

Approved: 2-22-00  
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on February 15, 2000 in Room 526-S of the Capitol.

All members were present except:

Committee staff present:

Lisa Montgomery, Revisor of Statutes  
Hank Avila, Legislative Research Department  
JoAnn Bunten, Committee Secretary

Conferees appearing before the committee:

Pam Scott, Executive Director, Kansas Funeral Directors and Embalmers Assn.  
Mack Smith, Executive Secretary, Kansas State Board of Mortuary Arts  
Charles DeCarli, MD, Director, University of Kansas Alzheimer's Disease Center  
Cynthia Teel, PhD., RN, Director, Education and Information Transfer, University of  
Kansas Alzheimer's Disease Center

Others attending: See attached list

**Hearing on: SB 556 - Who has right to disposition of a decedents remains**

Pam Scott, Executive Director, Kansas Funeral Directors and Embalmers Association, testified before the Committee in support of **SB 556** which would establish a chain of authority for deciding the disposition of the body of a deceased person. Ms. Scott also offered amendments which would clarify language in the bill pertaining to disposition of the body as shown in her written testimony and balloon of the bill. (Attachment 1)

Also testifying in support of the bill was Mack Smith, Executive Secretary, State Board of Mortuary Arts, who offered the same amendments as Ms. Scott's. (Attachment 2)

There were no opponents to **SB 556**.

**Hearing on: SB 557 - Regulation and licensing of crematories**

Mack Smith, Board of Mortuary Arts, testified in support of **SB 557** which would give authority to the Board of Mortuary Arts to regulate crematoriums which are currently not licensed or regulated in Kansas. Mr. Smith noted that they have met with the Kansas Funeral Directors Association and worked on the contents of the bill in an attempt to make the final product as fair and workable as possible. He offered proposed amendments to the bill as outlined in his written testimony. (Attachment 3)

Pam Scott, Kansas Funeral Directors and Embalmers Association, expressed her support for the bill as well as offering proposed amendments shown in a balloon of the bill. (Attachment 4) During Committee discussion it was noted that the decedent's ashes can presently be scattered anywhere. Educational requirements and regulations for funeral directors and embalmers were also discussed.

There were no opponents to the bill.

**Hearing on SCR - 1636 Support of Alzheimer's disease pilot project**

Charles DeCarli, MD, Director, University of Kansas Alzheimer's Disease Center, and Cynthia Teel, PhD. RN, Director, Education and Information Transfer, University of Kansas Alzheimer's Disease Center, testified before the Committee in support of **SCR 1636**. The University of Kansas Alzheimer's Disease Center has proposed the Kansas Memory Assessment Program, at a cost of \$21,035.00, and its goals are: (1) the support of access to dementia diagnosis and treatment services for rural families, and (2) support for the education of rural health care providers in the diagnosis and management of persons with dementia. Dr. DeCarli and Dr. Teel provided the Committee information about the program as outlined in their written material. (Attachment 5)

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S, Statehouse, at 10:00 a.m. on February 15, 2000.

There were no opponents to SCR 1636.

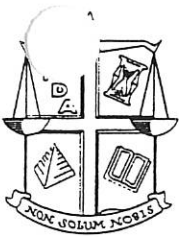
Senator Salmans made a motion the Committee recommend SCR 1636 be adopted, seconded by Senator Lee. The motion carried.

**Adjournment**

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

The next meeting is scheduled for February 16, 2000.





# KANSAS FUNERAL DIRECTORS AND EMBALMERS ASSOCIATION, INC.

1200 S. KANSAS AVENUE ♦ PO BOX 1904 ♦ TOPEKA, KS 66601-1904  
PHONE (785) 232-7789 ♦ FAX (785) 232-7791

AFFILIATED WITH NFDA

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## EXECUTIVE DIRECTOR

**PAM SCOTT**  
Topeka

Date: February 15, 2000

To: Senate Public Health and Welfare Committee

From: Pam Scott  
Executive Director

Re: Senate Bill No. 556

Madam Chair and members of the Committee, I am Pam Scott, Executive Director of the Kansas Funeral Directors and Embalmers Association (KFDA). I appear before you today in support of Senate Bill No. 556.

Senate Bill No. 556 would define who has the right to direct the final disposition of a deceased's remains. This is an issue that has become very prevalent today. The funeral director often encounters this issue when the deceased has not expressed his or her wishes to family members prior to death. It becomes a divisive issue in situations where family members can not agree over the manner or location of final disposition. Confrontations are more common today than in the past because of an increase in divorce, remarriage and situations where there is no spouse but a "significant other" of the opposite or same sex. Also today families are more mobile and often spread around the country. This makes it difficult to obtain consent for disposition from family members located across the country.

Kansas has no statutory law governing who has the right to control disposition of a deceased. The right to control is governed by Kansas case law which has generally recognized that next-of-kin has a personal right to possess the dead body of a relative for the purpose of preserving and burying it. Alderman v. Ford, 146 Kan. at 700 (1937). Typically this right belongs to the surviving spouse. If there is no spouse, then the right passes to other next-of-kin in order of intestate succession. When the issue of who has the right to control disposition has been before Kansas courts, the courts have considered each case in equity, on its own merits, taking into consideration the interest of the public, the wishes of the decedent, religious beliefs, and the feelings of those entitled to be heard by reason of relationship to or association with the deceased. Cordts v. Cordts, 154 Kan. 354 (1941).

Senate Bill No. 556 lists in order of priority, the persons who shall have the right to control disposition. First priority under the legislation goes to an agent appointed pursuant to a Durable Power of Attorney for Health Care Decisions. Kansas law at K.S.A. 58-625 et seq. allows a person to appoint an agent to make decisions concerning disposition of the person's body after death. This gives a person the power

Senate Public Health & Welfare  
Date: 2-15-00  
Attachment No. 1



to control his or her own manner of disposition even if family members object to the type of disposition the person chooses.

After the agent for health care decisions, the hierarchy of priority follows the order of intestate succession. The surviving spouse has the right to make decisions concerning disposition followed by the surviving adult children and then the deceased's parents.

Under Section 1(a)(3) of the bill, if there is more than one adult child, any adult child who confirms in writing the notification of all other adult children may authorize disposition unless written objection is received by the funeral home or crematory from another adult child.

If there is no next-of-kin available to direct disposition, Section 1(a)(6), provides that the guardian of the decedent at the time of death can direct disposition. This is needed because often the decedent has no family, has been in nursing home care, or institutionalized. In such cases a guardian often has appointed to attend to their affairs. Often the decedent has been on public assistance and funds will be available under the Funeral Assistance Program for disposition. This provision would allow the guardian to authorize disposition including cremation, which is the least expensive means of disposition. Currently such an individual could not be cremated because there is no next-of-kin to authorize cremation.

The final two persons having authority to control disposition are the personal representatives of the deceased and then, in the case of an indigent, the public official charged with arranging final disposition such as a county coroner.

