

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on February 13, 2001 in Room 231-N of the Capitol.

All members where present except: Senator Praeger (EA)

Committee staff present: Ms. Emalene Correll, Legislative Research Department  
Ms. Renae Jefferies, Revisor of Statutes  
Ms. Lisa Montgomery, Revisor of Statutes  
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee: Ms. Susan Linn, Executive Secretary,  
Kansas State Board of Pharmacy  
Ms. Marlee Carpenter, Executive Director,  
Kansas Retail Council  
Mr. Bob Williams, Executive Director,  
Kansas Pharmacy Association  
Ms. Marla Rhoden, Health Program Analyst,  
Health Occupations Credentialing, KDHE  
Ms. Wendy Allman, Heart of America Family Services,  
Child Care Resource & Referral  
Ms. Marilyn Ward, Executive Director,  
ERC/Resource & Referral  
Ms Leadell Ediger, Kansas Association of Child Care  
Research & Referral Agency  
Ms. Christine Ross-Baze, Director,  
Child Care Licensing and Registration Section  
Bureau of Consumer Health  
Ms. Lisa Dowd, Associate Director  
Child Care Association of Johnson County

Others attending: See Attached Guest List

**Approval of Minutes**

Upon calling the meeting to order, the Minutes of January 10, 16, 17, 22, 23, 24, and January 31 were distributed to the Committee. Chairperson Wagle asked that the Committee call Ms. Cianciarulo with their comments and if none are received by the 1:30 p.m. meeting of February 20, 2001, the above minutes would stand approved.

**Action on SB160 - dental practices act; licensure and fees and SB 212 - use of certain names by dentists.**

The next order of business, Chairperson Wagle brought forth two bills addressing dentistry. The Committee was asked to pass SB 160. Senator Jordan motioned to pass the bill favorably. The motion was seconded by Senator Brungardt and carried. The second bill the Committee was asked to pass was SB 212. Senator Brungardt motioned to pass the bill favorably. The motion was seconded by Senator Salmans. The motion carried.

**Distribution of Handouts**

The Chair then called the Committee's attention to three handouts:

1. An article (see Attachment 1) regarding insurance coverage 38-2003, "health benefits' coverage defined regarding abortion;

- 2.. A letter (see Attachment 2) providing information on coverage of RU-486 under Medicaid and HealthWave from provided backup for her cancelling **SR 486**. Chairperson Wagle announced she had cancelled the hearing on this bill as with this information the hearing was unnecessary; and
3. Fiscal Note for SB 194 from the Division of Budget of February 13, 2001.

Copies are (Attachment #1 and 2) attached hereto and incorporated into the Minutes by reference.

#### **Hearing on SB 194 - pharmacy technicians; Board of Pharmacy's list of pharmacy technicians.**

Chairperson Wagle then introduced Ms. Emalene Correll from Legislative Research to explain **SB 194**. Ms. Correll explained the bill had a fairly long history, that deleting the new language "makes it sort of a licensing set up", and that subsection E is new. The Chair then introduced the first proponent conferee to address the bill.

Ms. Susan Linn, Executive Secretary for the Kansas State Board of Pharmacy presented testimony to the Committee stating that licensed pharmacists be assisted by technicians in certain nonjudgmental tasks so that pharmacists may devote more time to counseling patients on medication management. A copy of her testimony is (Attachment #3) attached hereto and incorporated into the Minutes by reference.

Ms. Marlee Carpenter, Executive Director, Kansas Retail Council was the next conferee to give proponent testimony. Ms. Carpenter stated that currently the Kansas Board of Pharmacy is charged with regulating the profession, and a procedure for a pharmacy technician to be listed with the Kansas Board of Pharmacy would give them the tracking ability and additional knowledge about a pharmacy technician. A copy of her testimony is (Attachment #4) attached hereto and incorporated into the Minutes by reference.

Last but not least to provide proponent testimony was Mr. Bob Williams, Executive Director of the Kansas Pharmacist Association. Mr. Williams stated that since pharmacy technicians deal with controlled substances and patient records on a routine basis, it is in the best interest of the public for the State Board of Pharmacy to have some disciplinary oversight of pharmacy technicians. A copy of his testimony is (Attachment 5) attached hereto and incorporated into the Minutes by reference.

Ms. Marla Rhoden, Health Program Analyst, Health Occupations Credentialing, KDHE came before the Committee to present opponent testimony. Ms. Rhoden stated that this bill proposes to credential an occupation without benefit of a technical review by the State Board of Pharmacy which is prescribed by the Kansas Act on Credentialing. A copy of her testimony is (Attachment 6) attached hereto and incorporated into the Minutes by reference.

With all of the testimony presented, the committee then was able to ask questions of the conferees. Questions were asked by Senators Praeger, Harrington, and Wagle, Emalene Correll, and answered by Ms. Vicki Schmidt, President, Board of Pharmacy. The questions ranged from why this bill is so much more prescriptive and comprehensive than last years, is this request just for a list of pharmacy technicians, to aren't pharmacists adversely tracking.

