

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 26, 2002 in Room 210 Memorial Hall

All members were present except: Representative Peggy Palmer, Excused

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

Conferees appearing before the committee: Representative Bob Bethell
John Grace, Kansas Association of Homes and Services for the Aging
Artis Perrett, Presbyterian Manors of Mid-America
John Kiefhaber, Kansas Health Care Association
Secretary Clyde Graeber, KDHE
Joe Lawhon, Legislative Post Audit

Others attending: See Attached Sheet

The Chairman stated that **HB 2057 - Repealing the medical scholarship program** was passed out of this Committee last session and was below the line and referred back to this Committee.

Staff explained the balloon amendment and suggested if the committee passed **HB 2057** out of Committee they do it as a Substitute Bill. The bill came out of the Interim Health Care Oversight Committee in 2000 and transfers determination of the medically underserved areas from the Chancellor of the university of Kansas, or the designee of the chancellor to the secretary of health and environment. In Section 7 (b) "child psychiatry" was added. Two sections were repealed and deleted and 4 sections were amended either by deleting or amending.

The Chairman said would try to work and move out or kill the bill at the end of the meeting.

The Chairman stated since we were short on time and the two bills that are being worked are linked, will try to take testimony on both bills at the same time. The Chairman opened the hearings on **HB 2846 - Long term care, prevention program to improve quality of care and HB 2848 - Nursing facility citations, inconsistencies examined.**

Representative Bethell, a proponent for both **HB 2846** and **HB 2848** which were introduced because of concerns out of a post audit and stated that **HB 2846** is much the same as **HB 2229** last year. Kansas has some of the finest nursing homes in the country but the report does not reflect that. According to the chart it is believed there are inconsistencies in the inspections. Each state has their own standards. The survey is not the same in every state (Attachment 1).

Joe Lawhon, Legislative Post Audit, stated an audit was done in December 2001 that dealt with inspections of nursing homes (**HB2848**). Kansas has 6 regions. There were significant differences in the deficiencies found in the 6 regions. Areas out west were having 4 deficiencies and in the northeast there were 12 discrepancies. We could not answer the question, why such a disparity. KDHE has a good process of inspections. We could not figure out that one region was being inspected differently from the other. Recommendations were made and KDHE said they would respond.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 210, Memorial Hall at 1:30 p.m. on February 26, 2002.

John Grace, President/CEO, Kansas Association of Homes and Services for the Aging, testified as a proponent to **HBs 2846 and 2848**, stating the inspection process for Kansas nursing facilities has been in the news recently. The Wichita Eagle Newspaper wrote an article headlined "Wichita Nursing Homes get an F". A company from Denver distributed this material and indicated that, in their analysis, Wichita, Kansas had the worst nursing homes in the nation. KAHSA disagrees with their analysis and conclusion but do believe that Kansas has a much more strict enforcement system than most other states. It is believed the system needs further changes and these bills would formalize those long term improvements (Attachments 2 & 3).

Artis Perret, ARNP, Director of Clinical Services, Presbyterian Manors of Mid-America, testified as a proponent to **HB 2846 and HB 2848** because they will help improve the quality of care in nursing homes across the state. **HB 2846** establishes a prevention program in the Department on Aging for the improvement of the quality of long-term care services and **HB 2848** calls on the Department of Health and Environment to examine and address the reasons for wide variation in the number of deficiencies around the state (Attachment 4).

The Chairman announced since we are running out of time will take testimony only on **HB 2846** and will hear the other testimony on **HB 2848** later if time permits.

Phyllis Kelly, Executive Director of the Kansas Adult Care Executives Association, testified as a proponent to **HB 2846** stating the most relevant is the high quality services and support at all levels of individual needs. Prevention program would go a long way to solve problems in long care homes (Attachment 5).

John Kiefhaber, Kansas Health Care Association, testified as a proponent to **HB 2846** that establishes a prevention program for the improvement of the quality of long-term care services. One thing that this bill would do is give them another tool to use in their job by allowing state surveyors to consult with professionals in the facility about patient care issues, everyone would gain the advantage of better knowledge. Surveyors are prohibited from passing along care planning technique that one facility has found especially effective and that could be very helpful. (Attachment 6).