Section 1(b) of the bill protects the funeral home, crematory and funeral director from liability for carrying out the instructions of those legally entitled to make decisions concerning disposition pursuant to this act. This type of provision is found in most, if not all, state statutes dealing with the right to control disposition.

The State Board of Mortuary Arts has included in Senate Bill No. 557 (a cremation regulation bill) a section concerning the right to control disposition. The KFDA has worked with the State Board of Mortuary Arts to make Senate Bill No. 556 and New Section 15 of Senate Bill No. 557 identical. To accomplish this, we are asking you to accept the attached amendments to Senate Bill No. 556. The amendments are not substantive in nature and make the provisions of this legislation applicable to all types of disposition.

Kansas is in need of specific statutes setting forth who has the authority to make decisions concerning disposition of a deceased's remains. Such a law will provide direction to funeral directors and provide clarity to families making arrangements for deceased loved ones.

We urge you to support this legislation to put an end to the uncertainty that currently exists under Kansas law. I would be happy to answer any questions you may have.

1-3

Session of 2000

# SENATE BILL No. 556

By Committee on Public Health and Welfare

2-2

1 is entitled to control final disposition.  
 2 Sec. 2. This act shall take effect and be in force from and after its  
 3 publication in the statute book.

9 AN ACT concerning the right to control the disposition of a decedent's  
 10 remains.

11

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

13 Section 1. (a) The following persons, in order of priority stated, ~~when~~  
 14 ~~persons in prior classes are unavailable at time of death,~~ may order any  
 15 lawful manner of final disposition of a decedent's remains including bur-  
 16 ial, cremation, entombment or anatomical donation:

17 (1) The agent for health care decisions established by a durable power  
 18 of attorney for health care decisions pursuant to K.S.A. 58-625, *et seq.*,  
 19 and amendments thereto, if such power of attorney conveys to the agent  
 20 the authority to make decisions concerning disposition of the deceased's  
 21 body;

22 (2) the spouse of the decedent;

23 (3) the decedent's surviving adult children. If there is more than one  
 24 adult child, any adult child who confirms in writing the notification of all  
 25 other adult children may ~~serve as the authorizing agent~~ unless the cre-  
 26 matory authority receives written objection to the ~~cremation~~ from another  
 27 adult child;

28 (4) the decedent's surviving parents;

29 (5) the persons in the next degree of kinship under the laws of de-  
 30 scendent and distribution to inherit the estate of the deceased. If there is  
 31 more than one person of the same degree, any person of that degree may  
 32 direct the manner of disposition;

33 (6) a guardian of the person of the decedent at the time of such  
 34 person's death;

35 (7) the personal representative of the deceased; or

36 (8) in the case of indigents or any other individuals whose final dis-  
 37 position is the responsibility of the state or county, the public official  
 38 charged with arranging the final disposition pursuant to K.S.A. 1999 Supp.  
 39 22a-215 and amendments thereto.

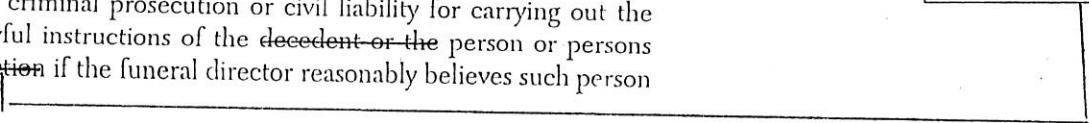
40 (b) A funeral director, funeral establishment or crematory shall not  
 be subject to criminal prosecution or civil liability for carrying out the  
 otherwise lawful instructions of the ~~decedent or the~~ person or persons  
 41 under ~~this section~~ if the funeral director reasonably believes such person

direct the manner of disposition

funeral establishment or

manner of disposition

subsection (a)

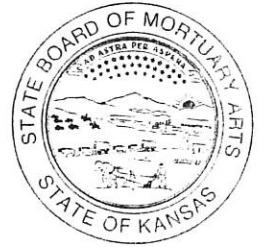


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*The Kansas*  
*State Board of Mortuary Arts*

CREATED AUG. 1, 1907

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INSPECTOR  
SUSAN J. TEMPLE,  
OFFICE MANAGER

Tuesday, February 15, 2000

Madam Chairman and Members of the Committee:

Thank you for the opportunity to appear before you today. My name is Mack Smith, and I'm the executive secretary to the Kansas State Board of Mortuary Arts. I appear before you today in support of Senate Bill 556.

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I would like to request that the committee consider the following amendments to the bill that are outlined in a document that is a part of the handout that has been provided to you:

- 1) On page 1, lines 13-14, eliminate " , when persons in prior classes are unavailable at time of death," add "
- 2) On page 1, line 25, eliminate "serve as the authorizing agent" and add "direct the manner of disposition" and after the words: "unless the," and add "funeral establishment or"
- 3) On page 1, line 26, eliminate the word "cremation" and add "manner of disposition"
- 4) On page 1, line 42, eliminate the words "the decedent or"

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There is currently no law governing control of disposition of the deceased. Passage of this bill would rectify a situation that is often confusing to both families and funeral homes.

Thank you in advance for your consideration. I would be glad to attempt to answer any questions that you may have.

Sincerely,

Mack Smith, Executive Secretary  
Kansas State Board of Mortuary Arts

MS  
enclosure

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SENATE BILL No. 556

By Committee on Public Health and Welfare

2-2

10 AN ACT concerning the right to control the disposition of a decedent's  
11 remains.

12

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

14 Section 1. (a) The following persons, in order of priority stated, ~~when~~  
15 ~~persons in prior classes are unavailable at time of death,~~ may order any  
16 lawful manner of final disposition of a decedent's remains including bur-  
17 ial, cremation, entombment or anatomical donation:

18 (1) The agent for health care decisions established by a durable power  
19 of attorney for health care decisions pursuant to K.S.A. 58-625, *et seq.*,  
20 and amendments thereto, if such power of attorney conveys to the agent  
21 the authority to make decisions concerning disposition of the deceased's  
22 body;

23 (2) the spouse of the decedent;

24 (3) the decedent's surviving adult children. If there is more than one  
25 adult child, any adult child who confirms in writing the notification of all  
26 other adult children may ~~serve as the authorizing agent~~ **direct the manner of**

27 **disposition** unless the **funeral establishment or** cre-  
28 matory authority receives written objection to the cremation **manner of**

29 **disposition** from another  
30 adult child;

31 (4) the decedent's surviving parents;

32 (5) the persons in the next degree of kinship under the laws of de-  
33 scendent and distribution to inherit the estate of the deceased. If there is  
34 more than one person of the same degree, any person of that degree may  
35 direct the manner of disposition;

36 (6) a guardian of the person of the decedent at the time of such  
37 person's death;

38 (7) the personal representative of the deceased; or

39 (8) in the case of indigents or any other individuals whose final dis-  
40 position is the responsibility of the state or county, the public official  
41 charged with arranging the final disposition pursuant to K.S.A. 1999 Supp.  
42 22a-215 and amendments thereto.