#### **Hearing on SB 195 - release of information in records of child care facilities**

The Committee then proceeded to hear testimony on SB 195 and the first speaker recognized for proponent testimony was Ms. Wendy Allman, Heart of America Family Services, Child Care Resource & Referral. Ms. Allman reminded the Committee that **SB 195** was introduced this year to modify **HB 2755** which has resulted in parents not having access to all of the providers in the business, the resource and referral agencies spending too much time and money complying with the bill, and child care providers being cheated out of potential clients. A copy of her testimony is (Attachment 7) attached hereto and incorporated into the Minutes by reference.

Ms. Marilyn Ward, Executive Director, ERC/Resource & Referral, basically voiced the same woes that were presented by Ms. Allman, but asked for a more efficient way of protecting the privacy of child care providers. A copy of her presentation is (Attachment 8) attached hereto and incorporated into the Minutes by reference.

With no Opponent Testimony, Ms. Leadell Ediger, Kansas Association of Child Care Research & Referral Agency presented the first of three neutral testimonies. Ms. Ediger presented positive and negative aspects, as well as examples of multiple requests the KACCRRRA has received which they have not been able to accommodate because of **HB 2755**. A copy of her presentation and handout is (Attachment 9) attached hereto and incorporated into the Minutes by reference.

### **Adjournment**

As the second neutral testimony was about to be presented by Ms. Christine Ross-Baze, Director, Child Care Licensing and Registration Section, Bureau of Consumer Health, Chairperson Wagle announced that they had run out of time. It was now 2:30 p.m. and that the committee was scheduled to be on the Senate floor at that time. The Chair asked if Ms. Ross-Baze would be available tomorrow, Wednesday, February 14, to present her testimony first. Ms. Ross-Baze was in agreement. Ms. Lisa Dowd, Associate Director, Child Care Association of Johnson County, the third neutral conferee, was also given the same option.

The meeting adjourned at 2:35 p.m.

The next meeting is scheduled for February 14, 2001.

GUEST LIST

DATE: Tuesday, February 13

NAME	REPRESENTING
LISA K. DOWD	Child Care Assoc. of JoCo
WENDY ALLMAN	HEART OF AMERICA FAMILY SERVICES
Susan Linn	KS State Board of Pharmac
Nicole Volberding	observing
Marla Rhoden	KDHE
MARILYN WARD	ERC/Resource + Referral, Topeka
Leadell Ediger	KACCRA
Doug Bowman	KS Coordinating Council on Early Child-hood
<del>Barbara Durr</del>	<del>KS AAUW</del>
Vicki Schmidt	Bd of R
Jodie Henderson	KS Pharmacist Assoc.
Bob Williams	
Michael Moser	KDHE
Chris Ross Be	KDHE
<del>Lucas Frank</del>	KDHE
Kendy Short	SRS
Seth Bridge	Sen. Brungardt
Jenni Freed	KS Dental Bd
TOM SIPE	KS Hospital Assoc.





insurance coverage plan pursuant to subsection (a) providing for several plan options to enrollees which are coordinated with federal and state child health care programs, except that when contracting to provide managed mental health care services the secretary shall assure that contracted entities demonstrate the ability to provide a full array of mental health services in accordance with the early and periodic screening, diagnosis and treatment plan. The secretary shall not develop a request for proposal process which excludes community mental health centers from the opportunity to bid for managed mental health care services.

(d) When developing and implementing the plan in subsection (a), the secretary to the extent authorized by law:

(1) Shall include provisions that encourage contracting insurers to utilize and coordinate with existing community health care institutions and providers;

(2) may work with public health care providers and other community resources to provide educational programs promoting healthy lifestyles and appropriate use of the plan's health services;

(3) shall plan for outreach and maximum enrollment of eligible children through cooperation with local health departments, schools, child care facilities and other community institutions and providers;

(4) shall provide for a simplified enrollment plan;

(5) shall provide cost sharing as allowed by law;

(6) shall not count the caring program for children, the Kansas health insurance association plan or any charity health care plan as insurance under subsection (e)(1); and

(7) may provide for payment of health insurance premiums, including contributions to a medical savings account if applicable, if it is determined cost effective, taking into account the number of children to be served and the benefits to be provided.

(e) A child shall not be eligible for coverage and shall lose coverage under the plan developed under subsection (a) of K.S.A. 1999 Supp. 38-2001; and amendments thereto, if:

(1) During the prior six months, the child was covered with a comprehensive health insurance policy by an insurance company, health maintenance organization or nonprofit hospital and medical insurance corporation authorized to do business in this state and such insurance is still available to the child; or

(2) such family has not paid the enrollee's applicable share of any premium due.

If the family pays all of the delinquent premiums owed during the year, such child will again be eligible for coverage for the remaining months of the continuous eligibility period.

(f) The plan developed under section 4901 of public law 105-33 (42 U.S.C. 1397aa *et seq.*, and amendments thereto) is not an entitlement program. The availability of the plan benefits shall be subject to funds appropriated. The secretary shall not utilize waiting lists, but shall monitor costs of the program and make necessary adjustments to stay within the program's appropriations.