Clyde Graeber, Secretary, KDHE, testified as an opponent to **HB 2846** stating the establishment of this program under the auspices of the Kansas Department on Aging to provide regulatory and best practices advice and direction to nursing home staff in long term care facilities. The bill would transfer three surveyor positions from KDHE to the Department on Aging. Losing these surveyor positions would result in KDHE's inability to do 41 nursing facility surveys or 211 complaint investigations each year. It is believed this would compromise resident safety and would jeopardize federal funds for facilities and the state.

KDHE currently provides consultation to the nursing home industry on a wide variety of subjects. Training for staff who perform the mandated minimum data set are offered almost monthly in areas throughout the state. This year the MDS educator has developed a course to assist health care professionals in nursing facilities in developing effective care plans using the Center for Medicare and Medicaid Systems Resident Assessment Instrument. Staff are available for meetings state wide on regulatory issues identified by the industry.

If the committee moves this bill forward, I would ask you to create the three new positions and fund the positions separately and not take them from KDHE. A reduction of these surveyors at KDHE would either reduce the number of annual surveys of nursing homes by 41 or prevent doing 211 complaint investigations (Attachment 7).

The Chairman asked Secretary Graeber if there is any continuity of the training of the inspectors around the country?

Secretary Graeber said the inspectors have 6 ½ years of nurses training then go through nursing home surveyor intensive training.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 210,
Memorial Hall at 1:30 p.m. on February 26, 2002.

The Chairman said maybe Kansas is ahead of other states.

Secretary Graeber said the Wichita paper was unfair to publish the article giving nursing homes an "F". He is going to write the editor of the newspaper. Some of the nursing homes in Wichita are the best.

Representative Showalter asked how often the homes were surveyed?

Secretary Graeber responded they are inspected once a year and there are follow-ups if problems. Complaints do bring about some results and am concerned if lose some surveyors can not follow up as quickly. Some complaints are unfounded.

The Chairman stated that insurance rates are rising as a result of 9-11, all insurance is higher. Some nursing home insurance is being raised dramatically.

Secretary Graeber said last week we had meetings and they were concerned about insurance and we set up a meeting next week to discuss insurance further. Some were generated by that article in the Wichita paper.

Representative Flaharty asked how many surveyors and facilities there were?

Pat Maben, KDHE, replied they surveyed all certified and licensed health entities. There are 88 surveyors and 300+ nursing home facilities.

The Chairman stated that time had just ran out and would have to come back at a later time on **HB 2848**, and time permitting, would work **HBs 2057 and 2846**.

Representative Showalter moved and Representative Lightner seconded approval of the minutes of February 14, 18, 19, 20 and 21. The motion carried.

The meeting adjourned at 3:25 p.m., and at this time there are no scheduled meetings.

Hs HHS
 2-26-02
 Atch #1

Nursing Facility Survey Information *
 (as of February 14, 2002)

Item	Kansas	Region 7 (excluding KS)	Region 7 (including KS)	Nation	KS as Percentage of Region 7 (inclusive)
Deficiency Free Surveys	20	126	146	974	13.7%
Substandard Care Citations	1,355	2,455	3,810	46,321	35.6%
Facilities with Immediate Jeopardy Citations	215	211	426	2,843	50.5%
Facilities Terminated Involuntarily	35	23	58	785	60.3%
Percent of G+ Scope and Severity Deficiencies	6.3%	3.0%	4.0%	4.8%	

* information provided by the Centers for Medicare and Medicaid Services

KAHSA

KANSAS ASSOCIATION OF
HOMES AND SERVICES FOR THE AGING

To: Representative Garry Boston, Chair, and Members
House Health and Human Services Committee
From: John R. Grace, President/CEO
Date: February 26, 2002

Testimony in Support of House Bill 2846 and House Bill 2848

Thank you, Chairman Boston and Members of the Committee. The Kansas Association of Homes and Services for the Aging represents over 160 not-for-profit organizations whose sole mission is to provide high quality long-term care to Kansas seniors and other vulnerable adults.

I am here today on behalf of my members to ask for your support of House Bill 2846 and House Bill 2848.

The inspection process for Kansas nursing facilities has been in the news recently. I would like to call your attention to the handout attached to my testimony, The most recent headline in the Wichita Eagle Newspaper, "Wichita Nursing Homes get an F". A company from Denver distributed this material and indicated that, in their analysis, Wichita, Kansas had the worst nursing homes in the nation. We disagree with their analysis and their conclusion, but do believe that Kansas has a much more strict enforcement system than most other states.