43 (b) A funeral director, funeral establishment or crematory shall not  
be subject to criminal prosecution or civil liability for carrying out the  
otherwise lawful instructions of ~~the decedent or~~ the person or persons

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State Board of Mortuary Arts*

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INSPECTOR  
SUSAN J. TEMPLE,  
OFFICE MANAGER

Tuesday, February 15, 2000

Madam Chairman and Members of the Committee:

Thank you for the opportunity to appear before you today. My name is Mack Smith, and I'm the executive secretary to the Kansas State Board of Mortuary Arts. I appear before you today in support of Senate Bill 557, which would allow the Mortuary Arts Board to license and regulate all crematories in the state of Kansas.

---

I would like to request that the committee consider the following amendments to the bill that are outlined in a document that is a part of the handout that has been provided to you:

- 1) On page 1, line 36, add "if the applicant is a corporation"
- 2) On page 2, line 11, add "if the applicant is a corporation"
- 3) On page 10, line 5, eliminate the word "any"
- 4) On page 10, line 10, eliminate the word "that" and replace with "the notification of"
- 5) On page 10, line 11, eliminate the words "do not object" and "serve as the authorizing agent" and replace with "direct the manner of disposition" and "funeral establishment or"
- 6) On page 10, line 12, eliminate the word "cremation" and replace with "manner of disposition"
- 7) On page 10, lines 22 & 23, eliminate the words "in accordance with K.S.A. 1999 Supp. 22a-215 and amendments thereto," and on line 23 change "individual" to "individuals"
- 8) On page 10, line 24 at the end of the sentence add ", the public official charged with arranging the final disposition to K.S.A. 1999 Supp. 22a-215 and amendments thereto."
- 9) On page 10, line 27, eliminate the words "the decedent or"

---

This bill is based on model legislation of the Cremation Association of North America (CANA.) The Mortuary Arts Board has met with the Kansas Funeral Directors Association (KFDA), and we have worked together with the contents of this bill in an attempt to make the final product as fair and workable as possible. The association is



aware of the requested amendments, and they may have amendments of their own to request of the committee.

The Mortuary Arts Board currently licenses, inspects and regulates funeral homes in the state of Kansas. With 13 of the 14 crematories located in conjunction with funeral homes, the board's inspector would be able to conduct the necessary inspections with relative ease. The board does not anticipate the need for any additional personnel should this legislation pass and become law on January 1, 2001. Start up costs for the board would include the training of staff relating to inspection and regulation of crematories. The Cremation Association of North America (CANA) offers a course for cremation operators that would need to be attended by staff, and there would be costs of licenses, developing/incorporating paperwork such as applications, inspection reports and similar documents necessary. The Board anticipates spelling out many of the specific requirements for the crematories via regulation—similar to the manner in which funeral homes are licensed and regulated. Development of these regulations would allow for input from all interested parties—prior to the actual hearing process required with adopting regulations in the state of Kansas.

The bill contains provisions defining the individuals responsible for final disposition of decedents (section 15 on pages 9 & 10.) It also contains a section (10) defining the maximum fees that could be charged by the board—with the actual fees being set via regulation. The board is requesting that the fee maximums currently in place be increased due to being at or near the end of current maximums. Fees currently in place were increased 1/1/2000 after remaining the same for six years. A copy of information provided by the Division of Budget regarding the Agency Mission and Strategic Plan, Fee Fund Review as well as agency information and budgetary figures is also a part of information that has been provided to the committee. Additional information is a part of the fiscal impact statement of the bill that is assembled by the Division of Budget.

Currently crematories are not licensed or regulated in the state of Kansas. The number of Kansas consumers selecting cremation as their choice of final disposition upon death has increased drastically through the years. In 1970, only 4.59% of all deaths in the USA selected cremation. The rate almost doubled over the next ten years with a cremation rate of 9.74% in 1980. The rate almost double again in the following ten year period with a cremation rate of 17.02%. The cremation rate in the state of Kansas in 1998 (the most recent statistical year available) was 16.29%. The Kansas cremation rate projected by CANA (Cremation Association of North America) for year 2000 is just less than 20% with a rate of more than 54% projected for the state of Kansas in year 2010. There are only 14 other states projected to have higher cremation rates than Kansas for the year 2010.

This salient change in our social attitude about disposition of the body has



required new and additional regulations to cover those cremation facilities. With 26 of 50 states (based on figures provided by the International Conference of Funeral Service Examining Boards) currently regulating cremation, the increased number of questions coming into our office relating to cremation, the problems in other states with high cremation rates and the disposition figures previously mentioned, the Mortuary Arts Board believes that now is an appropriate time to request this legislation, and I would ask your support of the bill. I would be glad to attempt to answer any questions of the committee.

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By Committee on Public Health and Welfare

2-2

9 AN ACT relating to the Kansas state board of mortuary arts; regulating  
10 crematories; amending K.S.A. 65-1723 and 65-1732 and K.S.A. 1999  
11 Supp. 65-1727 and repealing the existing sections.  
12

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

14 New Section 1. (a) Any person doing business, or any cemetery, fu-  
15 neral establishment or branch establishment, corporation, partnership,  
16 joint venture, voluntary organization or any other entity if licensed under  
17 the authority of this act may erect, maintain and conduct a crematory and  
18 provide the necessary appliances and facilities for the cremation of human  
19 remains in accordance with the provisions of this act.

20 (b) A crematory authority shall be subject to all local, state and federal  
21 health and environment protection requirements and shall obtain all nec-  
22 essary licenses from the state board of mortuary arts.

23 (c) A crematory may be constructed on or adjacent to any cemetery,  
24 in or adjacent to any funeral establishment or branch establishment or at  
25 any other location consistent with local zoning regulations or state laws.

26 (d) All applications for licensure as a crematory authority shall be on  
27 forms furnished and prescribed by the state board of mortuary arts.

28 (e) Applications for crematory authorities in existence prior to the  
29 effective date of this act shall be provided to the state board of mortuary  
30 arts with the following information:

31 (1) The full name and address, both residence and business, of the  
32 applicant, if the applicant is an individual, the full name and address of  
33 every member and the business, if the applicant is a partnership, the full  
34 name and address of every member of the board of directors and the  
35 business, if the applicant is an association, and the name and address of  
36 every officer and director ***if the applicant is a corporation;***

37 (2) the address and location of the crematory;

38 (3) evidence confirming the date the cremation authority was  
39 established;

40 (4) a description of the type of structure and equipment being used  
41 in the operation of the crematory;

42 (5) copies of all current licenses and permits required for a crematory  
43 to operate; and



2

1 (6) any further information that the state board of mortuary arts rea-  
2 sonably may require.