**History:** L. 1998, ch. 125, § 1; L. 1999, ch. 36, § 1; July 1.

**38-2002. Same; rules and regulations.**

The secretary of social and rehabilitation services shall adopt rules and regulations as necessary to implement and administer the provisions of this act.

**History:** L. 1998, ch. 125, § 2; Apr. 30.

**38-2003. Same; abortion exclusion; "health benefits coverage" defined.** (a) (1) None of the funds appropriated to implement this act shall be expended for any abortion.

(2) None of the funds appropriated to implement this act shall be expended for health benefits coverage that includes coverage of abortion.

(3) The term "health benefits coverage" means the package of services covered by entities in subsection (c) of K.S.A. 1999 Supp. 38-2001 and amendments thereto authorized to transact health insurance business in this state pursuant to a contract or other arrangement entered into under sections of this act.

(b) The limitations established in subsection (a) shall not apply to an abortion:

(1) If the pregnancy is the result of an act of rape, aggravated indecent liberties with a child or incest; or

(2) if necessary to save the life of the pregnant woman.

**History:** L. 1998, ch. 125, § 3; Apr. 30.

**38-2004. Same; eligibility for coverage.**

The secretary in contracting for capitated managed health care for children shall include in the pool of persons to be covered those eligible chil-





KANSAS DEPARTMENT OF SOCIAL  
AND REHABILITATION SERVICES

915 SW HARRISON STREET, TOPEKA, KANSAS 66612

JANET SCHALANSKY, SECRETARY

Division of Health Care Policy

Fifth Floor North

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FAX#: (785) 296-6142

February 12, 2001

The Honorable Susan Wagle  
Kansas State Senate  
Statehouse, Room 128-S  
Topeka, Kansas 66612

Dear Senator Wagle:

You asked that I provide you information on coverage of RU-486 under Medicaid and HealthWave in connection with S.B. 203.

S.B. 203 would prohibit the expenditure of public moneys for drugs used to induce an abortion or terminate a pregnancy.

Federal law speaks directly to the expenditure of federal funds under the Medicaid Program for abortions, or health benefits coverage that includes the coverage of abortion pursuant to a contract with a managed care provider or organization. Federal law prohibits the expenditure of federal funds for abortions except:

- if the pregnancy is the result of an act of rape or incest; or
- in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would as certified by a physician, place the woman in danger of death unless an abortion is performed.

A similar prohibition was included in the federal legislation governing the State Children's Health Insurance Program, limiting expenditure of federal funds to abortions necessary to save the life of the mother or if the pregnancy is the result of an act of rape or incest.

Since approval by the Food and Drug Administration of RU-486, there has not yet been any federal guidance from the Department of Health and Human Services regarding the coverage of RU-486 in the Medicaid program. Currently, in Kansas under the Medicaid and HealthWave programs, drugs intended to terminate pregnancy would be treated in the same manner as a surgical abortion and would be funded under these programs only when the woman's life is

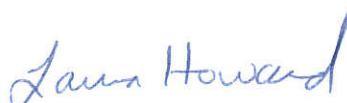
*Senate Public Health & Welfare Committee  
Meeting Note February 13, 2001  
Attachment 2-1*

The Honorable Susan Wagle  
February 13, 2001  
Page 2

threatened or pregnancy is the result of rape or incest. The Department has notified its contracting health plans that such drugs are treated no differently than a surgical abortion.

Therefore, consistent with federal regulations, drugs used to induce an abortion or terminate a pregnancy would be funded by Medicaid and HealthWave only if the woman's life is threatened, or the pregnancy is the result of rape or incest.

Sincerely,



Laura Howard  
Assistant Secretary

LH:sb

attachment 2-2



# Kansas State Board of Pharmacy

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900 S.W. JACKSON STREET, ROOM 513  
TOPEKA, KANSAS 66612-1231

STATE OF KANSAS



BILL GRAVES  
GOVERNOR

## SENATE PUBLIC HEALTH AND WELFARE

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Senator Wagle, Chairperson  
Senator Barnett  
Senator Salmans  
Senator Praeger  
Senator Harrington

Senator Haley  
Senator Jordan  
Senator Brungardt  
Senator Steineger

### Subject: SB 194

I am Susan Linn, Executive Secretary for the Kansas State Board of Pharmacy. Thank you for allowing me to appear before the committee.

The Kansas Board of Pharmacy respectfully requests the committee's support for passage of Senate Bill 194.

It is in the best interest of the public health and safety that licensed pharmacists be assisted by technicians in certain nonjudgmental tasks so that pharmacists may devote more time to counseling patients on medication management. The relationship of a pharmacy technician to pharmacist is one of an assistant working under the direct supervision and control of the pharmacist.

This bill results from a Task Force that included representatives of the Board of Pharmacy, the Pharmacy Association and Kansas Retail Council.

With passage of S.B. 194, after July 1, 2001, a pharmacy technician must be listed with the Kansas State Board of Pharmacy in order to be employed in a pharmacy. The Board would have the authority to remove or suspend a pharmacy technician from the list as outlined in the bill.

I would be happy to answer any questions from the Committee.

