Approved: March 2, 2000
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 21, 2000 in Room 423-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Kansas Legislative Research Department
Dr. Bill Wolff, Kansas Legislative Research Department
Norman Furse, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Ron Eisenbarth, Legislative Coordinator, Alcohol Drug Counselors
Representative Barbara Ballard
Paula Marmet, Director, Bureau of Health Promotion, KDHE
Walter Thiessen, Wichita Child Guidance Center
Jim Gates, Board Member, Wichita Child Guidance Center
Janet Sisney, Board Member, Wichita Child Guidance
Sara Lloyd, Board Member, Wichita Child Guidance
John Roper, Board Member, Wichita Child Guidance
Tom Winters, Chair, Sedgwick County Board of Commissioners
Rose Mary Mohr, CEO, South Central Mental Health Centers
Randy Class, Executive Director, Family Consultation Center
Eloise Reeves, Wichita NAMI
Dale Weibe, Executive Director, Johnson County and President, CMHC
Paul Klotz, Executive Director, Assistant, CMHCs
Dana Fenton, Lobbyist

Others attending: See Attached Sheet

The Chairperson opened the meeting and announced there was a very busy agenda and would have to limit testimony to 5 minutes each on **HB 2760** in order to complete all the items on the agenda.

The Chairperson opened the hearing on **HB 2760 - Enacting the addictions counselor licensure act.**

Ron Eisenbarth, a proponent, legislative liaison, Kansas Alcoholism and Drug Abuse Counselors Association stated there were approximately 500 certified addiction counselors. **HB 2760** provides for combining the credentialing processes that would provide both practice and title protection and as a result provide protection to the consumer of counseling services in Kansas (See Attachment #1).

The Chairperson closed the hearing on **HB 2760.**

The Chairperson opened the hearing on **HB 2932 - Creating council on obesity prevention and management.**

Representative Barbara Ballard, in support of **HB 2932**, testified obesity is classified as a disease in all cases where a person's body mass index (BMI) is 30 kg/m2, or where a person's body mass index (BMI) is 27kg/m2 or greater, and the person suffers from one or more of the named conditions or diseases in the bill.

Treating obesity as a disease goes beyond just losing weight. As a state, it is important to look at the big picture which is to review thoroughly the effect of obesity in children and adults. We can save lives, preserve human dignity, and decrease the cost of health care. In addition to any legislative appropriation, the Council may accept and expend grants and private donations from any source, including federal, state, public and private entities, to assist the council to carry out the council's functions (See Attachment #2).

Paula Marmet, Director, Bureau of Health Promotion, KDHE, a proponent to **HB 2932**, testified the growing prevalence of obesity in the general population and its subsequent health impact certainly warrants the attention of state and local policy makers. Establishment of a council whose purpose is to develop a plan that addresses data, intervention resources, funding, education, public awareness and environmental and policy issues related to obesity is a step in the right direction to address this epidemic (See Attachment #3).

The Chairperson closed the hearing on **HB 2932.**

Representative Storm moved and Representative Long seconded to move **HB 2932** out favorably. The motion carried.

Representative Bethell explained **Substitute HB 2169** and reviewed the changes from the original bill (See Attachment #4).

The Chairperson thanked the Sub-Committee for their work on **Substitute HB 2169.**

Representative Long moved and Representative Morrison seconded to move **Substitute HB 2169** out favorably. The motion carried.

Representative Bethell stated there were two requests made by the Sub-Committee, i.e., (1) a Legislative Post Audit be performed on the Board of Nursing to look at several issues; friendliness, efficiency in handling of applications, etc. and (2) request that Health Care Report Oversight Committee look at the background checks within health care across the board. There are some areas, such as the Board of Nursing, that can totally prohibit a person from ever practicing as a nurse again because of an infraction and there are other areas that will do similar things and some that would allow for rehabilitation. Need to get a level playing field.

The Chairperson opened the hearing on **HB 2888 - Concerning mental health centers.**

Walt Thiessen, a proponent for **HB 2888,** Executive Director, Wichita Child Guidance Center, Wichita, introduced some of the Board Members.

Sara Lloyd, a proponent for **HB 2888,** past Chair of the Wichita Child Guidance Center, also a counselor and coach and works with managers and executives stated she was scared about these issues. Am seeing some educated people coming from very good homes and concerned what is happening to the children of our state. We need the tax dollars to follow the child. Not everybody merges with every therapist. Some people are afraid to stay in the system. If the dollars follow the child, the child can go wherever to get the funds that they need. We are now seeing very, very clearly that some of these children will be failures. There are problems hiring because people can't read or do math. Have never terminated anyone for this inability, but have terminated people for behavioral issues. There are so many needs among the children. We can either pay now or later but will pay someplace. Would like to advocate that the dollars follow the child. Our issue is to get the most services for the tax dollars to the children of Kansas. Have never been in disagreement about the services, everyone provides good services. We would like to have the free market system with privatization built in, accountability for our children.

Janet Sisney speaking on behalf of the Wichita Child Guidance Center as a proponent to **HB 2888**, testified they had attempted to mediate the issue with COMCARE and resolve it at the local level. The Wichita Child Guidance Center is no longer able to serve the children of Wichita and Sedgwick County as

a Mental Health Center. As a result of this ruling, many children, adolescents and their families are not able to receive the services that are necessary to their mental well-being (See Attachment #5).

John Dee Roper, Chair of Board, The Wichita Child Guidance Center, Inc., testified in support of **HB 2888**, stated the Guidance Center had been the primary provider of community mental health services for children in Sedgwick County for seventy years. That stopped on July 20, 1999 because of the actions taken by the Sedgwick County Commissioners. The Guidance Center has caused a number of papers to be written over the past twelve months.

The Guidance Center has prepared multiple papers concerning comparable costs. Evidence of the inefficiency of COMCARE is overwhelming. This evidence comes from COMCARE's own outside accountant's report and its General ledgers obtained through the discovery process in litigation. The resources of the state to be used for mental health have been wastefully spent or hoarded in unrestricted cash accounts.

Rose Mary Mohr, Ph.D., testified as an opponent to **HB 2888**, and stated (1) local issues should be handled by the local mental health authority, consistent with established policy and state statutes (2) complaints submitted by a single agency in conjunction with a local dispute should not be the basis for state legislation, unless the state is prepared to deal with similar matters in various other locations with respect to hospitals, schools, social service agencies, and others (3) the Sedgwick County Board of County Commissioners has been at the helm in the development of a highly effective system of care; because of their elected positions it is believed they are best suited to respond to citizen needs, with the guidance of the Mental Health Advisory Council (4) if, in fact, Sedgwick County were to become an arena in which the state could determine who would provide mental health services, the issues surrounding integrated care would escalate, without clear definition of the locus of responsibility, without continuing state intervention (5) collaboration among key stakeholders in developing and implementing an effective system of care at the local level is dependent on responsibilities vested in the local mental health authority. To erode that base in Sedgwick County would serve to escalate issues that surround serving children with special needs, including those in SRS care, adjudicated by the courts, and/or requesting emergency mental health services (See Attachment #6).

Randy Class, Executive Director of Family Consultation Service, Wichita, testified as an opponent to **HB 2888**, stating FCS is a licensed mental health center by affiliation with COMCARE, the local mental health authority in Sedgwick County. FCS has provided family and marital therapy under the umbrella of comprehensive community mental health services dating back to 1972. With mental health reform legislation in 1991, FCS contracted with COMCARE to provide intensive in-home therapy as a community wrap-around provider.

The other affiliate mental health center in Wichita has been the Wichita Child Guidance Center and did not sign an updated affiliate contract with COMCARE and ceased being a licensed mental health center July 21, 1999 (See Attachment #7).

Eloise Reeves testified in opposition of **HB 2888**, stating her two children have brain disorders. Wichita Child Guidance Center could not provide adequate services and since ComCare has taken over they have provided appropriate service (See Attachment #8).

David Wiebe, President, Association of Community Mental Health Center of Kansas, was an opponent to **HB 2888**, stating they serve all 105 counties, treat nearly 100,000 consumers each year and collectively are the backbone of the Kansas public mental health system. There is concern about the impact **HB 2888** would have on the ability of local communities and local government to determine what's best for their community.

HB 2888 would do away with the single local governing body concept, and create confusion about who has ultimate responsibility for critical local services, such as gatekeeping into the public mental health system (Attachment #9).

Paul Klotz, Executive Director, Association of Community Mental Health Centers, stated the story had been told, however, would suggest checking with Secretary Schalansky because an audit was done as part of this conflict in Sedgwick County. The audit was completed in November or December of last year and urge the committee to get a copy of that or ask the Secretary to present it to the committee. There is a major Legislative Post Audit going on; a performance audit, not only for Sedgwick County but for all of the Community Health Centers that serve the 105 counties in this state and believe that audit would be useful for all.

Dana Fenton, Intergovernmental Relations Coordinator, testified as an opponent to **HB 2888**, stating their major concern is that it removes the statutory option of the County Commissions in Johnson, Sedgwick and Wyandotte from serving as the governing board of their respective mental health centers. Second, this bill would allow the Kansas Department of Social and Rehabilitation Services to contract directly with, and fund, non-participating mental health centers who do not have a contract with the community mental health center for their service area. This bill would allow for more than one licensed mental health center in a service area without requiring they be tied together through an affiliation agreement or other contract (See Attachment #10).

The following testimony was submitted: Bob Williams, Executive Director of the Kansas Pharmacists Association (See Attachment #11) and Craig Collins, J.D., KADACA Executive Director (See Attachment #12) Phyllis Gilmore, Executive Diractor, Behavioral Sciences Regulatory Board (See Attachment #13).

The Chairman thanked the Sub-Committee for their work on **HB 2888** and closed the hearing.