In November, the Legislative Division of Post Audit completed a study on the nursing home inspection process of the Department. The study states, "From the documents we were able to review....it appears that inspectors were correctly categorizing the problems they observed". However, the report goes on to say, "still there are significant differences between regions in the number of deficiencies cited..." The auditors made several recommendations which the Department has agreed to implement.

Mr. Chairman, we commend KDHE in their ongoing efforts to achieve greater consistency in the interpretation and implementation of the long-term care survey and enforcement process. However, we continue to believe that the system needs further changes and these bills would formalize those long term improvements.

House Bill 2846 would create a state level prevention program for the improvement of quality in long-term care services. The present system has developed into an adversarial process that pits surveyors against nursing facilities - rather than allowing all parties to work together to improve quality of resident care and services.

A similar provision, contained in House Bill 2229, was passed unanimously by the House last year. Quality of care is the goal for our residents...not just regulatory compliance, but improvements in our residents lives.

The State has successfully adopted prevention programs in other areas. For example, the Department of Human Resources has a highly successful program that assists employers with worker safety and OSHA compliance. We believe that the Department on Aging, as the primary state agency to promote the well-being of Kansas seniors, and because they are not directly responsible for the implementation of the survey and enforcement process, is a reasonable agency to administer the long term care prevention program.

The companion House Bill 2848 directs the Department of Health and Environment to examine and address reasons for the wide variations in average number of nursing home citations from region to region. Again, Legislative Post Audit cited that in Wichita the average number of deficiencies was 12.4 per facility, while in western Kansas the average was 4.2.

These inconsistencies result in a lack of predictability that compromises the integrity of the entire process. They diminish the efficiency and potential usefulness of the survey process as a mechanism for quality measurement and a basis for fair and effective enforcement. And now, the survey outcomes are affecting many of our members ability to maintain their insurance coverage.

Insurance companies are utilizing these inspection reports to price their premiums. Not long ago we heard specifically from Presbyterian Manors of Mid-America and Bethany Home in Lindsborg regarding recent insurance renewal experience. Presbyterian Manors have seen their professional/general liability increase by 576% over 5 years. Bethany Home's insurance has increased by 915%. These increases will be passed on to the Medicaid program increasing costs to the state.

We want to ensure that the nursing home inspection system is accurate, fair, and consistently applied across the state, and in comparison to other states. House Bills 2846 and 2848 are a beginning step to addressing the growing problems we face in the delivery of long term care. We respectfully request that you recommend both bills favorably to your colleagues in the House.

Thank you. I would be happy to answer questions.



HS HAS
2-26-02
ATCH #3

The Wichita Eagle

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TUESDAY
FEBRUARY 26, 2002

Wichita nursing homes get an 'F'

■ A survey says local facilities are the nation's worst, but state officials say that reflects the strenuous nature of its inspections.

BY KATHY SHIMMEL
The Wichita Eagle

Wichita is the nation's worst place to be in a nursing home, according to HealthGrades, an organization that reports on the quality of health care facilities nationwide.

But state health officials say that doesn't mean nursing home residents are at risk, or that Wichita's nursing homes are bad. Instead, they say, the

numbers reflect the diligence with which inspections are carried out in Kansas.

HealthGrades analyzed four years of health inspection and complaint reports to determine the best and worst cities for nursing home care. Monday, it released the results, which cover the years ending Dec. 31, 1997. Those are the most recent years with available data.

Wichita was at the top of the list,

with 80 percent of the its nursing homes having four or more "actual harm" violations in the past four years. In contrast, Topeka, had no actual harm violations.

Actual harm violations mean that a Medicare or Medicaid regulation was violated and that a resident's care was compromised in some way as a result. Almost one-third of all nursing homes in the United States had at least one

actual harm violation in the past 12 months, HealthGrades said. In Kansas, the figure was 32.7 percent.

Kansas nursing homes are inspected regularly by the Kansas Department of Health and Environment. They also are inspected when a resident, family member or other third party files a complaint. The HealthGrades report is based on both sorts of inspections.