3 (f) Applications for new crematory authorities shall be submitted in  
4 writing on forms provided by the state board of mortuary arts and shall  
5 contain the following:

6 (1) The full name and address, both residence and business, of the  
7 applicant, if the applicant is an individual, the full name and address of  
8 every member and the business, if the applicant is a partnership, the full  
9 name and address of every member of the board of directors and the  
10 business, if the applicant is an association, and the name and address of  
11 every officer and director **if the applicant is a corporation;**

12 (2) The address and location of the crematory;

13 (3) a description of the type of structure and equipment to be used  
14 in the operation of the crematory;

15 (4) copies of all applications for and any licenses or permits issued  
16 for a crematory to operate; and

17 (5) any further information that the state board of mortuary arts rea-  
18 sonably may require.

19 (g) Each crematory authority shall submit a biennial renewal appli-  
20 cation and report with the state board of mortuary arts, accompanied with  
21 a fee fixed by the state board of mortuary arts under K.S.A. 1999 Supp.  
22 65-1727 and amendments thereto and shall be due and paid to the state  
23 board of mortuary arts on or before the expiration date of such license.  
24 The disposition of all funds collected under the provision of this act shall  
25 be in accordance with the provisions of K.S.A. 65-1718 and amendments  
26 thereto.

27 (h) Each crematory authority license shall expire every two years on  
28 a date established by the state board of mortuary arts by duly adopted  
29 rules and regulations.

30 (i) It is unlawful for any person who does not hold a crematory au-  
31 thority license to operate, offer to operate, advertise or represent oneself  
32 as operating a crematory.

33 New Sec. 2. Except as otherwise provided in this section, a crema-  
34 tory authority shall not cremate human remains until it has received:

35 (1) A cremation authorization form signed by an authorizing agent.

36 The cremation authorization form shall be provided by the crematory  
37 authority and shall contain, at a minimum, the following information:

38 (A) The identity of the human remains and the time and date of  
39 death;

40 (B) the name of the funeral director or assistant funeral director and  
41 the funeral establishment or branch establishment or the authorizing au-  
42 thority if self motivated, that obtained the cremation authorization;

43 (C) notification as to whether the death occurred from a disease de-



1 may order any lawful manner of final disposition of a decedent's remains,  
2 including burial, cremation, entombment or anatomical donation:  
3 (1) The agent for health care decisions established by a durable power  
4 of attorney for health care decisions pursuant to K.S.A. 58-625, *et seq.*,  
5 and amendments thereto, if ~~any~~ such power of attorney conveys to the  
6 agent the authority to make decisions concerning disposition of the de-  
7 ceased's body;  
8 (2) the spouse of the decedent; or  
9 (3) the decedent's surviving adult children. If there is more than one  
10 adult child, any adult child who confirms in writing that **the notification of** all other  
11 children ~~do not object may serve as the authorizing agent~~ **direct the manner of**  
**disposition** unless the **funeral establishment or**  
12 crematory authority receives written objection to the cremation **manner of disposition**  
13 from an-  
14 (4) the decedent's surviving parents;  
15 (5) the persons in the next degree of kinship under the laws of de-  
16 scent and distribution to inherit the estate of the deceased. If there is  
17 more than one person of the same degree any person of that degree may  
18 direct the manner of disposition;  
19 (6) a guardian of the person of the decedent at the time of such  
20 person's death;  
21 (7) the personal representative of the deceased; or  
22 (8) ~~in accordance with K.S.A. 1999 Supp. 22a-215 and amendments~~  
23 ~~thereto~~, in the case of indigents or any other individuals whose final dis-  
24 position is the responsibility of the state or county, **the public official charged with**  
**arranging the final disposition to K.S.A. 1999 Supp. 22a-215 and amendments**  
**thereto.**  
25 (b) A funeral director, funeral establishment or crematory shall not  
26 be subject to criminal prosecution or civil liability for carrying out the  
27 otherwise lawful instructions of ~~the decedent or~~ the person or persons  
28 under subsection (a) if the funeral director reasonably believes such per-  
29 son is entitled to control final disposition.  
30 Sec. 16. K.S.A. 65-1723 and 65-1732 and K.S.A. 1999 Supp. 65-1727  
31 are hereby repealed.  
32 Sec. 17. This act shall take effect and be in force from and after  
33 January 1, 2001, and its publication in the statute book.

**Mission.** The mission of the Kansas State Board of Mortuary Arts is to establish and enforce standards to ensure that professional funeral services are performed in a manner providing the maximum protection of the health, safety, and welfare for the people of Kansas. In addition, the Board strives to inform the public of the laws and options available to them when dealing with the funeral profession.

**Operations.** The Board of Mortuary Arts is responsible for the examination, registration, and regulation of embalmers and funeral directors in Kansas. Expenditures of the Board are financed by fees assessed to the industry. The Board is composed of five members: three who must be licensed embalmers with five years experience in Kansas and two who must represent the public. Board members are appointed to overlapping three-year terms by the Governor. The Board meets at least four times a year.

Licensed embalmers, funeral directors, assistant funeral directors, and establishments must renew their license every two years. Continuing education requirements for all licensed funeral directors and embalmers are managed through Board approval. The Board is authorized to inspect funeral establishments and to investigate complaints brought against any licensee or establishment. The Board also holds hearings on the suspension or revocation of licenses for improper or unethical practices. Examinations are offered four times a year to applicants for funeral

directors' licenses and applicants for reciprocal licensure.

**Goals and Objectives.** The goal of the Board is to protect the health and welfare of the citizens of Kansas through regulation of the funeral industry. This goal is accomplished through the following objectives:

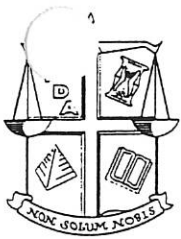
Regulate embalmers, funeral directors, assistant funeral directors, registered apprentice and student embalmers, and funeral establishments.

License only those individuals who have proven their competence through education, experience, and examination.

Inspect all licensed funeral establishments in Kansas twice annually.

Answer all inquiries and investigate all complaints relative to the licensees regulated by the Board.

**Statutory History.** The Board of Mortuary Arts, which has been in existence since 1907, operates under the authority granted by KSA 74-1701 et seq. and KSA 65-1701 et seq. The Board initially was established as the Board of Embalming. The 1985 Legislature changed the name to the Board of Mortuary Arts.



# KANSAS FUNERAL DIRECTORS AND EMBALMERS ASSOCIATION, INC.

1200 S. KANSAS AVENUE ♦ PO BOX 1904 ♦ TOPEKA, KS 66601-1904

PHONE (785) 232-7789 ♦ FAX (785) 232-7791

AFFILIATED WITH NFDA

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## EXECUTIVE DIRECTOR

**PAM SCOTT**  
Topeka

Date: February 15, 2000

To: Senate Public Health and Welfare Committee

From: Pam Scott  
Executive Director

Re: Senate Bill No. 557

Madam Chair and Members of the Committee, thank you for the opportunity to appear before you today concerning Senate Bill No. 557. The Kansas Funeral Directors and Embalmers Association (KFDA) appears in support of Senate Bill No. 557 which is being proposed by the Kansas State Board of Mortuary Arts.