The meeting adjourned at 2:55 p.m. and the next meeting will be February 22.

HEALTH AND HUMAN SERVICES

DATE February 21, 2000

NAME	REPRESENTING
Kelly Kinsey	Ks. Public Health Assn.
Kevin M. Walker	Amer. Heart Assn.
Chris Ross-Baze	KDHE
Jennifer Magaña	Sedgwick County
Rose Mary Mohr	Mental Health Assoc. - Sedg. Co.
Gina Lomeli-Baker	Mental Health Assoc. - Sedg. Co
Caralyn Middendorf	Ks St Ns Assn
Jane Conroy	Board of Nursing - President
Alta R. Pettis	Leadership Stevens County
Chris Collins	Kansas Medical Society
Randy Class	Family Consultation Service
[illegible]	AARP
Ben Sciortino	Sedgwick County
Chris Chronis	Sedgwick County
Ellen Piekalkiewicz	Assoc. of CMHCs
David M. Klotz	Assoc. of CMHCs of Ks, Inc.
David Wiebe	Johnson County
Nava Teston	Johnson County
Eloise Reeves	NAMI Sedgwick Co.
Kevin Barone	Heir / Weir Child
Tom Winters	Sedgwick County Commissioner
Jim Gates	Wichita Child Guidance Center
John Roper	" " " "
Sara Lloyd	" " " "
Janet Sizney	" " " "
Walt Thiessen	Wichita Child Guidance Ctr
Susan Sheets	" " " "
Janice Hanna	" " " "
Judy Hooper	" " " "
Jackie Nagel	" " " "
Amy K Myers	WU Student
Debbie Donaldson	Sedgwick County
Karen Scaddate	SRS

HEALTH AND HUMAN SERVICES

DATE 2-21-2000

NAME	REPRESENTING
Marcia [illegible]	Sedgwick County
Julie Numrich	
Michael Moser	KDHR
Biz Howgill	Governor's Office
Walter Thein	Wichita Child Guidance Center
Ric Evans	KADACA

2/21/00

TO: House of Representatives
Committee on Health & Human Services
Garry G. Boston, Chairperson

FROM: Ronald Eisenbarth
Kansas Alcoholism and Drug Abuse Counselors Association

I want to thank you for the opportunity to appear before you today in support of licensure of alcoholism and drug addiction counselors as proposed in HB 2760.

I am presenting this testimony on behalf of KADACA, an organization of approximately 500 certified addiction counselors. This past year KADACA celebrated it's 25th anniversary as a statewide addiction counselor organization. As a founding member of this organization, I have been involved in counselor credentialing with KADACA since 1976 when the organization established a counselor certification testing process which still exists today. Since 1980 the KADACA credentialing process has been affiliated with the National Association of Alcohol and Drug Abuse Counselors (NAADAC) and when the national test was implemented in 1990, KADACA began utilizing this test and continues to do so today. Through utilization of the national association's test the KADACA certified members are also eligible for national certification.

As the fledgling field of alcohol and drug addiction developed and continued to grow in the 1970's and 80's, the need of a state approved credentialing process was becoming urgent, insurance companies were beginning to recognize addiction as an illness, which the American Medical Association (AMA) and the world health organization had done in the 1950's. As a result, some insurance companies were requiring state approved credentialing of counselors providing services. KADACA approached some legislators to seek support for a state approved credentialing process. We were encouraged to seek approval for this by making a request to the Department of Health and Environment to make application to go through the credentialing process. We completed the Department of Health and Environment credentialing process in 1991 and were approved to develop a legislative proposal for registration of alcohol/drug counselors to be under the jurisdiction of the Behavioral Sciences Regulatory Board. This was accomplished and the registration proposal was introduced in the 1992 session of the Kansas Legislature. During the legislative process language was also added to the bill which mandated that the Dept. of Social and Rehabilitation Services (SRS) develop minimum qualifications (standards) for counselors working in state licensed facilities as certified alcohol and drug abuse counselors. This legislation, SB458, was passed into law and became effective January 1, 1993.

HHS
2-21-2000
Atch #1

Since that time, (7 years), there have been three credentialing processes available and in place for alcohol/drug counselors. Two of these credentials, ADAS, now SATR since May 1999 (see attachment 1A) and the registration credential are provided by state law. One of these credentials (SATR) is mandatory for counselors working in state licensed facilities as alcohol/drug counselors, while the other (registration) is a voluntary process. Neither of these credentials offer a career ladder. The third credential is the KADACA certification process. This process is not formally recognized by the state, although (attachment 1B) several programs prefer or require KADACA certification for their counselors. The KADACA process (attachment 1A) does offer a career ladder for counselors as well as a credential that is recognized by the National Counselor Association.

BSRB - Registration - This voluntary process was established by State Law in 1992. Currently 100 counselors are registered by BSRB. This number has been fairly consistent since 1996.

SATR (formerly ADAS) Credential - This credential is mandatory for counselors working in state licensed or certified programs. These represent the vast majority (probably 95%) of the working alcohol/drug addiction counselors in Kansas. These are minimum standards and as required by law had to be less than requirements for registration. Through July 1, 1999 there were 1500 counselors in the SATR process of which 1285 were credentialed counselors and the remaining 215 were classified as trainees.

KADACA - this peer group certification is a voluntary process and is not currently officially recognized by the state. This certification process that includes both a written test as well as a case presentation process and review has been in place since 1976 and has been updated periodically to maintain state of the art credentials that comply with national standards. Unlike the two previously mentioned credentials, the KADACA process offers a career ladder with three levels of counselor certirfication.

Through January 1, 2000 the following number were certified with KADACA.

CADC I -	200
CADC II -	176
CADC III -	113
TOTAL -	489

The inconsistencies in these three separate credentialing processes are obvious.

These inconsistencies are why we approached the legislative task force on providers of mental health services in 1998. We were invited to appear before this task force and as a result alcohol/drug counselor licensure was approved as a formal agenda item for this Task Force in 1999.

KADACA appeared before the Task Force at a formal hearing in July of 1999 to present a history of alcohol/drug programs and counselor credentialing in Kansas (exhibit 1) and to present a licensure concept for addiction counselors in Kansas. Concerns were presented and questions arose from that hearing. KADACA representatives met with SATR staff and representatives to address those concerns and presented a draft licensure plan to the Task Force at its September meeting. Further revisions were made after that meeting and we appeared again at the November meeting of the Task Force. At that time leadership of the Task Force asked Dr. Dan Lord, a member of the Task Force and Licensed Marriage and Family Therapist, to work with our KADACA representatives to help insure that language in the KADACA proposal is compatible with other disciplines licensed by BSRB. This was accomplished and on December 10 we presented our final draft to the Task Force. After examination and deliberation the Task Force voted in favor of submission of the Alcohol/Drug Counselor proposal to the 2000 session of the Kansas Legislature.

The proposal contained in HB2760 provides for combining of the above addressed credentialing processes that will provide both practice and title protection and as a result provide protection to the consumer of counseling services in Kansas. Craig Collins, KADACA Executive Director will now provide a brief overview of benefits of the licensure proposal contained in HB2760.

DATE: July 9, 1999

TO: Chairwoman and Members
of the Task Force on Providers of Mental Health Services

FROM: Ronald Eisenbarth, Legislative Chair, Kansas Alcoholism and Drug Addiction Counselors Association (KADACA)

SUBJECT: History of Alcohol and Drug Programs and
Counselor Credentialing in Kansas

I want to thank you for this opportunity to provide you with a brief history of drug and alcohol programs and counselor credentialing in Kansas. I feel very close to this topic since I have effectively been involved in the alcohol and drug treatment field in Kansas since the late 1960s. I am also a founding member of KADACA, which celebrates its 25th anniversary this year.

Prior to the late 1960s, treatment efforts in Kansas for alcoholics or persons who abused alcohol were largely confined to state mental institutions where the accepted practice was to admit and house them in psychiatric wards. They were usually labeled with some form of mental disorder. In this era, alcoholism on its own was rarely a diagnosis, even though a decade earlier, in the 1950s, the American Medical Association and the World Health Organization had already identified and classified alcoholism as a disease.

Alcoholics treated in the mental health institutions rarely received any type of treatment that is utilized today. Those efforts were generally ineffective. One notable exception was a separate unit to treat alcoholics at the VA Hospital in Topeka that began in the late 1940s. Even this program utilized mostly psychiatric treatment instead of the 12-step philosphies that are prevalent in alcohol/drug treatment today. In cases where recovery was initiated, it was often due to a physician, nurse or a mental health professional knowing and contacting a person in Alcoholics Anonymous (AA) and getting that person to guide the client into the AA program.

Unfortunately, most alcoholics entering treatment in the 1960s were chronically addicted, 40 or older, male, and often in poor to very poor health. Most needed intensive medical treatment as well as strong affiliation with self-help groups like AA.

In the late 1960s, the State of Kansas appointed a committee on alcoholism comprised mainly of alcoholics in recovery and medical professionals who had become interested in alcoholism as a medically treatable illness. This committee made little progress because it had little direction and

practically no funding. The State Division of Institutional Management did have a designated staff person whose title was Consultant on Alcoholism, however, the consultant's role was primarily directed toward the state's mental hospitals.

In 1967, a group of concerned citizens led by Dr. William Leipold, a psychologist, founded Valley Hope, a treatment center for alcoholics, in Norton in northwest Kansas. This program adopted much of the Minnesota Model from Hazelden, a world-renowned, Minnesota-based addiction treatment and research organization, which addressed alcoholism as an identifiable disease and utilized the 12-step model of recovery. Valley Hope was the first program in Kansas to identify alcoholism as a family disease and provided treatment for the family members as well as the alcoholic.