The report should be reason for concern in Wichita, said Peter Faltanow, a

HealthGrades spokesman.

"We looked at every city in the country that had 20 or more nursing homes. There's something going on there" in Wichita, Faltanow said.

But Joe Kroll and Mike Heidemann of EDITE and Glenda Simpson, a regional long-term care ombudsman for the state, said each state has its own inspectors, so the information being

Please see NURSING, Page 7A

HALFPIPE HAPPINESS

Men's halfpipe snowboarders sweep medal competition for United States



U.S. boarders took all the medals in the halfpipe Monday. Ross Powers, center, won gold, Danny Kass, left, earned silver, and J.J. Thomas, right, won bronze.

Sebelius vetoes Blue Cross sale; appeal possible

- Over -

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NURSING

From Page 1A

compared might not be the same, even though all inspectors use the same federal regulations.

In Kansas, a recent Legislative Post-Audit report on nursing home inspection found no fundamental flaws in the process. "We're doing a good job of citing deficiencies," Kroil said.

HealthGrades primarily provides information for insurance, risk management and other business interests; it sells reports on nursing homes.

Other groups have free information for consumers. Medicare publishes the results of nursing home inspections at www.medicare.gov/NHCompare/home.asp. Another group, Member of the Family, has a nursing home watch list at www.memberofthefamily.net/ks.htm.

Of the 27 Sedgwick County nursing homes on the Medicare site, 16 had actual harm violations in their most recent inspection.

Severity of the violations are rated on a 1 to 4 scale, with 1 being the least serious. Violations rated 3 or 4 are actual harm violations. Violations can range from actual abuse of a resident to a staff member's failure to wash his or her hands when necessary.

In the most recent round of inspections, two of the Sedgwick County nursing homes had no violations at all. One home, Wichita Healthcare and Rehabilitation Center, had 51 violations.

Rhody Burnett, the center's administrator, said Medicare's report is a year old. A more recent survey, in November, found only 17 violations, "significantly less than a year ago," she said.

The average number of violations for a Kansas nursing home is six, the site says; nationwide, the average is five.

Reach Karen Shideler at 268-6674 or kshideler@wichitaeagle.com.

3-2



Presbyterian Manors
of Mid-America
The way you want to live

Testimony in Support of House Bill 2846 & House Bill 2848

To: Representative Boston, Chair, and Members,
House Health and Human Services Committee
From: Artis Perret, ARNP, Director of Clinical Services
Date: February 26, 2002

Thank you Chairman Boston and Members of the Committee.

My name is Artis Perret. I am an advanced registered nurse practitioner and the director of clinical services for Presbyterian Manors of Mid-America, a non-profit organization with 14 long-term care facilities in Kansas. I have worked in health care for over twenty-five years, during which time I have been a nurse's aide, charge nurse, director of nurses and a state surveyor for Kansas Department of Health and Environment. Recently, I was appointed to the Kansas State Board of Nursing.

I am here to ask for your support for House Bill 2846 and House Bill 2848 because they will help improve the quality of care in our nursing homes across the state.

House Bill 2846 establishes a prevention program in the Department on Aging for the improvement of the quality of long-term care services. Long-term care is an exceedingly complex area of health care. It would be very helpful for nurses and others in long-term care facilities to have an established program they can access to receive assistance on tough care issues and information about best practices that other facilities have implemented. A prevention program could be designed to help facilities identify problems before they arise or intervene before they result in actual harm to a resident. I would be more than happy to sit down with the Department staff to discuss how to design such a program.

House Bill 2848 calls on the Department of Health and Environment to examine and address the reasons for wide variation in the number of deficiencies around the state. One contributing factor is inconsistency in the application of the survey process itself. The survey system is very complicated and prone to subjectivity. As a former surveyor, I saw significant differences in surveyor approach and outcomes. Now I am on the "receiving end" of the system and continue to see differences in how surveyors cite deficiencies from region-to-region. This leads to confusion and frustration on the part of providers and difficulty in knowing how to correct deficiencies. More consistency in the type of deficiencies cited and the severity level they are assigned will result in better communication between surveyors and staff, better understanding of regulatory requirements and, ultimately, enhanced quality of care.

Thank you. I would be happy to answer questions.