Although lagging behind the nationwide cremation average, Kansas has seen a steady increase in the number of cremations that occur each year within its borders. According to the Cremation Association of North America (CANA), in 1998 cremation was the chosen means of disposition in 16.29% of deaths occurring in Kansas. It is projected that this year, 19.91% of deaths will be cremated. With the increase in cremation as a manner of disposition, it appears the time is overdue for comprehensive cremation regulation. Therefore, the KFDA supports the regulation of crematories as proposed in Senate Bill No. 557. The KFDA believes this legislation will benefit both the Kansas consumer and funeral service.

Although the KFDA supports Senate Bill No. 557, we would like to propose an amendment to the bill, which would require that a crematory be under the personal supervision of a licensed funeral director or embalmer. A copy of the proposed amendment is attached to our testimony. Currently 13 of the 14 crematories in Kansas are affiliated with licensed funeral establishments therefore, the requirements of this proposed amendment are already in place in all but one crematory in existence today. The one crematory not affiliated with a funeral establishment is affiliated with a cemetery. We would propose that a grandfather clause be added to the amendment so that crematory would be exempt from the requirement.

The requirement that the crematory be under the supervision of a licensed funeral director or embalmer would assure that there is a licensed individual in charge of the crematory that is familiar with funeral service and the handling of dead bodies. It would require the individual in charge have some experience in funeral service having served an apprenticeship with a licensed funeral director or embalmer. It would also require said individual to be familiar with Kansas statutes and regulations concerning funeral service, which are enforced by the Kansas State Board of Mortuary Arts. Funeral directors and embalmers must pass a test which includes questions on Kansas law. There are many laws that intersect both funeral establishments and crematories.

Senate Public Health & Welfare

Date: 2-15-00

Attachment No. 4



Examples include laws dealing with the paperwork required before a body can be cremated and regulations concerning whether or when a body is required to be embalmed or refrigerated. If enacted, these new crematory laws will no doubt be a part of the many Kansas laws applicants for licensure are tested on. Under Senate Bill No. 557 as currently written there is no minimum educational requirement, training or licensure required for the person who will be in control of a crematory. There is only a requirement that such individual be named in the application for a crematory license. With this amendment, the State Board of Mortuary Arts will have control over the individual actually operating the crematory.

In conclusion, we support Senate Bill No. 557. We believe it is time to regulate cremation and crematories in the state of Kansas.

4-3

SENATE BILL No. 557

By Committee on Public Health and Welfare

2-2

9 AN ACT relating to the Kansas state board of mortuary arts; regulating  
10 crematories; amending K.S.A. 65-1723 and 65-1732 and K.S.A. 1999  
11 Supp. 65-1727 and repealing the existing sections.

12  
13 *Be it enacted by the Legislature of the State of Kansas:*

14 New Section 1. (a) Any person doing business, or any cemetery, fu-  
15 neral establishment or branch establishment, corporation, partnership,  
16 joint venture, voluntary organization or any other entity if licensed under  
17 the authority of this act may erect, maintain and conduct a crematory and  
18 provide the necessary appliances and facilities for the cremation of human  
19 remains in accordance with the provisions of this act.

20 (b) A crematory authority shall be subject to all local, state and federal  
21 health and environment protection requirements and shall obtain all nec-  
22 essary licenses from the state board of mortuary arts.

23 (c) A crematory may be constructed on or adjacent to any cemetery,  
24 in or adjacent to any funeral establishment or branch establishment or at  
25 any other location consistent with local zoning regulations or state laws.

26 (d) All applications for licensure as a crematory authority shall be on  
27 forms furnished and prescribed by the state board of mortuary arts.

28 (e) Applications for crematory authorities in existence prior to the  
29 effective date of this act shall be provided to the state board of mortuary  
30 arts with the following information:

31 (1) The full name and address, both residence and business, of the  
32 applicant, if the applicant is an individual, the full name and address of  
33 every member and the business, if the applicant is a partnership, the full  
34 name and address of every member of the board of directors and the  
35 business, if the applicant is an association, and the name and address of  
36 every officer and director;

37 (2) the address and location of the crematory;

38 (3) evidence confirming the date the cremation authority was  
39 established;

40 (4) a description of the type of structure and equipment being used  
41 in the operation of the crematory;

42 (5) copies of all current licenses and permits required for a crematory  
43 to operate; and

Each crematory shall be under the personal supervision of a licensed funeral director or embalmer except such provision shall not apply to any cemetery owned crematory in existence on or before July 1, 2000.

(6) the name and license number of the funeral home director or embalmer in charge of the crematory.

4-5

1 ~~(6)~~ any further information that the state board of mortuary arts rea-  
sonably may require.

(7)

(f) Applications for new crematory authorities shall be submitted in  
4 writing on forms provided by the state board of mortuary arts and shall  
5 contain the following:

6 (1) The full name and address, both residence and business, of the  
7 applicant, if the applicant is an individual, the full name and address of  
8 every member and the business, if the applicant is a partnership, the full  
9 name and address of every member of the board of directors and the  
10 business, if the applicant is an association, and the name and address of  
11 every officer and director;

12 (2) The address and location of the crematory;

13 (3) a description of the type of structure and equipment to be used  
14 in the operation of the crematory;

15 (4) copies of all applications for and any licenses or permits issued  
16 for a crematory to operate; and

(5) the name and license number of the funeral director  
or embalmer in charge of the crematory.

17 ~~(5)~~ any further information that the state board of mortuary arts rea-  
sonably may require.

(6)

19 (g) Each crematory authority shall submit a biennial renewal appli-  
cation and report with the state board of mortuary arts, accompanied with  
20 a fee fixed by the state board of mortuary arts under K.S.A. 1999 Supp.  
21 65-1727 and amendments thereto and shall be due and paid to the state  
22 board of mortuary arts on or before the expiration date of such license.  
23 The disposition of all funds collected under the provision of this act shall  
24 be in accordance with the provisions of K.S.A. 65-1718 and amendments  
25 thereto.  
26

27 (h) Each crematory authority license shall expire every two years on  
28 a date established by the state board of mortuary arts by duly adopted  
29 rules and regulations.

30 (i) It is unlawful for any person who does not hold a crematory au-  
31 thority license to operate, offer to operate, advertise or represent oneself  
32 as operating a crematory.