Monumental changes took place nationally when Congress passed the Alcoholism Intoxication and Treatment Act of 1970. This bill was designed and authored by Sen. Harold Hughes of Iowa, himself a recovering alcoholic. It brought sweeping changes in the philosophy, treatment and funding for alcohol abuse and alcoholism. With the passage of the Act, funding became available to develop statewide programs with initiation and development grants awarded to states to assist in establishing regional programs to identify and provide treatment for alcoholics.

As programs were developing in Kansas due to this new funding, the service base also increased, making it necessary to increase professional staffs to work with alcoholic clients. National data indicated eastern and western states as well as Canada and Minnesota were employing persons, most of whom were recovering, and giving them job titles of "alcoholism counselor." By this time, week-long summer schools on alcoholism had begun at the University of Nebraska and Utah. Some other states were also developing similarly focused training programs, including Kansas where agencies used these educational offerings to provide training for their counselors. The state hospitals were used in some cases as training sites for newly employed counselors. Valley Hope Center began offering a six-month counselor training program which was utilized by other agencies in the early 1970s.

By 1974, there were several counselors employed by various agencies and programs that had opened after 1970. St Francis Hospital in Topeka started the first hospital detoxification program in Kansas in 1971 and Valley Hope began it's Atchison program in 1972. St. John's Hospital in Salina and Menninger in Topeka both started 30-day, inpatient programs in 1974.

Meanwhile, information was being received from Washington, D.C., that groups of counselors were forming in several states to form counselor associations. In April 1974, an exploratory movement toward an association was started in Kansas when a group of 20 counselors from Atchison and Topeka met to discuss possible benefits of having a state counselor organization.

This discussion resulted in a follow-up meeting in July at which 45 persons enthusiastically endorsed the forming of a state counselor association. The formal organizational meeting was held in September at which time the Kansas Alcoholism Counselors Association (KACA) came into being..

After two years of extensive work, education and investigation of other state associations, KACA established a counselor certification testing process. In 1976, a grandparenting process was initiated and the test was given to about 140 persons who had joined KACA by that time and had met some experiential requirements.

It was also at this time that KACA had joined with several states to form The National Association of Alcoholism Counselors, and in 1976 KACA hosted the first national membership meeting in Topeka. Sen. Hughes from Iowa was the keynote speaker.

KACA, striving to improve it's certification process, initiated an oral test which included presenting a case to a panel of peers. Passage of the written test, the oral test and documentation of three years of experience were required for counselor certification. Counselors-in-training and others with some experience in the field were brought into the association as associate members. That same year the state of Kansas, which by now had developed separately both alcohol and drug abuse units, began working with programs to develop program standards. Prior to this, there were no criteria for programs and anyone that wanted could basically offer services. Some services for drug abusers were being offered around the state so separate standards were developed for drug abuse. It should be noted that in the late 1970's, alcoholism and drug abuse were seen as two completely unrelated conditions. Terms such as chemical dependency and substance abuse, which are common today, were seldom used then. By 1978, the standards were adopted and programs had to be licensed in order to provide services. To be licensed, a program had to meet a host of specific criteria. Even though counselor was referred to throughout the standards, the only specifics for an alcoholism counselor were those of KACA, which was an association credential and not officially recognized.

By 1980, the National Association was very involved with counselor credentialing. KACA worked with the National Association and other states within NAAC to make certain the KACA certification process remained state-of-the-art. That continued to be a priority of KACA, and through the years KACA and later KADACA has been viewed nationally as a leader in the area of counselor credentialing, as well as several other alcohol/drug issues which have a national focus.

In the late 1970s, a group of drug abuse counselors formed in Kansas, and although much smaller than KACA, this association began to try to develop some of the same services for its members. By 1979, patient/client profiles in both the alcoholism and drug abuse fields were beginning to

indicate that many persons were addicted to both alcohol and other drugs. In 1980, the State of Kansas combined alcohol and drug abuse units and encouraged programs and counselors to both work toward doing the same. By this time NAAC was also considering adding drug abuse to it's scope of responsibility. After many lengthy debates, NAAC changed it's name to National Association of Alcoholism and Drug Abuse Counselors (NAADAC).

At it's annual meeting in 1981, Kansas alcoholism counselors were beginning to talk about a merger with drug counselors. There was much resistance to this on both sides. However, with client profiles showing clients were often the same—with the basic difference in many cases being simply whether alcohol or another drug was the drug of choice for the client. Counselors began to work together and after two years of work and discussion the Kansas Alcoholism and Drug Addiction Counselors Association was formed in 1984. At the time of the merger, the combined membership totaled approximately 300 certified alcohol and drug counselors.

A small group of midwestern states in the early 1980s developed reciprocity standards so counselors could transfer certification from one state to another. This concept grew as counselor mobility throughout the states became an important issue in credentialing. KADACA in 1985 became one of the first states to join this consortium that came to be known as the National Corsortium for Reciprocity of Counselors (NCRC but now the International Consortium for Reciprocity of Counselors (ICRC). NAADAC in late 1989 had developed a similiar reciprocity process and in 1990 KADACA did a thorough investigation of both national groups to see to see which would best serve our membership. After much study of these two processes, KADACA, on a vote of its membership, changed its affiliation to NAADAC because it was felt that it was the strongest of the two. This was in 1990, and KADACA has maintained its reciprocity affiliation with NAADAC since that time. It should be noted that the two national groups have been involved in merger discussions for several years. It has appeared on at least two occasions that merger of the two national organizations would take place, but each time the attempts failed. It seems that both groups want the upper hand and are unwilling to compromise when the decision has to be made as to who will be responsible for reciprocity. Kansas again has to evaluate its position as more of our neighboring states are now affiliated with ICRC (new name) than NAADAC. This issue certainly needs to be put to rest at the national level permanently as there will be no true reciprocity among states until there is one recognizable system throughout the U.S.

In the mid 1980s, KADACA began talking with legislators as well as key SRS officials, primarily the ADAS commissioners of that era, regarding licensure. KADACA had long been aware that unless its certification process was formally recognized by the State it would never receive widespread recognition by insurance companies. By 1990, we had support both from key legislators and the ADAS Commissioner to develop a credentialing law. We also learned in our correspondence with NAADAC that the trend in 1990 (which continues even stronger today) is that

licensure is the credential of the future. KADACA then began formulating a licensure plan and began work with two key legislators and legislative staff to move licensure forward. We also met with the director of the Behavioral Sciences Regulatory Board (BSRB) who indicated this credentialing process would be administered by BSRB if passed into law. The BSRB director also indicated that since our plan did not include a masters level criteria it would not qualify for licensure and we would have to settle for registration. After much discussion with our sponsoring legislators, members and other supporters, KADACA decided to draft legislation which was introduced in the 1992 session of the legislature. The bill was amended several times during the legislative process and when it finally passed near the end of the 1992 session it was our current registration law which went into effect January 1, 1993.

The bill which was passed and became law also included provision that gave SRS/ADAS the authority to develop standards for personnel working in licensed alcohol/drug programs, so long as those standards (see attachment A) are less than those required for registration. ADAS developed those standards which are now in place and serve primarily as required standards persons need to meet to work in the alcohol/drug field and enter the alcohol/drug counseling profession. KADACA supported this legislation in its passage, even though it was not the licensing law which we felt was needed. Our legislative sponsors advised we support this measure as a means of getting a credentialing law, with the prospect of applying for licensure at a later date.

This is why KADACA appears before this task force today. Six and a half years after implementation of this legislation, we have three different alcohol/drug counseling credentials available to counselors. Two of these credentials, ADAS (now SATR) and the registration credential are provided by state law. However, one of these credentials (SATR) is mandatory for a counselor working in a licensed alcohol/drug program, while the other (registration) is a voluntary process. Neither of these credentials offers a career ladder. The third credential available is the KADACA certification process. This process is not formally recognized by the State, although (attachment B) several programs prefer or require KADACA certification for their counselors. The KADACA process offers a career ladder for counselors. The inconsistencies, however, in these credentials is obvious. We need one licensing standard in Kansas for alcohol/drug counselors which provides for entry level, clear criteria for advancement and a recognizable career ladder to serve as an incentive for persons to move upward.

Later today Craig Collins, KADACA executive director, will present testimony on a counselor licensing concept that is currently being developed. I again want to thank you for the opportunity to provide you with a history of substance abuse treatment development in Kansas. For much of my adult life it has been my privilege to be a part of the profession and, I hope, in some small way have helped further its development.

TOWARD A
D[illegible]-FREE
KANSAS

SRS/ALCOHOL AND DRUG ABUSE SERVICES CERTIFICATION OF COUNSELORS

On January 1, 1993, the Secretary of the Kansas Department of Social and Rehabilitation Services was directed by the passage of SB 458 to adopt rules and regulations and standards for counselors working in licensed and certified alcohol and drug abuse treatment facilities. The requirements for counselors are listed below.

Individuals can be "grandparented" as a certified alcohol and drug abuse counselor if they can provide documentation of either #1 or #2:

1. Documentation of 1000 hours of alcohol and drug abuse counseling experience two years prior to January 1, 1993.
2. Documentation of 3000 hours of alcohol and drug abuse counseling experience 10 years prior to January 1, 1993.

If an individual cannot meet the requirements to be "grandparented" as a certified alcohol and drug abuse counselor, the individual must complete 18 hours of culturally appropriate post-secondary academic credit. The 18 college credit hours must be alcohol and drug abuse specific. Listed below are the areas that must be completed:

1. Screening and intake
2. Orientation and assessment
3. Treatment planning and counseling
4. Case management and crisis intervention
5. Education and referral
6. Reports and recordkeeping and consultation with other professionals
7. Multi-cultural and individual differences
8. Individual and professional ethics
9. Medical aspects and health related issues of alcohol and drug abuse, including emphasis on Acquired Immune Deficiency Syndrome (AIDS) and Sexually Transmitted Diseases (STD'S)

Counselors-in-Training must complete the 18 college credit hours within a three-year period beginng January 1, 1993, or, within a three-year period after the individual was hired by the program.