*employee - could be not hired by pharmacist,  
still could work,  
William: Don't want credentialing 'list'*

*Senate Public Health & Welfare Committee  
Meeting Date February 13, 2001  
Attachment 3-1*

# LEGISLATIVE TESTIMONY



*The Unified Voice of Business*

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SB 194

February 13, 2001

## KANSAS CHAMBER OF COMMERCE AND INDUSTRY

Testimony Before the

Senate Public Health and Welfare

by

Marlee Carpenter  
Executive Director, Kansas Retail Council

Madam Chair and members of the Committee:

My name is Marlee Carpenter and I am here on behalf of the Kansas Federation of Chain Pharmacies (KFCP) and the Kansas Retail Council, which are affiliates of the Kansas Chamber of Commerce and Industry. Thank you for the opportunity to express our members support of

SB 194.

The Kansas Chamber of Commerce and Industry (KCCI) is a statewide organization dedicated to the promotion of economic growth and job creation within Kansas, and to the protection and support of the private competitive enterprise system.

KCCI is comprised of more than 2,000 businesses which includes 200 local and regional chambers of commerce and trade organizations which represent over 161,000 business men and women. The organization represents both large and small employers in Kansas, with 48% of KCCI's members having less than 25 employees, and 78% having less than 100 employees. KCCI receives no government funding.

The KCCI Board of Directors establishes policies through the work of hundreds of the organization's members who make up its various committees. These policies are the guiding principles of the organization and translate into views such as those expressed here.

This bill removes the pharmacist/technician ratio from statute and places in rules and regulations. The bill also requires a pharmacy technician to be listed with the Kansas Board of Pharmacy before they can work as a pharmacy technician. This bill does not change the current two technicians to one pharmacist ratio.

*Senate Public Health and Welfare Committee  
Meeting Date February 13, 2001  
Attachment 4-1*

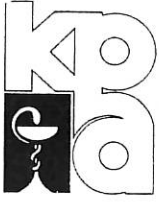
The KFCP endorsed this issue last session when it passed this committee and then the full Senate. The bill stalled in the House Health and Human Services Committee when the Kansas Board of Pharmacy determined that the bill was not in its best interests. We are back this year with the full support of the Board of Pharmacy as well as the Kansas Pharmacists Association. This is a bill supported by all in the industry.

The practice of pharmacy is rapidly changing and the KFCP believes that the Kansas Board of Pharmacy can respond more quickly to the professions changing needs. Currently, the Kansas Board of Pharmacy is responsible for the rules and regulations governing the profession, determining what educational requirements and practice requirement should be in place. The Board of Pharmacy should also have the ability to determine what pharmacists/technician ratio is best for the citizens and pharmacists of Kansas.

The bill also provides a procedure for a pharmacy technician to be listed with the Kansas Board of Pharmacy. The Board of Pharmacy is charged with regulating the profession, but has little knowledge or information about pharmacy technicians. This change would give the Board of Pharmacy the ability to determine how many technicians are currently employed in the state and the ability to track them if they move from pharmacy to pharmacy. Additional knowledge about a pharmacy technician is important for education, training and legal purposes and is in the best interest of the public health, safety and welfare of the citizens of Kansas.

Again, thank you for the opportunity to express our members support for SB 194. I will be happy to answer any questions.





KANSAS PHARMACISTS ASSOCIATION

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www.kansaspharmacy.org

Robert R. (Bob) Williams, M.S., C.A.E.  
Executive Director

TESTIMONY

Senate Public Health and Welfare Committee  
February 13, 2001

SB 194

My name is Bob Williams. I am the Executive Director of the Kansas Pharmacists Association. Thank you for this opportunity to address the Committee regarding SB 194.

Senate Bill 194 requires all pharmacy technicians to register with the State Board of Pharmacy. It also removes the pharmacist/technician ratio from statute and places it in rules and regulations.

For training, educational, and legal reasons, it is not only important for the State Board of Pharmacy to know how many pharmacy technicians are currently employed in Kansas, but equally important for the State Board of Pharmacy to have oversight of pharmacy technicians. SB 194 requires any individual performing pharmacy technician duties to submit to the State Board of Pharmacy his/her name, address, date of birth and "such other information as the board shall determine ...". This list will be maintained by the State Board of Pharmacy. SB 194 also allows for the State Board of Pharmacy to refuse to include a person on the list and/or to take disciplinary actions against pharmacy technicians. The various reasons why the State Board of Pharmacy would take disciplinary action or refuse to list an individual are identified on page 3, lines 25- 43 and page 4, lines 1-5 of the bill.

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The KPhA Board of Trustees has discussed this issue at great length over the past few years. A registry of pharmacy technicians is simply a policy whose time has come. Currently, it is very difficult for the State Board of Pharmacy to determine how many pharmacy technicians are employed in Kansas. Additionally, pharmacy technicians deal with controlled substances and patient records on a routine basis. Therefore, it is in the best interest of the public for the State Board of Pharmacy to have some disciplinary oversight of pharmacy technicians.