33 New Sec. 2. Except as otherwise provided in this section, a crema-  
34 tory authority shall not cremate human remains until it has received:

35 (1) A cremation authorization form signed by an authorizing agent.  
36 The cremation authorization form shall be provided by the crematory  
37 authority and shall contain, at a minimum, the following information:

38 (A) The identity of the human remains and the time and date of  
39 death;

40 (B) the name of the funeral director or assistant funeral director and  
41 the funeral establishment or branch est: blishment or the authorizing au-  
42 thority if self motivated, that obtained the cremation authorization;

43 (C) notification as to whether the death occurred from a disease de-

1 therefor.

2 (b) The fees established by the board under this section immediately  
3 prior to the effective date of this act shall continue in effect until such  
4 fees are fixed by the board by rules and regulations as provided in this  
5 section.

6 (c) Fees paid to the board are not refundable.

7 New Sec. 11. (a) The ~~individual~~ in charge of a crematory, as defined  
8 by section 12 and amendments thereto, located or doing business within  
9 the state shall apply for and obtain a crematory license, as appropriate,  
10 from the state board of mortuary arts for each location within the state  
11 of such crematory.

funeral director or embalmer

12 (b) An application for a new license is required if the crematory  
13 changes ownership, name or location.

14 (c) The crematory license fee shall be fixed by the state board of  
15 mortuary arts under K.S.A. 1999 Supp. 65-1727 and amendments thereto,  
16 and shall be due and paid to the state board of mortuary arts on or before  
17 the expiration date of such license. The disposition of all funds collected  
18 under the provision of this act shall be in accordance with the provisions  
19 of K.S.A. 65-1718 and amendments thereto.

20 (d) Each crematory license shall expire every two years on a date  
21 established by the state board of mortuary arts by duly adopted rules and  
22 regulations.

23 (e) It is unlawful for any person who does not hold a crematory li-  
24 cense to operate, offer to operate, advertise or represent oneself as op-  
25 erating a crematory.

26 (f) The Kansas university medical center shall be exempt from this  
27 statute for the purpose of cremating remains donated for dissecting, dem-  
28 onstrating or teaching purposes.

29 New Sec. 12. (a) A "crematory," as the term is used herein, is a  
30 business premises that houses the cremation chamber where dead human  
31 bodies are cremated. A crematory shall be maintained at a fixed and  
32 specific street address. The cremation chamber shall be clearly identified  
33 by signs on all entrance doors, shall be separate from any merchandise  
34 display room, chapel or visitation rooms and shall not be a part of any  
35 living quarters.

36 New Sec. 13. The state board of mortuary arts shall adopt rules and  
37 regulations for the administration of this act.

38 New Sec. 14. It shall be unlawful for any officer or agent of any  
39 crematory required to pay the cremation license fee authorized by the  
40 provision of this act to fail, neglect or refuse to pay such fee. Any officer  
41 or agent of such crematory who fails, neglects or refuses to pay such fee  
42 shall be guilty of a class B misdemeanor.

43 New Sec. 15. (a) The following persons in order of priority stated

Kansas Memory Assessment Program: KS – MAP

Pilot Project Proposal

Presented to:

Senate Public Health and Welfare Committee  
Senator Sandy Praeger, Chair

February 15, 2000

Presented by:

Charles DeCarli, MD  
Director  
University of Kansas  
Alzheimer's Disease Center

Cynthia Teel, PhD, RN  
Director, Education and Information Transfer  
University of Kansas  
Alzheimer's Disease Center

**Kansas MAP**  
*Approaching the Problem of  
 Alzheimer's Disease in Kansas*

**Charles DeCarli, MD**  
**Cynthia Teel, PhD, RN**  
**Karen Blackwell, MS**  
**University of Kansas Alzheimer's Disease  
 Center**

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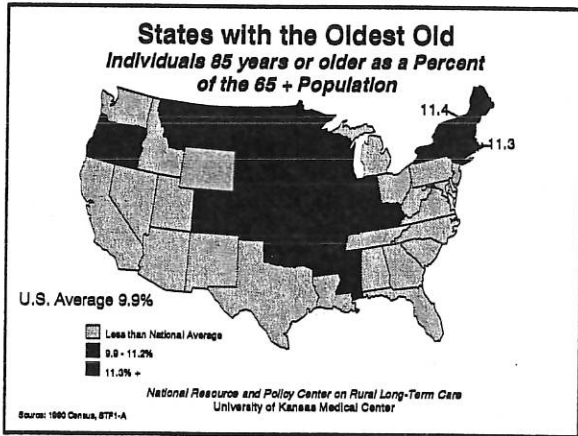
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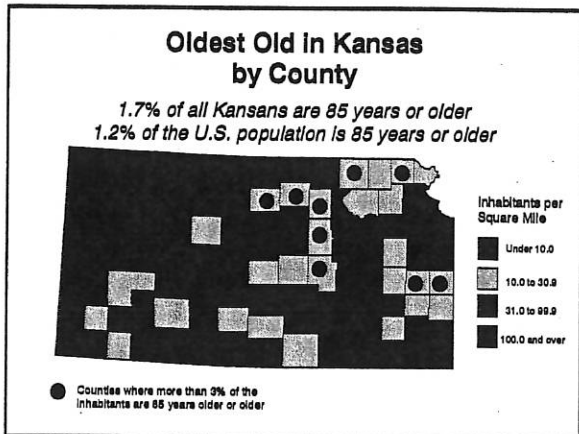
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### Who are the Oldest Old?

- 41,832 People in Kansas are 85 or older
- 96,000 expected by 2010
  - ◆ Majority live in rural areas
  - ◆ 3/4 are women
  - ◆ Most live alone
  - ◆ Most live in poverty

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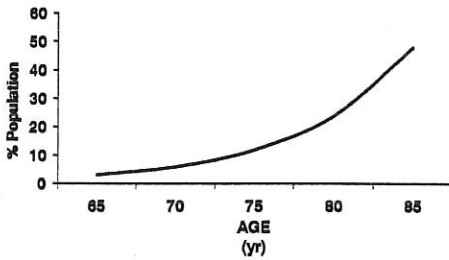
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### AGE-RELATED PREVALENCE OF AD



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### Alzheimer's Disease in Kansas

- 64,000 Currently affected
- 128,000 predicted by 2020
- Terminal disease
  - > Average 7 years
- Assistance is required during 1/2 the illness

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### Consequence of Alzheimer's

- Approximately 30,000 available beds
- 87% occupancy rate
- Double the national average
- 92% of residents > 65 years of age
- ~80 % of residents have dementia

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### The Cost of Alzheimer's Disease in Kansas

- Alzheimer's Disease is the most common dementia
- \$200 million estimated cost for AD in 1998
  - ◆ \$ 80 million State General Fund
  - ◆ \$120 million Medicaid (Title XIX)

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### Benefits of Treatment

- Early Intervention and treatment
  - ◆ Significantly delays Institutionalization
  - ◆ Improves quality of life for
    - > patient
    - > caregivers