CONTINUING EDUCATION HOURS

The licensure/certification standards require alcohol and drug abuse programs to document the completion of 60 hours of continuing education activities for alcohol and drug abuse counselors every two years. The 60 continuing education hours should be acquired from activities which enhances the skills of the alcohol and drug abuse counselor. The documentation of the 60 hours of continuing education activities for alcohol and drug abuse counselors shall be kept in the program's personnel files. Programs will need to submit to ADAS a list of continuing education hours obtained by each counselor for the purpose of recertification.

Counselors-in-Training are not required to obtain the 60 hours of continuing education units.

GUIDELINES FOR LEVELS OF KADACA MEMBERSHIP

GENERAL MEMBERSHIP - Is non-voting and includes nurses, doctors, agencies, court service workers, etc.
STUDENT MEMBER: Is non-voting in KADACA but is a voting member in NAADAC. Includes counselors-in-training (ADAS applicants in training, i.e., completing the 18 required college hours), must be full-time student working toward a degree in an addictions related field.
PRECERTIFIED COUNSELOR: Is non-voting in KADACA but is a voting membership in NAADAC. Must be employed in the alcohol/drug field in a counselor-in-training capacity. Must also be working toward certification.

Benefits from these categories include membership in the National Association of Alcoholism and Drug Abuse Counselors (NAADAC) the *Counselor* publication from NAADAC and the *KADACA Newsletter*, KADACA membership directory, and workshop fees at member or student rate. Annual dues are one-half of certified membership dues.

CADC I - Applicants must meet the following criteria:

1. Documentation of High School diploma or GED.
2. Successful completion of ADAS standards for employment:
   A. 18 hours of culturally appropriate post-secondary academic credit in the area of alcoholism/drug addiction counseling; and
   B. Ongoing documentation of 60 clock hours every two years of approved education.
3. Pass a KADACA-approved written examination.

CADC II - Counselor must meet the following requirements for one of two tracks:

1. Successful completion of CADC I requirements;
2. Passage of KADACA-approved ORAL test;
3. Have three years of paid, supervised work experience in a recognized substance abuse treatment and rehabilitation program with job duties assisting clients in the recovery process; and
4. Have attained a minumum of 270 CEUs of counselor education appropriate to the A/D treatment field.

OR....

1. Hold a bachelor's degree in a health related field, which includes 18 credit hours of alcoholism/drug addiction counseling;
2. Passage of KADACA-approved oral and written testing; and
3. Documentation of 500 hours of practicum in a recognized A/D facility.

CADC III - Counselors must:

1. Be either a Registered Alcohol and Other Drug Abuse Counselor (RAODAC) or eligible for registration with Behavioral Sciences Regulatory Board (BSRB);
2. Successful completion of KADACA-approved written test;
3. Documentation of 500 hours of practicum; and
4. Have five (5) years of employment in the A/D field; and
5. Hold a bachelor's degree in a health-related field, including 18 hours of A/D addiction studies.

continued on the back page

RETIRED MEMBER - A certified counselor who is no longer employed in the alcohol/drug field, has submitted a formal letter of request for retired status. Retired members attend KADACA workshops at no charge.

INACTIVE MEMBER - A certified counselor who is not currently working as a counselor and has submitted a formal letter of request for inactive status. Educational requirements are 60 CEUs every two years.

Benefits for both Retired/inactive members are a voting status, reduced dues, *Counselor* magazine, *KADACA Newsletter*, KADACA directory. An official letter of request is required to reactivate.

OTHER PROVISIONS - Any administrator/teacher/trainer is eligible to maintain their level of certification provided they meet the criteria of that level. Otherwises, such persons will be returned to general membership status. Anyone who has reverted to general membership status will be required to meet the criteria for their prior level in order to regain that status. As an example, a counselor serving in an administratve capacity may have failed to keep the continuing education requirements current for his or her level of certification and was placed in the general membership category for that omission. This provides a means for the counsleor to regain his certification level, using procedures for CEU catch-up previously approved the KADACA board.

MAINTAINING CERTIFICATION:

1. Payment of annual dues
2. Documentation of 60 hrs of ongoing continuing education every two years (same recertification cycle as ADAS).

TESTING FEES:

1. Written test - $75, Administrative fee - $25; total - $100
2. Re-test written - $75
3. Oral Test - $60

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COMMITTEE ASSIGNMENTS

APPROPRIATIONS
SOCIAL SERVICES BUDGET COMMITTEE
JOINT COMMITTEE ON CORRECTIONS
AND JUVENILE JUSTICE
LEGISLATIVE EDUCATIONAL PLANNING

HOUSE OF
REPRESENTATIVES

Testimony before the House Health and Human Services Committee
on House Bill 2932

February 21, 2000

Dear Chairman Boston and Members of the Committee:

Thank you for allowing me to speak in support of HB 2932, creating a Kansas Council on Obesity Prevention and Management. The Council would review the effect of obesity in both children and adults.

For the purpose of this bill, obesity is classified as a disease in all cases where a person's body mass index (BMI) is 30 kg/m2, or where a person's body mass index (BMI) is 27kg/m2 or greater, and the person suffers from one or more of the named conditions or diseases in the bill.

The functions and duties of the Council as well as the composition of the Council are included in HB 2932.

The Kansas Department of Health and Environment (KDHE) would oversee the Council. In a 1996 report, Healthy Kansans 2000, KDHE recognized obesity among the known risk factors contributing to serious health consequences.

Treating obesity as a disease goes beyond just losing weight. As a state, it is important to look at the big picture. If we focus on the big picture, which is to review thoroughly the effect of obesity in children and adults, we can save lives, preserve human dignity, and decrease the cost of health care. The Council would make Kansans more aware of obesity as a disease. A disease which can be treated, prevented, and managed. In addition to any legislative appropriation, the Council may accept and expend grants and private donations from any source, including federal, state, public and private entities, to assist the council to carry out the council's functions.

I come before you today to ask you to pass HB 2932. I would be happy to stand for questions.

Sincerely,

Barbara

Barbara W. Ballard

HHS
2-21-2000
Atch #2

KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde D. Graeber, Secretary

Testimony
HB 2932; Creation of a Council on Obesity Prevention and Management
to the
Health and Human Services Committee

by
Paula Marmet, Director, Bureau of Health Promotion
February 21, 2000

My name is Paula Marmet. I serve as Director of the Bureau of Health Promotion within the Division of Health, Kansas Department of Health and Environment. I appreciate the opportunity to address this committee regarding HB 2932, which proposes to create a Council on Obesity Prevention and Management.

The growing prevalence of obesity in the general population and its subsequent health impact certainly warrants the attention of state and local policy makers. Establishment of a council whose purpose is to develop a plan that addresses data, intervention resources, funding, education, public awareness and environmental and policy issues related to obesity is a step in the right direction to address this epidemic.

Obesity (defined as a body mass index [BMI] of ≥ 30 kg/m^2) has become an epidemic in the US.

-In 1991, 12% of American adults were obese compared to 18% in 1998. Steady increases have been observed in all states, across both sexes and among all age, race and educational groups.

-Obesity related health care costs may be as much as 6.8% of all US health care costs. Recent estimates indicate that approximately 280,000 deaths in this country may be attributable to obesity.

Kansas has not escaped the epidemic. The percentage of Kansans who are obese increased to 17% by 1998, a figure that is similar to national estimates. At the same time, the percent of Kansas adults who reported that they do not exercise at all increased to 38% in 1998.

Policy makers can influence the environment for treatment of obesity as well as prevention of obesity. The proposed Council identifies a representative group of professionals appropriate for making

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recommendations and working towards common objectives related to treatment issues. This activity would serve as a complement to current program activity in the Bureau of Health Promotion which focuses on two preventable risk factors for obesity: nutrition and physical activity. To that end our agency partners with other organizations whose respective missions include health promotion. The focus of activity of these coalitions centers on improving eating behaviors and physical activity practices in targeted populations. Examples include community based initiatives being implemented in 4 school districts that aim to change community and school environments to foster an increase in physical activity and to develop healthy eating habits of elementary students. The Statewide Kansas Kids Fitness Day, sponsored by the Kansas Council on Fitness and associated activities throughout the year, is another example of a school/community partnership to promote regular and sustained physical activity practices of Kansas elementary students. These activities are funded entirely by categorical grant funds from private and public sources and are not transferrable. Therefore, funding of the proposed Council will need to be considered.

In summary, HB2932, as proposed, would provide a forum for addressing the dramatically increasing public health issue of obesity as it relates to the Healthy Kansans 2000 objectives focused on physical activity and nutrition. The development of a comprehensive plan in response to the obesity epidemic in Kansas could have a positive effect on the overall health status of Kansans. Reversing the trend of increased obesity among Kansans will have a dramatic and lasting impact on preventable heart disease, cancer diabetes and disability attributable to obesity.

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Substitute for HOUSE BILL NO. 2169

By Committee on Health and Human Services

AN ACT concerning nursing; amending K.S.A. 1999 Supp. 65-1124, 65-1136, 65-1153 and 74-1106 and repealing the existing sections.