In regards to moving the pharmacy/technician ratio from statute to regulation, the pharmacy profession is rapidly changing, placing the pharmacist/technician ratio in regulation will allow the State Board of Pharmacy to more quickly respond to these changes. The State Board of Pharmacy currently determines the training requirements for pharmacy technicians by rule and regulation. It follows that the State Board of Pharmacy be permitted to determine the pharmacist/technician ratio by regulation as well.

We encourage the Committee to support SB 194. Thank you.



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

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**Senate Bill No. 194**

to the  
**Senate Committee on Public Health and Welfare**

by  
**Marla Rhoden, Health Program Analyst, Health Occupations Credentialing**

**Tuesday, February 13, 2001**

Chairperson Wagle, I am pleased to appear before the Senate Committee on Public Health and Welfare to discuss Senate Bill 194. In particular, this bill amends and adds language to board of pharmacy statutes to require that all persons trained and working as pharmacy technicians submit to the board of pharmacy in writing such person's name, address, date of birth and other identifying information deemed necessary by the board, along with a \$10 fee. The board will maintain a list of pharmacy technicians currently authorized to perform pharmacy technician functions, including persons who are performing such functions while receiving training as a pharmacy technician; in effect a "registry" of pharmacy technicians without the label of registration as a level of credentialing. This bill specifies board authority for training, supervision and discipline of pharmacy technicians and the conditions under which the board may refuse to include a person on its list.

Most bills that bypass the Kansas Act on Credentialing involve a new occupation or an occupation which has previously been recommended at a lower credentialing level than is desired by that group. In this case, a level of credentialing would be established for an occupation not previously credentialed. Last May, the Secretary of health and environment approved a letter of intent to seek credentialing (registration) of pharmacy technicians submitted by the state board of pharmacy. No application for credentialing review was subsequently submitted. This bill proposes to credential an occupation without benefit of a technical review which is prescribed by the Kansas Act on Credentialing.

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*Senate Public Health & Welfare Committee  
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Attachment 6-1*



There has been no study on the impact to taxpayers which is one of ten criteria in the technical review process of the Kansas Act on Credentialing. Data from the applicant as well as testimony from opponents and proponents is presented during the technical review process which identifies such topics as: the relative harm or endangering of public health, safety or welfare, public needs which are satisfied or benefit achieved by credentialing at this level, the effect of credentialing of this group upon health care and other health care personnel, and whether it is the "least regulatory means of assuring the protection of the public" which is the preferred policy established by the Act.

With this information in mind, we would respectfully request that Senate Bill 194 not be passed. Thank you again for the opportunity to comment on Senate Bill 194. I would gladly respond to any questions you may have.

*data analysis* - *needs*  
 - *risk*  
 - *effects*  
 - *low reg*

→

Wendy Allman  
Heart of America Family Services  
Child Care Resource & Referral  
1-800-755-0838 x122  
February 13, 2001

Good afternoon and thank you for this time to speak to you about HB 2755 which became effective on July 1, 2000 and SB 195 which has just been introduced to repeal HB 2755. As a large child care resource and referral agency serving seven counties in Kansas, including 2 in the Kansas City metropolitan area, we have run into many challenges with HB 2755. This bill requires child care providers and centers to give written consent to child care resource and referral agencies for their names to be made available to parents seeking child care.

- Since the enactment of this legislation in July of 2000, our agency has faced the daily challenge of trying to collect signed consent forms from the 754 family child care providers and centers in our service delivery area (SDA). To date, we have received 65% of consent forms from providers in our SDA. In order to collect the signed consent forms we sent out a letter and consent form to every provider in our SDA and included a postage paid envelop for them to return the signed form to us in June 2000. As of July 1, 2000 we then began calling the providers we did not hear from. Six of our seven counties are long distance by telephone. Finally, in August of 2000, we sent staff out to personally visit providers and centers we hadn't been successful in reaching by mail or telephone. Overall, we have spent over \$2,500 in printing, postage, long distance telephone and travel and approximately 225 hours in staff time trying to collect these signed consent forms. In trying to collect these forms, we found that many providers were confused as to why they should or should not sign them, and the time allotted from the bill's inception until compliance was required did not allow the resource and referrals agencies time to effectively educate providers about the issue.

- As challenging, time consuming and costly as this process has been for our resource and referral staff and agency, the parents looking for child care have been the ones hurt most by this bill. When child care providers do not give the resource and referral agencies consent to give their name out, parents have fewer options in choosing care for their children. On average, we receive calls from over 90 parents a month seeking child care in our Kansas SDA. The Child Care Specialists in our resource and referral department report talking with many frustrated parents about the list of few referrals they received to help them find care. Many parents who requested referrals on providers they knew about were not able to get them because those providers had not given consent. As a resource and referral agency, we like the other 15 agencies in Kansas have had our hands tied in trying to assist families seeking care. While we respect the child care providers privacy from public release of their information, we feel that the child care resource and referral agencies should be exempt from the confinements of HB 2755. Under the current bill, there are no winners. Parents do not have access to all of the providers in business, the resource and referral agencies have spent too much time and money trying to comply with this bill and child care providers are being cheated out of potential clients. I ask that the committee allow parents the choices they deserve and the resource and referral agencies the ability to provide those choices.