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17500 W. 119th Street
Olathe, KS 66061

Arkansas City Presbyterian Manor
1711 N. Fourth Street
Arkansas City, KS 67005

Clay Center Presbyterian Manor
924 Eighth Street
Clay Center, KS 67432

Emporia Presbyterian Manor
2300 Industrial Road
Emporia, KS 66801

Farmington Presbyterian Manor
500 Cayce
Farmington, MO 63640

Fort Scott Presbyterian Village
2401 S. Horton
Fort Scott, KS 66701

Fulton Presbyterian Manor
811 Center Street
Fulton, MO 65251

Kansas City Presbyterian Manor
7850 Freeman
Kansas City, KS 66112

Lawrence Presbyterian Manor
1429 Kasold Drive
Lawrence, KS 66049

Manor of the Plains
200 Campus Drive
Dodge City, KS 67801

Newton Presbyterian Manor
1200 E. Seventh Street
Newton, KS 67114

Parsons Presbyterian Manor
3501 Durr Avenue
Parsons, KS 67357

Rolla Presbyterian Manor
1200 Homelife Plaza
Rolla, MO 65401

Salina Presbyterian Manor
2601 E. Crawford
Salina, KS 67401

Sterling Presbyterian Manor
204 W. Washington
Sterling, KS 67579

Topoka Presbyterian Manor
4712 South West Sixth Street
Topoka, KS 66606

Wichita Presbyterian Manor
4700 W. 13th Street
Wichita, KS 67212



Testimony before the House Health and Human Services Committee on HB 2846 – An Act concerning long-term care; establishing a prevention program for the improvement of the quality of long-term care services.

Mr. Chairman, Members of the Committee:

I am Phyllis Kelly, Executive Director of the Kansas Adult Care Executives Association. Our Association represents over 300 adult care home administrators operating nursing homes throughout Kansas. I appear before you today in support of HB 2846.

As expressed in previous testimony from Secretary Connie Hubbell of the Kansas Department on Aging to the Long-Term Care Services Task Force on November 9, 2001, the Kansas Department on Aging is emerging as the focal point for the state's expression of concern for the needs of Kansas' seniors. As Secretary Hubbell expressed, "this recognition brings responsibility for planning and formulating policy which foresees the needs of an aging society".

The June 2001 KDOA Strategic Plan as endorsed by the State Advisory Council on Aging was designed to complement the plan developed by the Long-Term Care Services Task Force. The KDOA Strategic Plan sets out policy directions that will impact the State's ability to meet the needs of Kansas' senior citizens of the future.

Most relevant to the intent of HB 2846 is Goal III of the KDOA Strategic Plan – **High Quality Services and Support at All Levels of Individual Need**. Strategies 1, 2, and 3 of Goal III relate directly to the context of the prevention program which will be established in HB 2846. These strategies are:

- | | |
|-------------|---|
| Strategy #1 | "Support nursing homes to pursue progressive home-like environments." |
| Strategy #2 | "Collect and analyze consumer-focused quality data across all service settings, and use this data (together with other approaches) to improve quality." |
| Strategy #3 | "Promote an effective regulatory process." |

When established in the Department on Aging, the prevention program as described in HB 2846 will support the strategies of Goal III and assure the implementation of this phase of the KDOA Strategic Plan.

Of most importance will be the improvement of the quality of care of residents in long-term care facilities. The technical assistance provided by qualified health professionals in best care practices and overseen by the Advisory Council on Aging will enhance the excellence in services provided by the Department on Aging to Kansas' nursing facilities.

We urge your support of HB 2846.

Thank you,

A handwritten signature in cursive script that reads "Phyllis Kelly".

Phyllis Kelly, Ph.D.
Executive Director, K.A.C.E.



KHCA



Kansas Health Care Association

221 SOUTHWEST 33rd STREET
TOPEKA, KANSAS 66611-2263
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TESTIMONY

Before the

House Health and Human Services Committee

Chairperson Boston and members of the Committee:

The Kansas Health Care Association, representing 180 professional nursing facilities, assisted living facilities and long-term care units of hospitals, appreciates the opportunity to speak in support of **House Bill 2846** to establish a prevention program for the improvement of the quality of long-term care services.