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

Section 1. K.S.A. 1999 Supp. 65-1124 is hereby amended to read as follows: 65-1124. No provisions of this law shall be construed as prohibiting:

(a) Gratuitous nursing by friends or members of the family;

(b) the incidental care of the sick by domestic servants or persons primarily employed as housekeepers;

(c) caring for the sick in accordance with tenets and practices of any church or religious denomination which teaches reliance upon spiritual means through prayer for healing;

(d) nursing assistance in the case of an emergency;

(e) the practice of nursing by students ~~enrolled---in accredited-schools~~ as part of a clinical course offered through a school of professional or practical nursing or ~~programs~~ program of advanced registered professional nursing approved ~~by-the-board nor-nursing-by-graduates-of-such-schools-or-courses--pending--the results--of--the--first-licensure-examination-scheduled-following such-graduation-but-in-no-case-to-exceed-90-days,-whichever-comes first~~ in the United States or its territories;

(f) the practice of nursing in this state by legally qualified nurses of any of the other states as long as the engagement of any such nurse requires the nurse to accompany and

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care for a patient temporarily residing in this state during the period of one such engagement not to exceed six months in length, and as long as such nurses do not represent or hold themselves out as nurses licensed to practice in this state;

(g) the practice by any nurse who is employed by the United States government or any bureau, division or agency thereof, while in the discharge of official duties;

(h) auxiliary patient care services performed in medical care facilities, adult care homes or elsewhere by persons under the direction of a person licensed to practice medicine and surgery or a person licensed to practice dentistry or the supervision of a registered professional nurse or a licensed practical nurse;

(i) the administration of medications to residents of adult care homes or to patients in hospital-based long-term care units, including state operated institutions for the mentally retarded, by an unlicensed person who has been certified as having satisfactorily completed a training program in medication administration approved by the secretary of health and environment and has completed the program on continuing education adopted by the secretary, or by an unlicensed person while engaged in and as a part of such training program in medication administration;

(j) the practice of mental health technology by licensed mental health technicians as authorized under the mental health technicians' licensure act;

(k) performance in the school setting of nursing procedures when delegated by a licensed professional nurse in accordance with the rules and regulations of the board;

(l) performance of attendant care services directed by or on behalf of an individual in need of in-home care as the terms "attendant care services" and "individual in need of in-home care" are defined under K.S.A. 65-6201 and amendments thereto;

(m) performance of a nursing procedure by a person when that procedure is delegated by a licensed nurse, within the reasonable exercise of independent nursing judgment and is performed with reasonable skill and safety by that person under the supervision of a registered professional nurse or a licensed practical nurse; ~~or~~

(n) the practice of nursing by an applicant for Kansas nurse licensure in the supervised clinical portion of a refresher course~~.~~;

(o) the practice of nursing by graduates of approved schools of professional or practical nursing pending the results of the first licensure examination scheduled following such graduation but in no case to exceed 120 days, whichever comes first; or

(p) the teaching of the nursing process in this state by legally qualified nurses of any of the other states while in consultation with a licensed Kansas nurse as long as such individuals do not represent or hold themselves out as nurses licensed to practice in this state.

Sec. 2. K.S.A. 1999 Supp. 65-1136 is hereby amended to read

as follows: 65-1136. (a) As used in this section:

(1) "Provider" means a person who is approved by the board to administer an examination and to offer an intravenous fluid therapy course which has been approved by the board.

(2) "Person" means an individual, organization, agency, institution or other legal entity.

(3) "Examination" means an intravenous fluid therapy competency examination approved by the board.

(4) "Supervision" means provision of guidance by a qualified nurse for the accomplishment of a nursing task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.

(b) A licensed practical nurse may perform a limited scope of intravenous fluid therapy under the supervision of a registered professional nurse.

(c) A licensed practical nurse may perform an expanded scope of intravenous fluid therapy under the supervision of a registered professional nurse, if the licensed practical nurse:

(1) ~~Has had one year of clinical experience and~~ Successfully completes an intravenous fluid therapy course given by ~~an approved~~ a provider and passes an intravenous fluid therapy examination administered by ~~an approved~~ a provider;

(2) has had one year of clinical experience, has performed intravenous fluid therapy prior to the effective date of this act and has successfully passed an examination; or

(3) ~~has had one year of clinical experience,~~ has

successfully completed an intravenous fluid therapy course not given by an approved provider and has passed an intravenous fluid therapy examination not administered by an approved provider or approved by the board and, upon application to the board for review and approval of such course and examination, ~~has--had~~ the board ~~determine~~ has determined that such course and examination meets or exceeds the standards required under this act for an approved course and approved examination ~~administered--by--a provider~~.

(d) The board may adopt rules and regulations:

(1) Which define the limited and expanded scope of practice of intravenous fluid therapy which may be performed by a licensed practical nurse under the supervision of a registered professional nurse;

(2) which restricts specific intravenous fluid therapy practices;

(3) which prescribe standards for an intravenous fluid therapy course and examination required of an approved provider;

(4) which govern provider record requirements;

(5) which prescribe the procedure to approve, condition, limit and withdraw approval as a provider; and

(6) which further implement the provisions of this section.

(e) An advisory committee of not less than two board members and five nonboard members shall be established by the board to advise and assist the board in implementing this section as determined by the board. The advisory committee shall meet at

least annually. Members of the advisory committee shall receive amounts provided for in subsection (e) of K.S.A. 75-3223 and amendments thereto for each day of actual attendance at any meeting of the advisory committee or any subcommittee meeting of the advisory committee authorized by the board.

(f) On and after July 1, 1995, no licensed practical nurse shall perform intravenous fluid therapy unless qualified to perform intravenous fluid therapy under this section and rules and regulations adopted by the board.

(g) Nothing in this section shall be construed to prohibit the performance of intravenous fluid therapy by a registered professional nurse.

(h) Nothing in this section shall be construed to prohibit performance of intravenous fluid therapy by a licensed practical nurse when performed by delegation of a person licensed to practice medicine and surgery or dentistry.

(i) This section shall be part of and supplemental to the Kansas nurse practice act.

Sec. 3. K.S.A. 1999 Supp. 65-1153 is hereby amended to read as follows: 65-1153. The board may grant a temporary authorization to practice nurse anesthesia as a registered nurse anesthetist: (a) For a period of not more than one year to graduates of a school of nurse anesthesia accredited by the board pending results of the initial examination; or

(b) for ~~180--days-for~~ the needed amount of time to complete the clinical portion of a refresher course ~~and--the--temporary~~

~~authorization--may--be--renewed--by--the-board-for-one-additional period-of-not-to-exceed-180-days;-and~~; or

(c) for a period not to exceed ~~90~~ 120 days. ~~The--90-day temporary-permit-may-be-renewed-for-an-additional-30-days-but-not to-exceed-a-combined-total-of-120-days.~~

Sec. 4. K.S.A. 1999 Supp. 74-1106 is hereby amended to read as follows: 74-1106. (a) Appointment, term of office. (1) The governor shall appoint a board consisting of 11 members of which six shall be registered professional nurses, two shall be licensed practical nurses, one shall be a licensed mental health technician and two shall be members of the general public, which shall constitute a board of nursing, with the duties, power and authority set forth in this act.

(2) Upon the expiration of the term of any registered professional nurse, the Kansas state nurses association shall submit to the governor a list of registered professional nurses containing names of not less than three times the number of persons to be appointed, and appointments shall be made after consideration of such list for terms of four years and until a successor is appointed and qualified.

(3) On the effective date of this act, the Kansas federation of licensed practical nurses shall submit to the governor a list of licensed practical nurses containing names of not less than three times the number of persons to be appointed, and appointments shall be made after consideration of such list, with the first appointment being for a term of four years and the

second appointment being for a term of two years. Upon the expiration of the term of any licensed practical nurse, a successor of like qualifications shall be appointed in the same manner as the original appointment for a term of four years and until a successor is appointed and qualified.

(4) Upon the expiration of the term of any mental health technician, the Kansas association of human services technologies shall submit to the governor a list of persons licensed as mental health technicians containing names of not less than three times the number of persons to be appointed, and appointments shall be made after consideration of such list for terms of four years and until a successor is appointed and qualified.

(5) Each member of the general public shall be appointed for a term of four years and successors shall be appointed for a like term.

(6) Whenever a vacancy occurs on the board of nursing, it shall be filled by appointment for the remainder of the unexpired term in the same manner as the preceding appointment. No person shall serve more than two consecutive terms as a member of the board of nursing and appointment for the remainder of an unexpired term shall constitute a full term of service on such board. With the expiration of terms for the registered professional nurse from education and one public member in July, 2003, the next appointments for those two positions will be for only one year. Thereafter the two positions shall be appointed for terms of four years.

(b) Qualifications of members. Each member of the board shall be a citizen of the United States and a resident of the state of Kansas. Registered professional nurse members shall possess a license to practice as a professional nurse in this state with at least five years' experience in nursing as such and shall be actively engaged in professional nursing in Kansas at the time of appointment and reappointment. The licensed practical nurse members shall be licensed to practice practical nursing in the state with at least five years' experience in practical nursing and shall be actively engaged in practical nursing in Kansas at the time of appointment and reappointment. The governor shall appoint successors so that the registered professional nurse membership of the board shall consist of at least two members who are engaged in nursing service, at least two members who are engaged in nursing education and at least one member who is engaged in practice as an advanced registered nurse practitioner or a registered nurse anesthetist. The licensed mental health technician member shall be licensed to practice as licensed mental health technician in the state with at least five years' experience and shall be actively engaged in the field of mental health technology in Kansas at the time of appointment and reappointment. The consumer members shall represent the interests of the general public. Each member of the board shall take and subscribe the oath prescribed by law for state officers, which oath shall be filed with the secretary of state.

(c) Duties and powers. (1) The board shall meet annually at

Topeka during the month of September and shall elect from its members a president, vice-president and secretary, each of whom shall hold their respective offices for one year. The board shall employ an executive administrator, who shall be a registered professional nurse, who shall not be a member of the board and who shall be in the unclassified service under the Kansas civil service act, and shall employ such other employees, who shall be in the classified service under the Kansas civil service act as necessary to carry on the work of the board. As necessary, the board shall be represented by an attorney appointed by the attorney general as provided by law, whose compensation shall be determined and paid by the board with the approval of the governor. The board may hold such other meetings during the year as may be deemed necessary to transact its business.