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**Focusing on Solutions**

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**Kansas Memory Assessment Program**

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**Kansas MAP**



- Program Purpose
  - Support diagnosis & treatment of persons with dementia living in rural Kansas
- Program Goals
  - Early identification and treatment of dementia
  - Education
- Program Partners
  - Northwest Area Agency on Aging, Hays
  - Northwest Area Health Education Center, Hays

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**What is Kansas MAP?**

- Rural physicians refer patients to project
- Nurse/social worker team conducts in-home assessment
- Nurse/social worker team communicates findings to dementia consultants at KU
- Diagnosis & treatment plan communicated to local physician
- Local physician implements treatment plan

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**Who benefits with Kansas MAP?**

- *Patients* benefit from early diagnosis and treatment
- *Families* benefit from education about dementia & care management
- *Physicians* benefit from access to consultants, which enhances knowledge & skills
- *Community* benefits from better resource utilization

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**3 Phases in Pilot Project  
Educating, Examining, Evaluating**

- **Phase I - Education**
  - Information dissemination to physicians re: project and current dementia diagnosis & treatment strategies
  - Training for in-home assessment team; nurse & social worker will train at KU Alzheimer's Disease Center




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**Phase II - Examination**

- Physician notifies Northwest AAA of referral
- Assessment team to patient's home
- Assessment data shared with KU consultants using interactive televideo at Northwest AHEC
- KU consultant shares diagnosis & treatment plan with local physician
- Assessment team assists physician in implementation of plan

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**Phase III - Evaluation**

- Processes
  - Communication
- Outcomes
  - Demographics
  - Family satisfaction with intervention
  - Family's ability to manage home care
  - Physician satisfaction with participation
  - Change in physician knowledge about dementia

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**Alzheimer's Disease in Kansas**

- Unique challenges in Kansas
- Alzheimer's disease is a significant health issue now & in the future
- University of Kansas Alzheimer's Disease Center has qualified personnel and is positioned to support innovative solutions

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## Kansas Memory Assessment Program

### Project Summary

A pilot project of the Kansas Memory Assessment Program (MAP) is proposed herein. Project staff at the University of Kansas Alzheimer's Disease Center, in collaboration with colleagues in northwest Kansas, will participate in pilot testing the MAP. The purpose of the MAP is to support the diagnosis and treatment of persons with dementia and their families who live in rural areas of Kansas. Overall, the MAP is designed improve access to dementia services and to enhance the expertise of local health care providers in the management of persons with dementia.

Prior to a statewide implementation of the MAP, a trial of the program is proposed to extend collaborative relationships with health care partners in rural areas and to test program materials for information dissemination, staff training, and program evaluation. The projected timeline for this pilot project is 6 months and at least 10 patients in northwest Kansas will be evaluated during the pilot project. The northwest region of the state has been selected for pilot testing of the MAP because of its rural characteristics and because of the resources that are already in place in the area to support project implementation. More specifically, the Northwest Area Agency on Aging and the Northwest Area Health Education Center are located in Hays and both are enthusiastic partners in this pilot project proposal.

Project team members at the University of Kansas Alzheimer's Disease Center (ADC) include Dr. Cynthia Teel, PhD, RN, Project Leader and Dr. Charles DeCarli, MD, Dementia Specialist. The Kansas City team also includes Karen Blackwell, MA, who will provide administrative support for the project.

Project collaborators in northwest Kansas include Greg Hoover, Executive Director, Northwest Area Agency on Aging (AAA) and Ruby Jane Davis, Director, Northwest Area Health Education Center (AHEC). Both of these agencies are located in Hays, Kansas. The Hays team also includes a nurse and a counselor from the Northwest AAA, who will be trained as primary data collectors for the in-home assessments.

Primary project activities include:

- Sending information to health care providers in areas surrounding Hays regarding pilot project; inviting attendance to a continuing education program on dementia and informational meeting about the Kansas MAP.
- Training nurse/counselor team members regarding in-home memory assessment
- Receiving referrals sent to Northwest AAA from health care providers for in-home memory assessment; forwarding information to MAP team in Kansas City
- Conducting in-home assessments by nurse/counselor team
- Using interactive televideo (ITV) equipment for conferences between Hays assessment team and Kansas City MAP team
- Communicating diagnosis and treatment plan to primary health care provider
- Implementing treatment plan through return home visit by assessment team
- Maintaining follow-up telephone contact with patient and family
- Conducting outcome assessment of Kansas MAP pilot project by documenting process and result of each patient/family evaluation, obtaining input from family caregivers regarding perceived value of intervention, and soliciting input from primary health care providers about program usefulness and interest in continued participation



## **Overview and Project Aims**

The University of Kansas Alzheimer's Disease Center (ADC) has been active in seeking to gain a better understanding of the challenges that family caregivers in rural areas of Kansas encounter when caring for loved ones with Alzheimer's disease. Recently, Dr. Teel has conducted in-depth interviews throughout the state with rural family caregivers to identify their perceptions of barriers in the diagnosis and treatment of dementia. Interviews with professional health care providers are currently underway to further extend understanding about these challenges.

Most family caregivers in Kansas note extreme difficulty in obtaining a diagnosis for their loved one with dementia. The pursuit of a diagnosis often extends over several years and includes evaluations by several physicians. According to these family caregivers, many physicians do not make a diagnosis and instead say that the memory disturbances and unusual behaviors are "just old age." Family caregivers also identify several barriers to care in rural Kansas, some of which include a lack of instruction from the professionals about how to care for their loved one and limited services to support care. In addition, the family caregivers perceive that many health care providers have a poor educational background about Alzheimer's disease.

Clearly, the continuation of strong educational programs about Alzheimer's disease for health care professionals is essential and the University of Kansas ADC will continue an active program to educate health care providers and families about dementia. However, the provision of formal education alone is not enough to meet the needs of families in rural areas. We believe these needs must also be addressed through a concerted outreach effort to facilitate the diagnosis and treatment of persons with dementia who live in rural Kansas. The University of Kansas ADC is proposing a pilot test of the Kansas Memory Assessment Program, which is intended to extend dementia services in rural areas and enhance the diagnostic skills of rural health care providers with regard to dementia and Alzheimer's disease.

The Kansas MAP is modeled after a similar in-home assessment program in Maine. The Maine geriatric dementia assessment program was developed as a demonstration project to reduce reliance on nursing home care and increase community based services. In this program, a nurse/social worker team conducts an in-home evaluation, communicates the assessment data to a dementia specialist, who then forwards information about the diagnosis and suggested treatment to the community physician. Follow-up consists of at least one home visit and one or more telephone calls to the patient and family. Currently, the program has 7 outreach locations, which cover over 12,000 square miles and serve over 260,000 people in rural areas of the state. The Maine program is supported by state funding, which has increased annually over the 4 years since the program's inception.