Senate Public Health & Welfare Committee  
Meeting Date February 13, 2001  
Attachment 7-1



RESOURCE & REFERRAL

LEGISLATIVE TESTIMONY

RE: Senate Bill No. 195

By

Marilyn S. Ward, Executive Director  
ERC/Resource & Referral

I am here to testify on the negative impact of HB 2755 (passed in 2000) on child care resource and referral agencies across the state as well as on the parents they serve.

- I do not advocate abolishing the intent of the bill, that of protecting the privacy of child care providers, but am asking for a more efficient way of achieving that goal.

HB 2755 requires that all child care providers sign a waiver giving the child care resource and referral agencies (hereafter referred to as CCR&R's) permission to release their names to parents calling for child care. The process in its present form is confusing to the providers and cumbersome to administrate for the CCR&R's.

Under the present system, we at ERC contact each provider by telephone explaining HB 2755, send a letter of explanation with the waiver and hope that it will be returned. Despite the fact that we make every effort to simplify the process, it is difficult to get the providers to respond. Many are confused by the waivers and are reluctant to sign. Others see the waivers as unnecessary paper work and place it aside for future attention, which it may or may not get. Only when providers realize they are not getting parent referrals, do they call the CCR&R asking why they are not hearing from the agency or from parents. At that point it takes added staff time to re-explain the process and additional money to send a second (or third) waiver to the provider. In the words of one ERC employee, "It is difficult to determine the cost to ERC of the amount of confusion and busy work caused by HB 2755." That same employee plans to actually start knocking on doors to get these waivers – hardly good use of a Master's Degree.



**United Way**  
of Greater Topeka  
Member Agency

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e-mail: ercreferral@ejnetworks.com

*Sample Public Health + Welfare Committee  
Meeting Date February 13, 2001  
Attachment 8-1*



ERC's database of child care providers in its five county service delivery area numbers roughly 700 child care providers. To date, 560 have returned the waivers, 122 have not, 62 are pending and must be contacted. Those pending are providers in the process of becoming licensed or registered.

Unfortunately, and perhaps most importantly, HB 2755 has resulted in fewer providers in the CCR&R databases with the ultimate impact being fewer choices for parents in their search for good quality child care. As well, not having all area child care providers in the CCR&R data bases impacts negatively the data collected by the R&R's in determining such issues as affordability, availability and quality. For instance, should SRS request statistics on infant vacancies across the state, there will be no numbers from those providers who have not turned in their waivers. In ERC's case that would mean roughly 17% of the providers in our area would be without representation, and we at ERC have one of the higher rates of return on the waivers. Many of the other sixteen CCR&R's across the state are newer to their areas and have an even larger percentage of providers who have not returned the waivers.

I propose using Senate Bill 195 as a vehicle for change. It is a positive thing to protect the privacy of child care professionals. The same result could be achieved by a simple question on the regulatory forms requesting that the provider give permission for his/her name to be given the local CCR&R's, thus ending the confusion, paper chase, unnecessary phone calls and expense.

**Kansas Association of Child Care Resource and Referral Agencies**  
**Testimony**  
**Committee on Public Health and Welfare**  
**February 13, 2001**

Thank you for this opportunity to express our opinions and concerns and request some additional clarification on Senate Bill 195 that is in response to House Bill 2755.

My name is Leadell Ediger, I am the Executive Director of The Kansas Association of Child Care Resource and Referral Agencies which is the statewide network of sixteen child care resource and referral agencies. Our agencies provide referrals to parents who are looking for child care and support through training and technical assistance to child care providers across the state.

First, I'd like to report some positive aspects of HB 2755:

- Some SRS area offices and KDHE local surveyors have discontinued the practice of giving parents a list of possible child care providers. In some cases, those lists were inaccurate and outdated. Simply giving a list can add to the extreme confusion some parents experience when looking for child care. The list doesn't denote whether a provider cares for infants or toddlers, it doesn't denote the hours of care a provider is open. The list could have 300 names on it, where does a parent begin?
- Some SRS area offices and KDHE local surveyors have been giving families who need child care the name and number of their local child care resource and referral agency. When a family calls an R&R not only do we help to identify their needs, we assist them by narrowing their field of choices. While helping the family is our primary goal, it is important to note that in addition, collecting their information about the ages of children needing care, the hours and days care is needed, what type of care is most preferred by families plus other pertinent information is vital to the role of the R&R. Being able to collect local data which is then combined into statewide data about the demand for child care will enable policy makers to make better decisions about where and how we should invest in early care and education.

There have been some negative aspects to the implementation of HS Bill 2755 at the local R&R level:

- There has been added expense of collecting written consent forms from child care providers including the cost of postage, phone charges and most certainly added staff time in all sixteen R&Rs.
- Added confusion to child care providers about the need to sign a consent form for SRS area offices, KDHE surveyors and R&Rs.
- Parents have fewer names of providers available to them, in essence parents have experienced limited access to information about the availability of child care providers.

At the state level, KACCRRRA has fielded multiple requests for lists of child care providers, which we have not been able to accommodate:

- The Kansas Department of Education wanted names of child care providers for their Ready Start program.