(2) The board may adopt rules and regulations not inconsistent with this act necessary to carry into effect the provisions thereof, and such rules and regulations may be published and copies thereof furnished to any person upon application.

(3) The board shall prescribe curricula and standards for professional and practical nursing programs and mental health technician programs, and provide for surveys of such schools and courses at such times as it may deem necessary. It shall accredit such schools and approve courses as meet the requirements of the appropriate act and rules and regulations of the board.

(4) The board shall examine, license and renew licenses of

duly qualified applicants and conduct hearings upon charges for limitation, suspension or revocation of a license or accreditation of professional and practical nursing and mental health technician programs and may limit, deny, suspend or revoke for proper legal cause, licenses or accreditation of professional and practical nursing and mental health technician programs, as hereinafter provided. Examination for applicants for registration shall be given at least twice each year and as many other times as deemed necessary by the board. The board shall promote improved means of nursing education and standards of nursing care through institutes, conferences and other means.

(5) The board shall have a seal of which the executive administrator shall be the custodian. The president and the secretary shall have the power and authority to administer oaths in transacting business of the board, and the secretary shall keep a record of all proceedings of the board and a register of professional and practical nurses and mental health technicians licensed and showing the certificates of registration or licenses granted or revoked, which register shall be open at all times to public inspection.

(6) The board may enter into contracts as may be necessary to carry out its duties.

(7) The board is hereby authorized to apply for and to accept grants and may accept donations, bequests or gifts. The board shall remit all moneys received by it under this paragraph (7) to the state treasurer at least monthly. Upon receipt of any

such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury, and such deposit shall be credited to the grants and gifts fund which is hereby created. All expenditures from such fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the president of the board or a person designated by the president.

(8) A majority of the board of nursing including two professional nurse members shall constitute a quorum for the transaction of business.

(d) Subpoenas. In all investigations and proceedings, the board shall have the power to issue subpoenas and compel the attendance of witnesses and the production of all relevant and necessary papers, books, records, documentary evidence and materials. Any person failing or refusing to appear or testify regarding any matter about which such person may be lawfully questioned or to produce any books, papers, records, documentary evidence or relevant materials in the matter, after having been required by order of the board or by a subpoena of the board to do so, upon application by the board to any district judge in the state, may be ordered by such judge to comply therewith. Upon failure to comply with the order of the district judge, the court may compel obedience by attachment for contempt as in the case of disobedience of a similar order or subpoena issued by the court. A subpoena may be served upon any person named therein anywhere within the state with the same fees and mileage by an officer

authorized to serve subpoenas in civil actions in the same procedure as is prescribed by the code of civil procedure for subpoenas issued out of the district courts of this state.

(e) Compensation and expenses. Members of the board of nursing attending meetings of such board, or attending a subcommittee meeting thereof authorized by such board, shall be paid compensation, subsistence allowances, mileage and other expenses as provided in K.S.A. 75-3223, and amendments thereto.

Sec. 5. K.S.A. 1999 Supp. 65-1124, 65-1136, 65-1153 and 74-1106 are hereby repealed.

Sec. 6. This act shall take effect and be in force from and after its publication in the statute book.

February 21, 2000

On behalf of The Wichita Child Guidance Center and the children of Sedgwick County, I wish to thank you and the fellow committee members for the interest in talking with us today concerning the issues we will present before you today. As you are aware of, we have made every attempt to mediate the issue with ComCare and resolve it at the local level.

I will keep my testimony brief and highlight two concerns. What About The Children? A simple enough question, but profound. Do we care about the children in Wichita and Sedgwick County? Yes. Are we concerned about their natural welfare? Yes. Are we concerned about their mental health? Absolutely! What about the mental health issues that foster care families face daily? What are we going to do about the children?

The Wichita Child Guidance Center is no longer able to serve the children of Wichita and Sedgwick County as a Mental Health Center. As a result of this ruling, many children, adolescents and their families are not able to receive the services that are necessary to their mental well-being.

As a member of the Wichita Child Guidance Center Board of Director's, I have worked along with the members as a team trying to resolve the issues that have caused us to no longer function as a Mental Health Center as defined by the State of Kansas. As you are aware of, we have made every attempt to mediate these issues with ComCare and resolve them at the local level.

I believe that it is very revealing that ComCare admits to having excessive amounts of money in reserves, which even the County Commissioners were surprised about the findings. It is unfortunate that The Wichita Child Guidance Center has gone from a well respected Mental Health Center for 75 years to a daily struggle just to stay open and functional for the few clients we are able to continue serving.

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This brings me to another point, integrity. Trustworthiness. Honesty with self and others. Ability to conform to established principles without hesitation. I know from a personal experience I share when I worked for a Women's Recovery Center in Wichita in 1994. I learned a very important lesson about personal integrity and responsibility of an employee and board members in a most unique way which I will never forget as long as I live. In the case with the director of this organization, submission to one wrong brought on another which ultimately cost her life, as she committed suicide.

I was the Administrative Assistant for the organization. It was my duty to submit reports to the state and county. I was responsible for accounts payable and receivable. I began to notice that the figures in the report did not match. I began to ask for receipts, which I did not get. At that point, I informed the Director that I would no longer sign my name to the reports. I would only type them.

I began to question why the Board meetings were always canceled. The Director always had an excuse why they had to reschedule the meetings. In early March of 1994, I made a judgment call and resigned. I knew without a doubt that there was money that was not being accounted for and I spoke very strongly concerning the issue.

The day following my resignation, I was contacted by the Chairman of The Board and asked to submit in writing to them my concerns and why I resigned. I sent a letter to the Board that same day. I never heard from the again.

Several months later I received a phone call from an employee of the center and was informed that the Director had been asked to resign pending an investigation by the Drug Enforcement Agency. Some weeks later I received another phone call from that same employee and was informed that the Director had committed suicide.

I was shocked at how this happened and kept thinking that had the Board members been a little more responsible to call a meeting and look over the financial reports, they too would have seen that there was money that needed to be accounted for. Just maybe that young 43 year old woman would be alive today.

Mental Health Association of South Central Kansas

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TESTIMONY TO THE KANSAS STATE LEGISLATURE
By: Rose Mary Mohr, Ph.D.
President & CEO
Mental Health Association of South Central Kansas
Date: February 21, 2000

Twenty-one (21) years ago I began my work with the Mental Health Association in Wichita. Each year we touch the lives of thousands of citizens in Sedgwick County, through our programs in Education, Advocacy, and Direct Services. Our funding sources include United Way of the Plains, contributions and fees, grants and contracts, including those implemented through COMCARE. While we are an organization dedicated to improving the lives of persons who suffer with a mental illness and increasing public awareness, we are also a business. That is, we must operate within our means and address in a timely manner those issues which impact our finances and program accountability. During the past year we received CARF accreditation as a community mental health services agency. That was initiated in an effort to assure that our values, policies, and operations are consistent with effective management at all levels of our organization.

The Mental Health Association is an affiliate of COMCARE. We contract with COMCARE to provide services to children and families, as well as adults. Our services have grown out of need demonstrated in Sedgwick County, need that we were capable of meeting, in conjunction with COMCARE, when other alternatives were not in place. Services in Sedgwick County have been and are being provided in a spirit of collaboration that maximizes our utilization of local as well as state and federal resources.

My testimony today is directed against passage of House Bill 2888, for the following reasons:

1. Local issues should be handled by the local mental health authority, consistent with established policy and state statutes.
2. Complaints submitted by a single agency in conjunction with a local dispute should not be the basis for State legislation, unless the State is prepared to deal with similar matters in various other locations with respect to hospitals, schools, social service agencies, and others.
3. The Sedgwick County Board of County Commissioners has been at the helm in the development of a highly effective system of care; because of their elected positions we believe they are best suited to respond to citizen needs, with the guidance of the Mental Health Advisory Council.
4. If, in fact, Sedgwick County were to become an arena in which the State could determine who would provide mental health services, the issues surrounding integrated care would escalate, without clear definition of the locus of responsibility, without continuing State intervention.
5. Collaboration among key stakeholders in developing and implementing an effective system of care at the local level is dependent on responsibilities vested in the local mental health authority. To erode that base in Sedgwick County will serve to escalate issues that surround serving children with special needs, including those in SRS care, adjudicated by the courts, and/or requesting emergency mental health services.

In our contracts with COMCARE, we have found their staff quite willing to address problems, in the interests of improving services to families and children, as well as adults. They expect accountability in meeting contract goals, but they are responsive to agency needs that may arise in fulfilling those contracts. The Sedgwick County Board of County Commissioners demonstrates effectiveness in carrying out its responsibilities through its agents, including the Executive Director, the County Manager, and the Mental Health Advisory Council, whose members represent the community. We implore the Kansas Legislature to recognize the current concerns being raised by a single agency as matters that are of local concern that need to be addressed at that level. Further, that to modify statute and procedure has potential for eroding the system of care set in place across the State of Kansas and for making it vulnerable to out-of-state managed care entities, as has occurred with unfortunate outcomes in other states.

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2-21-2000
Atch #6

FAMILY CONSULTATION SERVICE
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Wichita, Kansas 67203

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Licensed Mental Health Center

Affiliated with
COMCARE
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February 21, 2000

Family Consultation Service
Health & Human Services Committee
(HB 2888) Testimony

Thank you for this opportunity to speak regarding HB 2888.

I am Randy Class, Executive Director of Family Consultation Service (FCS) in Wichita.

