and at Larned State Hospitals do get credit for time served from their sentence while they are undergoing treatment

Therefore, the treatment at Osawatomie and Larned State Hospitals is accomplishing two purposes: (1:) Those treated are satisfying the court's sentence of jail time, and (2) those offenders are receiving a rehabilitation program for their offenses.

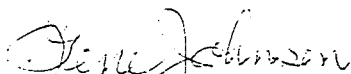
At our last quarterly meeting on February 29, 1996 in Salina, KS, our organization's members expressed negative feelings regarding the closing of these two alcohol and drug treatment units. However, we did discuss alternatives should the Legislature decide to follow the directions of this proposed Bill.

Our Organization would take a more positive view of this legislation if we were assured that there would be an additional 37 inpatient beds made available within the State for those who are chronically ill with alcohol and drug addiction. We feel that 37 beds would possibly be sufficient to care for the chronically dependent alcoholics and drug addicts who need a 24-hour a day treatment program to allow them the best chance of survival.

To fund these 37 beds it would be necessary for the Legislature to make available at least 2.5 million dollars for those community based programs in order to finance such a venture. The Governor in his Budget Recommendations has some made some recommendations for making funds available to accommodate the closure of these two facilities. However, we understand these funds will be in the neighborhood of one million dollars. We do not feel this amount will be adequate to offset the costs of closing down approximately 65 inpatient treatment beds for those persons suffering from the disease of alcoholism and drug addiction.

Thank you for allowing me to testify before your Committee today. I will attempt to answer any questions.

Respectfully,



Gene Johnson

Legislative Liaison

Kansas Alcohol Safety Action Project Coordinators Association