*Senate Public Health & Welfare Committee  
Meeting Date February 13, 2001  
Attachment 9-1*

- University of Nebraska needed providers names for a multi-state survey related to food safety
- Kansas Action for Children needed provider names for their yearly report card survey
- Both Child Care Providers Coalition, Inc. and Kansas Association for the Education of Young Children needed provider's names to distribute pertinent conference information.

As you can see, these were legitimate requests for access to the names of child care providers across the state. We were unable to give a total list of providers, only the names of providers that we have signed consent forms from.

We'd like to request a review of the intention of HB 2755. Did the Legislature really intend to limit parental access to information? Was the intent to put an undue burden on the statewide R&R system? I think not.

We respectfully request that licensed child care resource and referral agencies be exempt from the confinements of HB 2755. Thank you for your consideration.

For additional information, please contact:

Leadell Ediger

Executive Director

Kansas Association of Child Care Resource and Referral Agencies

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Salina, KS 67401

785-823-3343

785-823-3385 (fax)

kaccrra@kaccrra.org





**Good beginnings  
last a lifetime.**

# KACCRRRA

**The Kansas Association of Child Care  
Resource and Referral Agencies**

*The mission of KACCRRRA is to promote  
the growth and development of high-quality resource  
and referral services and to exercise state policy leadership  
to build a diverse, high-quality child care system with  
parental choice and equal access for all families.*

*KACCRRRA receives its major funding from the Kansas Department of Social and Rehabilitation Services.*

## **Resource & Referral**

**KACCRRRA agencies assist families searching  
for child care**

- Provide referrals
- Helps families understand and evaluate available child care options
- Responds to special concerns and needs

**KACCRRRA agencies work to build and maintain  
the supply of local child care**

- Conducts educational workshops and training for child care providers
- Recruits new providers
- Supports the retention of existing providers

**KACCRRRA agencies help to educate communities  
about local child care needs and issues**

- Collects, analyzes and shares information on availability, affordability and quality of local child care
- Identifies gaps in child care services
- Plans and develops new child care options

**KACCRRRA agencies can provide employers  
with child care information**

- Offers consultation to employers
- Offers enhanced referral services as an employee benefit
- Offers and develops child care resources specific to the organization's needs
- Offers and presents parenting seminars for employees at the worksite

## **Family Child Care Provider Grants**

- \$1,500 grants are available to family child care providers who have provided care for over one year
- \$750 start-up grants are available to new providers who have provided care for less than one year
- A minimum of 20 clock hours of training required for full grant – 30 hours for start-up grant