FCS is a licensed mental health center by affiliation with COMCARE, the local mental health authority in Sedgwick County. FCS has provided family and marital therapy under the umbrella of comprehensive community mental health services dating back to 1972. With mental health reform legislation in 1991, FCS contracted with COMCARE to provide intensive in-home therapy as a community wrap-around provider.

FCS continues to have an affiliate relationship with COMCARE and signed an updated affiliate contract July 1, 1999.

The other affiliate mental health center in Wichita has been the Wichita Child Guidance Center (WCGC). WCGC did not sign an updated affiliate contract with COMCARE and ceased being a licensed mental health center July 21, 1999.

I bring a perspective to this hearing that is unique, and perhaps, not heard before.

I have spent a career spanning 28 years at FCS. I have worked closely with two previous Executive Directors at both COMCARE and WCGC in addition to the two current Executive Directors. I have participated in monthly affiliate meetings with COMCARE and WCGC dating back to 1991. I know each organization well and have conducted mutual planning and programming together and with each individually.

Why is this history important and what does it have to do with HB 2888?

Some say that HB 2888 is a legislative "fix" for the affiliate dispute currently existent between WCGC and COMCARE in Wichita.

I cannot speak to the specifics of why WCGC did not sign an affiliate agreement. I can only speak of FCS's history and experience in working with COMCARE and my opinion of HB 2888.

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Family Consultation Service
February 21, 2000
HB 2888

I have found COMCARE to be open, flexible and fair in program funding and discussions of service provision. The opportunity for frank and candid discussions between affiliates and COMCARE regarding current and new programming mandates has been available on an on-going basis.

The value of affiliate licensure in a large metropolitan area of like Sedgwick County is the refinement of specialized and exclusive programming by each center to avoid the cost of comprehensive and diverse services by each center. Duplication and competition between affiliates is costly and inefficient.

FCS retains its fiscal integrity by respecting the programming boundaries of its affiliate partners and by refining value driven specialized services.

I feel strongly that local issues need to be resolved locally. The state needs to allow local government the authority to investigate, mediate and resolve its own problems. If this is not possible, then the Secretary of SRS should exercise necessary intervention.

The issue of equitable funding between a local mental health authority and an affiliate is unique to Sedgwick County. HB 2888 has ramifications for all mental health centers across the state. Other mental health centers do not deserve the threat of state intervention in local systems of care that are working wonderfully.

It is commendable that the legislature is sensitive to the quality of public services for their local constituents. What is regrettable is that the admirable work of the state-wide system of mental health centers to their communities with no increased funding for so long is being distracted by the issues of one affiliate center.

Randall M. Class, Executive Director
Family Consultation Service

February 20, 2000

To: Legislative committee

Re: House Bill 2888 introduced by Rep. Brenda Landwher

From: Eloise Reeves
2719 Wilderness Ct.
Wichita, Kansas 67226

Legislators:

I am here today to give testimony in opposition of House Bill 2888 introduced by Rep. Brenda Landwher.

As the mother of two children with brain disorders who both suffer with schizophrenia and bipolar disorder {schizoaffective disorder} I am compelled to respond with praises of gratitude for the help my children have received though ComCare under the excellent guidance of Debra Donaldson. My son Scott is 35 years old and has been ill since early childhood. ComCare has provided psychiatric care, medication management, case management and support for our family as we struggled to care for him. Our daughter is our adopted granddaughter. You see these brain disorders have a biological genetic link. She is 9 years old. ComCare provides her with psychiatric care, medication management, wraparound services which are: case management, play therapy, and behavior therapy, attendant care and respite care. Our daughter Chrissy has already had two hospitalizations, which occurred while she was a client for Wichita Child Guidance Center. They could not provide adequate services to keep her safely in our home. When ComCare took over, appropriate services were put in place and her risk for hospitalization has diminished considerably.

I am a 15 year member of NAMI, and also started the first NAMI- Child and Adolescent Network in Kansas. We are in our third year advocating for and supporting these young families and there ill children. I have work hard for mental health reform in Kansas. This House Bill 2888 jeopardizes all our efforts on behalf of our ill loved ones. We have the system of care we need in place with the existing locally based Mental Health Centers whose primary goal is to serve our loved ones who suffer from these catastrophic debilitating diseases. Please do not pass House Bill 2888!!

Eloise Reeves

Eloise Reeves

HHS
2-21-2000
Atch # 8

Elizabeth A. Fortna
11625 E. 3rd Street
Wichita, KS 67206

Date: February 20, 2000

To: Board of County Commissioners
for Sedgwick County

Re: House Bill 2888

As the parent of two children who struggle constantly with symptoms of severe brain disorders, I vehemently oppose House Bill 2888. Leslie, my daughter, became incapacitated with manic-depressive disorder, obsessive-compulsive disorder, and attention-deficit/hyperactivity disorder at the age of nine. Because of the severity of her illnesses, I was forced to take a leave of absence from my teaching position to help stabilize her with medication. Approximately one year later, her brother Adam began to show dramatic symptoms of mental illness. During the following year, Adam was diagnosed with schizo-affective disorder, obsessive-compulsive disorder, seizure disorder, and attention-deficit disorder. Because both of my young children were actively symptomatic and suicidal most of the time, they required supervision around the clock. After eighteen years of teaching, I had to quit my profession in order to care for my sick children. My husband abandoned me and his ill children, and we subsequently plummeted into the abyss of poverty and despair.

My children's salvation eventually appeared in the form of the SED Waiver, which was processed through the county mental health facility called COM-CARE. Within six weeks of beginning services with COM-CARE, my family's quality of life improved significantly. Both of my children were assigned case managers, who immediately provided essential wrap-around services. Leslie and Adam received attendant care, respite care, psycho-social groups, individual therapy, and psychiatric services. Their strengths-based plans of care were individualized to meet their specific needs. Since all of the services were coordinated through one mental health facility, each person involved in their care communicated frequently and consistently. Needless to say, my family was given a second chance at life. I was able to return to work with the excellent support and care provided by COM-CARE, and now my family has a positive outlook on the future.

Please do not jeopardize my children's lives with the passage of House Bill 2888; without COM-CARE, our lives will certainly destruct.

Wichita, Ks.
February 20, 2000

To: Board of County Commissoners, Sedwick County

Re: H.B. 2888

It has come to my attention that H.B. 2888 will be discussed in the House of Representatives in the very near future.

I am very much opposed to this Bill, after hearing the contents and the direction it will take.

I have a mentally ill son that has been served well for the past 12 years in the Wichita community and under the auspices and support of COM CARE. Before that time, he was in Topeka State hospital and various other facilities and received less than adequate support and care.

We have worked long and hard to have this excellent facility in place and work so well for so many mentally ill persons.

It's the old adage - if it works, don't fix it! ! !

Sincerely,

Vivian Schuhs

Vivian Schuhs
1564 Womer
Wichita, Ks. 67203
Ph. 316-9430469

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February 20, 2000

Board of County Commissioners

Dear Sirs/Madam:

After my son was diagnosed with a mental illness, we called on COMCARE for support. My son, his case manager and my self have worked hand in hand with COMCARE for his care and well-being. The doctors have been understanding and patient.

Under the caring concern of his case manager, my son had made substantial progress in his recovery. I would like very much for this relationship to continue in hopes of making further progress.

Sincerely,

Rose Stengel

Rose Stengel
Wichita, Kansas

600 Birkdale Drive
Wichita, KS 67230
Telephone: 316-733-2456
February 20, 2000

To the Members of the Board of County Commissioners, Sedgwick County
525 North Main
Wichita, Kansas 67201

Dear Commissioners:

I am writing this letter in opposition to House Bill 2888 introduced by Rep. Brenda Landwher.

As a parent of a son, age 41, who suffers with schizophrenia, and as a member of NAMI, Wichita, NAMI, Kansas, and the Mental Association, I have been directly involved for many years in securing the best quality of mental health care for Kansas and for our community of Sedgwick County. HB 2888 would erase those years of innovative planning and rob our mentally ill loved ones of their right to a unified system of care and treatment.

After long months of negotiations and compromise, Mental Health Reform was finally achieved in Kansas. House Bill 2888 would destroy our integrated community based system of mental health care in Kansas and eliminate the single mental health authority in our state for the delivery of mental health services.

Each community in Kansas must retain the right to develop their locally based mental health services to meet the specific needs locally identified. ComCare of Sedgwick County has given top priority to securing the best in comprehensive community mental health care to these persons with severe mental illness. I am proud of ComCare's commitment and dedication to these goals.

Sincerely,

Joan Navrat

Joan Navrat

Association of Community Mental Health Centers of Kansas, Inc.
700 SW Harrison, Suite 1420, Topeka, KS 66603-3755
Telephone (785) 234-4773 Fax (785) 234-3189
Web Site: www.acmhck.org

KANSAS HOUSE COMMITTEE

ON

HEALTH AND HUMAN SERVICES

TESTIMONY ON

HB No. 2888

February 21, 2000

David Wiebe, President
Association of Community Mental Health Centers of Kansas

And

Executive Director
Johnson County Mental Health Center
Mission, Kansas

The Association of Community Mental Health Centers of Kansas represents the 29 licensed Community Mental Health Centers in the State. These Centers serve all 105 Kansas Counties; treat nearly 100,000 consumers each year; and, collectively, are the backbone of the Kansas public mental health system. Our membership has major concerns about HB 2888 and the impact it would have on the ability of local communities and local government to determine what's best for their community.

The Kansas Community Mental Health Centers Act was passed in 1962, as a partnership between the state and county government. At the community level, this Act established the principle of a single, accountable, governing "authority" for each Mental Health Center service area. That governing structure is determined and established by the County Commission for each county, or group of counties. The governing body can be a board created by the County Commission; a private non-profit corporation contracting with the County Commission; or, in the case of Sedgwick, Johnson, and Wyandotte Counties, the Commission, itself. Once established, the governing board identifies community priorities; determines the service delivery structure; receives all public mental health funds; and provides, or contracts for, all services.