In the proposed Kansas MAP pilot project, a memory assessment team (comprised of a nurse and counselor) will conduct in-home evaluations of persons with memory difficulties who live in rural areas and then confer with a dementia specialist at the University of Kansas ADC to develop individualized care plans. Plans will be implemented through communication with the local health care provider and follow-up home visits and telephone contact by the assessment team. Specific aims of the pilot project are to support access to dementia diagnosis and treatment services for rural families and to support the education of rural health care providers in the diagnosis and management of persons with dementia.

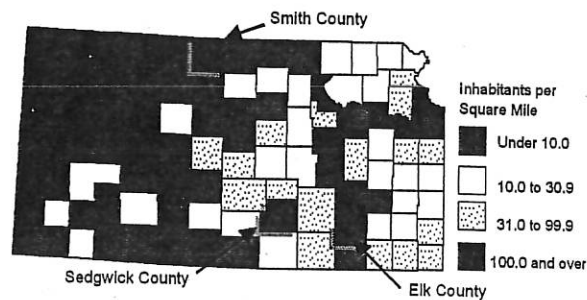
## Background and Significance

Kansas has a high percentage of older residents; 13.8% of the population in Kansas is age 65 or older. Further, 1.7% of the population in Kansas is age 85 and older. Over the next 20 years, the number and percentage of the oldest old (>85 years) in Kansas is expected to more than double to 96,000. Because this group of elders has a nearly 50% chance of having Alzheimer's disease, Kansas is particularly vulnerable to the personal, social, and economic burdens of dementia that accompany a rapidly growing population of the oldest old.

In addition, Kansas is a rural state with almost one-third of the state's 2.5 million residents living in rural areas. Rural counties generally have the highest percentages of older people while urban counties have the greatest number of elders. For example, Elk County is considered frontier (less than 6 residents/square mile) and 29.6% of its residents are age 65+. In Smith County, also a frontier county, 19% of the residents are 85+ years. On the other hand, Sedgwick County

has 45,883 residents age 65+, but this accounts for only 11.4% of the population in this area. Of the older residents in Sedgwick County, only 10% are 85 years and above.

Rural & Urban Counties with Highest Number and % of Elders



Challenges of rural living often include limited access to health care. More specifically, over half of the counties in Kansas have critically underserved health care needs, with less than one physician per 1,000 residents. Most (72%) of these counties also are quite isolated, with fewer than 10 residents per square mile. The isolation translates into fewer health care providers, more limited access to medical technology, and more hospital admissions.

Among Kansans age 85+, about 30% reside in long term care settings, compared to the national institutionalization rate of approximately 22% for people 85+ years. In several of the frontier counties of Kansas the percent of the oldest old population in nursing homes is extremely high (e.g., 48% in Morton County). The high rate is not, however, found in all frontier areas. For example, in Jewell County (4 persons/square mile), the rate is only 13%. Neither is the high rate found only in rural areas. For instance, in Harvey County, located just north of one of the most densely populated areas in the state, 47% of the oldest old are institutionalized.

The basis for the overall high rate of long term care placement in Kansas is currently unknown, but isolation and lack of resources in the rural setting that may impede diagnosis and treatment are possible causes. The high percentage of older residents coupled with the rural nature of the state and limited resources available in the rural areas may explain the higher use of long term care in Kansas compared to the rest of the country. Further, there may be impediments to learning about current treatment regimens among health care professionals across a variety of settings. The high utilization rate provides both an impetus and justification for concerted outreach efforts by the University of Kansas ADC.

## **Project Protocol**

Project goals will be accomplished through partnerships with the Northwest Area Agency on Aging and the Northwest Area Health Education Center, both located in Hays, Kansas. The executive directors of both agencies have offered enthusiastic support for the pilot project. The memory assessment team personnel will be employees of the Area Agency on Aging (AAA). The Area Health Education Center (AHEC) will support communication between project staff and local health care providers in addition to providing access to interactive televideo equipment for consultations. The pilot will progress in 3 phases, beginning with information dissemination and staff training, followed by data collection, and concluding with project evaluation.

### Phase I

Phase I of the pilot project will focus on information dissemination and training for the in-home assessment team. Letters will be sent to health care providers in the communities surrounding Hays to inform them about the project. In addition, they will be notified about a continuing education program that will be provided in Hays to discuss current strategies in the diagnosis and management of dementia. Offering this program is essential to facilitate introduction of the project and the project staff to local physicians and advanced practice nurses. In addition, the program will provide baseline information about diagnosis and treatment to local health care providers. The Northwest AHEC is an important partner in scheduling this educational program for a time and location likely to generate maximum participation by local health care providers.

Training of the in-home assessment team is also planned for Phase I. A nurse and master's prepared counselor from the Northwest AAA will travel to Kansas City for intensive training in the study protocol. The team members will join Dr. DeCarli for at least 2 memory assessment clinics during which they will learn current assessment techniques for the in-home evaluations of rural patients. In addition, the team members also will join Dr. Teel for intensive instruction about assessment of family caregivers and data collection techniques for in-home assessment.

### Phase II

Data collection will take place in Phase II of the pilot project. Primary health care providers in the region surrounding Hays will notify the Northwest AAA of a referral and forward pertinent health history data to the dementia specialist at the University of Kansas ADC. The assessment team will schedule a home visit to conduct an in-home evaluation. At least 10 patients will be evaluated during the pilot project.

After the in-home assessment has taken place, an interactive televideo (ITV) conference will be scheduled to communicate the evaluation data to the project staff at the University of Kansas ADC. Using ITV for team meetings between the in-home memory assessment team (based in Hays) and the KS-MAP project director and dementia specialist (based in Kansas City) will greatly enhance communication among project team members. The dementia specialist will contact the local health care provider about the diagnosis and suggested treatment plan. The assessment team will support implementation of the treatment plan by return visits to the patient's home and follow-up telephone communication with the patient and family.

All patient information will be communicated to the primary care provider. The local provider is an essential member of the overall memory assessment team. Further, we anticipate that periodic communication between local health care providers and the KU dementia specialist

using ITV technology will facilitate discussion about diagnoses and treatment plans for dementia patients in the pilot study.

### Phase III

A primary emphasis in the pilot project of the Kansas MAP is to develop the infrastructure that will support implementation of a statewide memory assessment program. Phase III of the pilot project will focus on evaluation of the project's success. Several indices will be used to evaluate the project.

Outcomes of Kansas MAP pilot project will be assessed by tracking data about patients and their families, including the number of patients and families who are evaluated, the process of each evaluation, and the results of the evaluations. In addition, input from family caregivers regarding their perceptions of the value of the intervention will be obtained. For example, family caregivers will be asked how participation in the program affected their ability to manage the situation at home. The primary health care providers will be surveyed about their perceptions of the usefulness of the MAP and their interest in continuing participation in the program. These data will be used to modify program protocol prior to future implementation of the Kansas MAP in other areas of the state.