There are over 20,000 long-term care professionals serving every day in Kansas nursing facilities throughout the state to deliver the best hands-on care possible. One thing that this bill would do is give them another tool to use in their job. By allowing state surveyors to consult with professionals in the facility about patient care issues, everyone would gain the advantage of better knowledge. Sometimes there is a care-planning technique that one facility has found especially effective – but now surveyors are prohibited from passing that information along to other facilities. **House Bill 2846** gives us a forum for sharing clinical and resident-care information more efficiently.

KHCA believes that the establishment of an RN expertise for this purpose in the Department on Aging would produce much-needed coordination with respect to the communication of best practices throughout the state.

2/26/02



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

Testimony on House Bill 2846
to the
Committee on Health and Human Services

Presented by Clyde D. Graeber, Secretary, KDHE

February 26, 2002

Chairperson Boston and members of the Committee on Health and Human Services, I am pleased to appear before you today to discuss House Bill 2846.

This bill would provide for the establishment of a program under the auspices of the Kansas Department on Aging to provide regulatory and best practices advice and direction to nursing home staff in long term care facilities. To accomplish this, the bill would transfer three surveyor positions from the Kansas Department of Health and Environment to the Department on Aging. Losing these surveyor positions would result in KDHE's inability to do 41 nursing facility surveys or 211 complaint investigations each year. I believe this would compromise resident safety and would jeopardize federal funds for facilities and the state.

In 1989, the Legislature made a decision to transfer the Department of Social and Rehabilitation Services Inspection of Care process to the Kansas Department of Health and Environment. This decision was driven by problems created by duplication of effort and the inevitable conflicts which arise when two agencies are giving regulatory information and guidance to the industry.

At the present time the Long Term Care Program within the Bureau of Health Facilities provides significant assistance to the long term care industry in understanding regulatory requirements. In fiscal year 2001 forty two formal presentations to over 3,100 industry representatives were provided on issues related to regulations and standards of practice.

KDHE currently provides consultation to the nursing home industry on a wide variety of subjects. Training for staff who perform the mandated minimum data set are offered almost monthly in areas throughout the state. This year the MDS educator has developed a course to assist health care professionals in nursing facilities in developing effective care plans using the Center for Medicare and Medicaid Systems Resident Assessment Instrument. Staff are available for meetings state wide on regulatory issues identified by the industry.

DIVISION OF HEALTH
Bureau of Health Facilities

In addition to the formal educational offerings, the Long Term Care Program provides daily assistance to the industry. Four staff are available to answer questions concerning regulations related to the care and services delivered to residents, nutritional issues, and assistance with building and remodeling of facilities. The department will fax and mail information from current literature and internet searches to provide nursing home staff with the current standards of practice. On an average day, staff in the long term care program will talk with thirty individuals who work in long term care settings. Senate Bill 57 passed during the 2001 session provides a new position at KDHE to provide assistance to nursing facilities concerning standards of practice for improving resident care. We are ready to fill that position.

Our bureau publishes a quarterly newsletter which is mailed to all licensed nursing facilities, long term care units in hospitals, assisted living and residential health care facilities. This newsletter is also posted on the KDHE website for public access. Joint trainings have been presented in collaboration with the industry. Both surveyors and industry staff attend the trainings.

The department is very concerned about the duplication of efforts which this bill would create. Currently the nursing home program operated by KDOA and the long term care program in KDHE work very well together in providing pertinent and accurate information to the industry. With both agencies having the same function, there could well be instances of disagreement. How disagreements would be resolved may place the industry in a very untenable position.

The proposal appears to be based on a program established in the state of Washington in 1990. A review of recent survey results in Washington indicate that in spite of their program surveyors write more deficiencies than surveyors in Kansas and the number of deficiencies indicating that harm has occurred to residents is greater.

I believe our agency has demonstrated a willingness to work with the nursing care industry in assisting them to better understand how to be in compliance with state and federal requirements. It must be remembered that ultimately, it is these facilities that are responsible for ensuring that each resident receives appropriate care and services.

In closing, if the committee decides there is merit in this proposal and moves it out favorably, I would ask you to create the three new positions and fund the positions separately and not take them from KDHE. A reduction of these surveyors at KDHE would either reduce the number of annual surveys of nursing homes by 41 or prevent us doing 211 complaint investigations. No one can convince me either of these results would create better care in nursing homes for our elderly.

DIVISION OF HEALTH
Bureau of Health Facilities