HB 2888 would do away with the single local governing body concept, and create confusion about who has ultimate responsibility for critical local services, such as gatekeeping into the public mental health system. It would set up a situation where the State could simply step in and make decisions that are more appropriately, and better, made at the local level. We believe the originally established principle of local governance and local decision-making has served our communities and consumers well for the last 40 years, and should not be disrupted.

A second concern pertains to the financial investment by Kansas Counties in their local Mental Health Centers. Currently, all 105 Kansas Counties participate in this financial partnership, contributing a total of nearly $20 million dollars annually, not counting millions of dollars in additional in-kind services. The metropolitan counties alone, which are potentially most affected by this bill, provide over $10 million dollars of this funding. We think it's reasonable to assume that the more local decision-making shifted to the state, the counties' financial commitment will diminish.

Finally, it is our perception that HB 2888 is primarily the result of a conflict in Sedgwick County between the county government and one of its contracted affiliates. We do not believe conflicts such as this should be resolved by legislation. The Department of Social and Rehabilitation Services, through its licensing rules and regulations; extensive contractual requirements; field quality assurance staff; and periodic audits has considerable existing authority to assure that consumers are properly served; that services meet standards of quality; and that state funds are properly accounted for.

In short, an effective partnership has been developed in the last 40 years between the state and county governments which balance authority, accountability, and financial responsibility. We think HB 2888 would significantly, and negatively, upset this balance.

Thank you for the opportunity to testify.

Johnson County, Kansas

Office of the County Administrator

FEBRUARY 21, 2000
TESTIMONY REGARDING HB 2888
HOUSE HEALTH & HUMAN SERVICES COMMITTEE
DANA FENTON, INTERGOVERNMENTAL RELATIONS COORDINATOR

Mister Chairman and members of the committee, my name is Dana Fenton, Intergovernmental Relations Coordinator for Johnson County, Kansas. Thank you for this opportunity to appear in front of the committee. I am here today on behalf of the Johnson County Commission to express our OPPOSITION to HB 2888. The basis of our position rests in the belief that local officials should be able to conduct the business of government in a manner that results in maximum benefit to the community.

Our major concern with HB 2888 is that it removes the statutory option of the County Commissions in Johnson, Sedgwick and Wyandotte from serving as the governing board of their respective mental health centers. Currently, the Johnson County Commission appoints a seven-member Mental Health Center governing board. The County Commission exercises control over the Johnson County Mental Health Center through its budgetary, financial and other administrative systems. For instance, the County Commission approves the allocation of local tax dollars for the Mental Health Center. Approximately, $6.5 million of such support was allocated in FY 2000 for mental health programs. Although we have not exercised the statutory option this bill proposes to remove, we object to its removal from current law. This is an option that is best left for local leaders to pursue.

Second, this bill would allow the Kansas Department of Social & Rehabilitative Services (SRS) to contract directly with, and fund, non-participating mental health centers who do not have a contract with the community mental health center for their service area. If this amendment is allowed to stand, a situation could occur whereby SRS enters into a contract with a provider who does not meet the standards and expectations of the local mental health community. These local standards and expectations are established through the collaborative efforts of the mental health center, service providers and mental health consumers. If SRS designated providers do not meet local expectations, consumers will still go to the Board of County Commissioners to express their concerns. In such cases, our County Commission would be forced to say "Go to SRS" by virtue of the fact SRS had entered into the contract with those service providers. This amendment would create a fragmented authority for the provision of mental health services.

Finally, this bill would allow for more than one licensed mental health center in a service area without requiring they be tied together through an affiliation agreement or other contract. This could open up the door for other organizations to receive a community mental health center license. Our County Commission, the Johnson County Mental Health Center governing board, service providers and consumers have worked together to create and maintain a continuum of mental health services. This amendment would upset that continuum of services we have worked so hard to create.

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2-21-2000
Atch #10

If any of the amendments are allowed to stand, the successful passage of HB 2888 could effectively disenfranchise County Commissioners from the mental health service delivery system. We do not believe this is the time for the State to disrupt the successful State-Local Mental Health Partnership built over the last 35 years and cemented with Mental Health Reform during the last decade. Mental Health Reform has led to better services available for mental health consumers. The better services are available because the State, County Commissions, service providers, and consumers have worked together. This effort has been solidified because the State Legislature and County Commissions have both committed more tax dollars to the system. The proposed amendments have the potential of creating a fragmented and rudderless community mental health system. Such a situation would not be of benefit to the community. We are sure this is not the intent of HB 2888.

We respectfully request that the full House Health & Human Services Committee report this bill not favorable for passage.

Thank you Mister Chairman and I will be glad to stand for questions.

THE KANSAS PHARMACISTS ASSOCIATION
1308 SW 10TH AVENUE
TOPEKA, KANSAS 66604-1299
PHONE (785) 232-0439
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ROBERT R. (BOB) WILLIAMS, M.S., C.A.E.
EXECUTIVE DIRECTOR

TESTIMONY
HB 2814
House Committee On Health and Human Services
February 17, 2000

My name is Bob Williams, Executive Director of the Kansas Pharmacists Association. Thank you for this opportunity to address the Committee regarding HB 2814.

The cost of prescription medication has been a major concern for pharmacists in Kansas for a number of years. This is particularly true for pharmacists working with elderly patients who take a number of different drugs and are on limited, fixed incomes. Many pharmacists offer "senior discounts."

Representative Mayans has spoken with me on several occasions regarding the provisions in HB 2814. Of particular concern to Representative Mayans was whether or not the reimbursement to pharmacists, as outlined in the bill, would be reasonable enough to encourage participation by pharmacists. To that end, I did an unscientific "straw poll" of KPhA members. The majority of respondents indicated the reimbursement outlined in the bill would be the "minimum" reimbursement they would accept for such a program.

Because of our concern for senior adults and the need for appropriate, rational drug therapy, KPhA supports HB 2814.

Thank you.

TESTIMONY FOR HB 2760
HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
Submitted by Craig Collins, J.D.
KADACA Executive Director
Monday, February 21, 2000

TO: Chairperson Boston and Committee members

Thank you for this opportunity to appear and present testimony on behalf of HB 2760, the Addiction Counselor Licensure Act. My name is Craig Collins and am the Executive Director for the Kansas Alcoholism and Drug Addiction Counselors Association (KADACA). KADACA is a state-wide association with approximately 500 members who are alcohol and drug addiction counselors or have strong interest in the alcohol and drug field. KADACA also provides services to non-member counselors by way of workshops, newsletters and other informational mailings.

The background of the licensure bill will be presented by Ron Eisenbarth, Chair, KADACA's Legislative Committee, so my presentation will focus on the bill itself. A proposed bill must meet the public need, which this bill fully does.

Do to the brevity of time today, my testimony will be succinctly presented. Additional information may be submitted subsequently for clarification or supplementation.

The following are key points for consideration of HB 2760:

1. Creates uniform standards for qualifications for those performing alcohol and drug counseling to Kansans. Currently, standards for various credentials are diverse.

2. Allows for a mechanism to hold individuals accountable for those performing alcohol and drug counseling to Kansans. Since there is not licensure at the present time, there is no manner by which the state can enforce action in situations of malpractice or to prohibit the counselor from continuing to practice.

3. Protects Kansans by providing assurances that licensed addiction counselors have met qualifications to possess a level of competence not presently available in Kansas. As with licensing of all professions by the state, the public will know that a licensed addictions counselor has met certain standards. It is only through licensure of addiction counselors can standards be established as to professional competency.

4. Would allow various Kansas agencies and departments, such as Department of Corrections and SRS, to have a recognizable license for use in providing services.

5. Would allow existing statutes to be amended to fulfill the Legislature's intent in the area of DUI, specifically, K.S.A. 8-1567 and 8-1008. This important area is without guidance for the sentencing judge as to competency of those performing evaluation and providing treatment which are mandatory requirements.

Due to the enormous impact of alcohol and drug abuse to the Kansas economy and to Kansans individually, licensure for addiction counselors is necessary. KADACA has worked very closely with other stakeholders in the development of HB 2760. We seek your support of this very needed legislation.

Kansas would be well served with the passage of HB 2760. I stand for any questions.

BILL GRAVES
Governor

Phyllis Gilmore
Executive Director
(785) 296-3207
E-mail: pgilmore@ink.org

Behavioral Sciences Regulatory Board
712 S. Kansas Ave.
Topeka, Kansas 66603-3817 (785) 296-3240 FAX (785) 296-3112

HOUSE TESTIMONY
HEALTH AND HUMAN SERVICES

February 21, 2000

Mister Chairman and Committee Members:

Thank you for the opportunity to testify in support of HB 2760. I am Phyllis Gilmore the Executive Director of the Behavioral Sciences Regulatory Board.

The BSRB is the licensing board for most of the state's mental health professionals, the doctoral level psychologists, the master level psychologists, the bachelor, master and clinical level social workers, the master level professional counselors, and the master level marriage and family therapists. Additionally, some of the drug and alcohol counselors are registered with us, although most of them are registered with SRS at the present time.

Since licensure is a legislative decision, the BSRB is neutral in its recommendation to the legislature. However, should you decide to move forward in this discussion the board does have what it considers to be a friendly amendment relating to the issue of confidentiality and privileged communication.

Also, should you decide to pass HB 2760, please know that we would heartily welcome the addictions counselors and feel that we can serve them without any additional FTE's.

Thank you for the opportunity speak to you this afternoon. I will be happy to stand for questions.

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