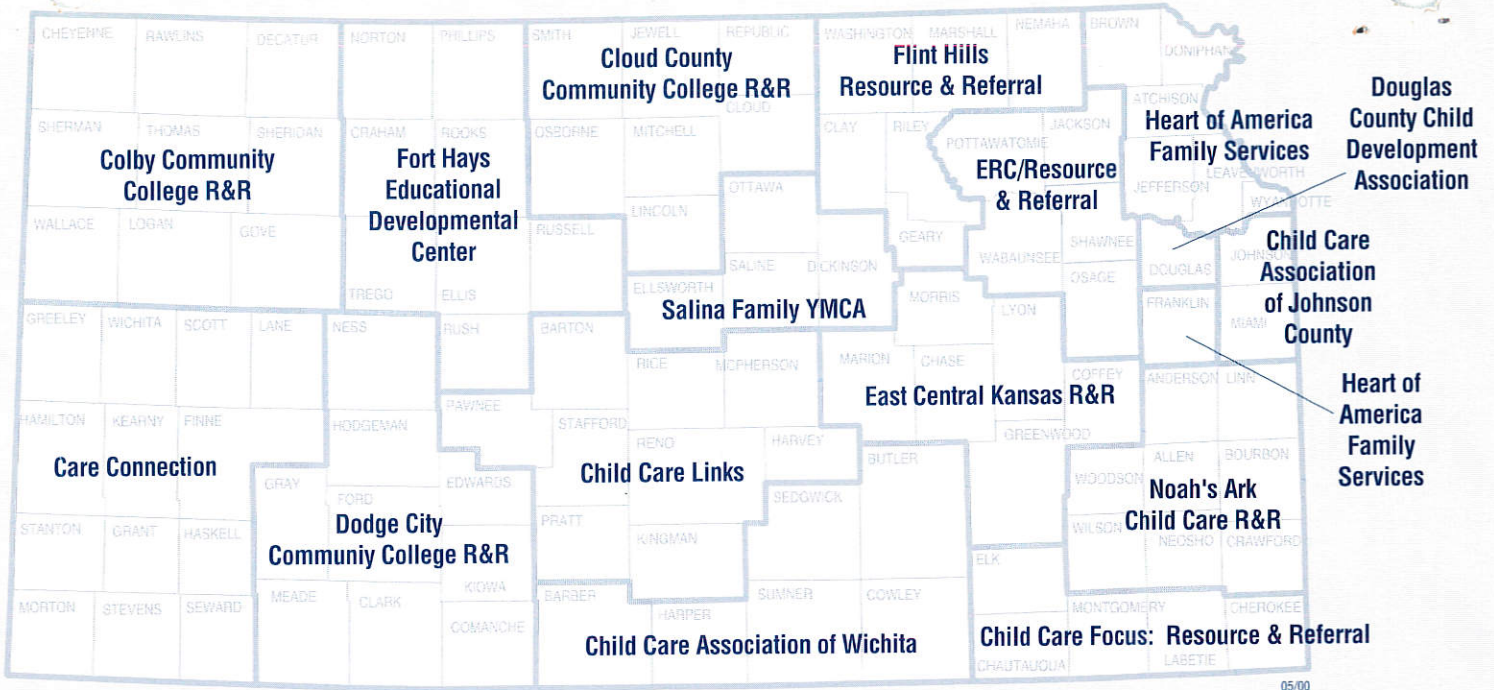
## **Infant/Toddler Specialists**

Infant/Toddler specialists have been placed in each of the 16 R&Rs around the state. The services they provide include:

- A minimum of 10 hours of training specific to Infant/Toddler care
- Technical assistance to child care providers caring for infants and toddlers
- Work with community partners to improve awareness of infant/toddler issues
- Additional infant/toddler specific library resources for child care providers
- Information about infant/toddler growth and development
- Child Development Associate (CDA) credential support and training
- Work with child care regulatory agencies to improve the quality and availability of infant/toddler care

Attachment 9-3





# KACCRRA

## Resource and referral agencies and the counties they serve

The Kansas Association of Child Care Resource and Referral Agencies serves as a network of Child Care Resource and Referral (R&R) Agencies serving all 105 counties of Kansas. We advocate for high-quality, affordable and accessible care for all Kansas families.



**KACCRRA Office**  
115 E. Walnut Salina, Kansas 67401  
1-877-678-2548 or 785-823-3343  
kaccrra@kaccrra.org

**CARE CONNECTION 1-800-275-0399 or 316-275-0399**

*Finney, Grant, Greeley, Hamilton, Haskell, Kearny, Lane, Morton, Scott, Seward, Stanton, Stevens, and Wichita Counties*

**CHILD CARE ASSOCIATION OF JOHNSON COUNTY 1-800-963-0009 or 913-341-6200**

*Johnson and Miami Counties*

**CHILD CARE ASSOCIATION OF WICHITA/SEDGWICK COUNTY 1-800-684-3962 or 316-682-1853**

*Barber, Butler, Cowley, Harper, Sedgwick, and Sumner Counties*

**CHILD CARE FOCUS: RESOURCE AND REFERRAL CENTER 1-800-362-0390 ext. 1627 or 316-421-6550 ext. 1627**

*Chautauqua, Cherokee, Elk, Labette, and Montgomery Counties*

**CHILD CARE LINKS 1-800-530-5129 or 316-669-0291**

*Barton, Harvey, Kingman, McPherson, Pawnee, Pratt, Reno, Rice, and Stafford Counties*

**CLOUD COUNTY COMMUNITY COLLEGE R&R 1-888-527-8680 or 785-243-9345**

*Cloud, Jewell, Lincoln, Mitchell, Osborne, Republic, and Smith Counties*

**COLBY COMMUNITY COLLEGE R&R 1-888-634-9350 or 785-462-3984 Ext. 251**

*Cheyenne, Decatur, Gove, Logan, Rawlins, Sheridan, Sherman, Thomas, and Wallace Counties*

**DODGE CITY COMMUNITY COLLEGE R&R 1-800-951-3837 or 316-227-8344**

*Clark, Comanche, Edwards, Ford, Gray, Hodgeman, Kiowa, Meade, and Ness Counties*

**DOUGLAS COUNTY CHILD DEVELOPMENT ASSOCIATION 785-842-9679**

*Douglas County*

**ERC/RESOURCE AND REFERRAL 1-800-279-2372 or 785-357-5171**

*Jackson, Osage, Pottawatomie, Shawnee, and Wabaunsee Counties*

**EAST CENTRAL KANSAS R&R 1-888-724-3206 or 316-341-5357**

*Chase, Coffey, Greenwood, Lyon, Marion, and Morris Counties*

**FLINT HILLS RESOURCE AND REFERRAL 1-800-227-3578 or 785-532-7197**

*Clay, Geary, Marshall, Nemaha, Riley, and Washington Counties*

**FT. HAYS EDUCATIONAL DEVELOPMENT CENTER 1-888-351-3589 or 785-628-5871**

*Ellis, Graham, Norton, Phillips, Rooks, Rush, Russell, and Trego Counties*

**HEART OF AMERICA FAMILY SERVICES 1-800-755-0838 or 913-342-1110**

*Atchison, Brown, Doniphan, Franklin, Jefferson, Leavenworth and Wyandotte Counties*

**NOAH'S ARK CHILD CARE RESOURCE AND REFERRAL 1-888-281-8558 or 316-431-3831**

*Allen, Anderson, Bourbon, Crawford, Linn, Neosho, Wilson, and Woodson Counties*

**SALINA FAMILY YMCA 1-800-586-3316 or 785-825-4861**

*Dickinson, Ellsworth, Ottawa and Saline Counties*

*Attachment 9-4*