

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:30 p.m. on February 10, 2004, in Room 526-S of the Capitol.

All members were present except Representatives Landwehr and McLeland, both of whom were excused.

Committee staff present:

Dr. William Wolff, Legislative Research Department
Renaë Jefferies, Office of Revisor of Statutes
Gary Deeter, Secretary

Conferees appearing before the committee:

Michael Byington, President, Kansas Association for the Blind and Visually Impaired

Others attending:

See Attached List.

For purposes of hearing **HB 2388**, the chair was shared by Representatives Flaharty and Mast. Representative Mast opened the hearing on the bill and welcomed Michael Byington, President, Kansas Association for the Blind and Visually Impaired, who spoke as a proponent for the bill. (Attachment 1) Giving some background for his organization, he said the association was founded in 1920 and was instrumental in persuading the Kansas legislature in the 1930s to designate a special government entity to provide services to the blind. He commented that state services to the blind through Kansas Social and Rehabilitative Services (SRS) was reduced in 1999, noting that since then further disintegration of services has occurred, especially for the newly blind and visually impaired. He stated that, although there is an excellent training facility for the blind, presently there are no state-wide specialized services for the blind for job preparation or other assistance. He said that about 24 of the 50 states have a freestanding Commission for the Blind, and he questioned the accuracy of the \$681,000 fiscal note from the Division of Budget, noting that a Commission for the blind would strengthen and integrate the service delivery system and restore administrative cohesiveness for those who are blind or visually impaired. He said that having a separate Commission would provide more effective service to the blind.

Addressing the staff briefing from the previous day, Mr. Byington sought to elucidate various aspects of the bill. (Attachment 2) He said the reference to the governing board refers to the members of the Commission, who govern the Commission. The Commission itself is the government service agency. Explaining the difference between the Council and the Commission, he said the federal regulations of the Federal Rehabilitative Act require a rehabilitative council as well as the Commission, both of whom must file a rehabilitative plan to satisfy the federal regulations. Thus the reference in the bill to both a Council and a Commission. He agreed that approval for Commission members should be done through the Senate rather than confirmation by both houses.

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MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE at 1:30 p.m. on February 10, 2004, in Room 526-S of the Capitol.

Answering questions, Mr. Byington said that present employees who specialize in helping the blind in rural areas are already under SRS and could be incorporated into the proposed new service provider. He noted that presently SRS services are brought to the client's home, a process that would continue under the bill. He said there are about 5000 blind and visually impaired individuals in Kansas.

The Chair noted that written testimony supporting the bill was provided by Nancy Johnson and Beulah Carrington. (Attachments 3 and 4)

Staff Bill Wolff gave a briefing on **HB 2538**, a bill which proposes to establish a drug repository through the State Pharmacy Board. Dr. Wolff said the bill creates a drug repository program to accept and donate prescription drugs, allowing any person, including drug manufacturers and health-care facilities, to donate drugs to a drug-repository, which would then be distributed to the needy. He stated that the Pharmacy Board is given authority to develop rules and regulations to administer the program, noting that Section 3 relieves those who participate in the program from liability. Answering a question, he said that other states have similar programs.

Chairman Morrison suggested working **SB 106**, which directs the Kansas Department of Health and Environment to identify health needs and develop programs to meet these needs.

A motion to keep the bill tabled failed.

A motion was made and seconded to amend the bill to correct spellings on lines 31 and 32 ("Kansans" and "complimented.") The motion passed.

A motion was made and seconded to pass the bill out of committee favorably as amended. The motion passed.

The Chair announced that **HB 2513** had been re-referred to the Joint Committee on Information Technology, and that **HB 2478** had been re-referred to the House Judiciary Committee.

A motion was made and seconded to pass out favorably **HB 2737**, a bill to license athletic trainers.

The Chair reviewed the purpose of bill, which was to change the term *registration* to *licensure*. Members commented that the bill adds no benefit for the people of Kansas, but it does elevate the status of athletic trainers.

Members discussed the technical amendments recommended by Larry Buening, Executive Director, Kansas Board of Healing Arts. (Testimony on 2-9-04) The Committee passed a motion accepting the three amendments outlined in Mr. Buening's testimony.

The Chair gave a brief history of the turf battles in previous years when professions sought not only

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changes in designation, but laid claim to protected scope of practice from other professions. He said he wanted to see more negotiation and collaboration among professions such as was demonstrated by the athletic trainers.

The motion passed to recommend **HB 2737** favorable for passage as amended.

The meeting was adjourned at 2:45 p.m. The next meeting is scheduled for 1:30 p.m. on February 11, 2004, in Room 526-S of the Capitol.

HEALTH & HUMAN SERVICES
~~e-GOVERNMENT~~ COMMITTEE
 GUEST LIST

DATE: February 10 2004

NAME	REPRESENTING
Math Glassman	Intern
DAKE BARUM	SRS - REHAB SERVICES
Debbie Huske	SRS - HCP/MP
Dave Schwinn	Topetra Assn f/t Visually Impaired, President
Michael Byington	KS Assn f/t Blind and Visually Impaired (KABVI)
Baulah Carrington	KABVI
Darlene Carrington	"
MARK COATES	KABVI
Bryndy Dawitts	KABVI
BOB ALDERSON	SELF
GARY Robbins	KS Optometric Assn
Bob Edwards, Jr	Leavenworth Leadership Class
Tom Bruno	KPSC
Paul Smeat	Pfizer
Christine Giebur	Federico Consulting

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TO: House Health and Human Services Committee

FROM: Michael Byington, President of KABVI and Registered
Kansas Lobbyist

SUBJECT: support for House Bill 2388

DATE: February 9, 2004

On January 14, 2004, KABVI submitted comments to this Committee concerning a drafting error in this Bill. With that information, some comments were provided which might be considered testimony in favor of the Bill. At the end of this correspondence, I will provide again for your convenience, information on the drafting error which was called to your attention and which will need a small technical correction. I believe the Revisor's office has already drafted the needed correction. The principle purpose of this correspondence, however, is to discuss the merits of the Bill and the changes it proposes.

First of all, I will tell you a little bit about KABVI and why we are uniquely qualified to discuss this Legislation. KABVI is the largest all-volunteer advocacy organization of and for the blind and visually impaired in Kansas. Our organization was founded in 1920. We were the principle lobbying organization in getting the first designation of a blind services entity in Kansas, and this legislation went through the Kansas Legislature in the 1930s. Over the past 84 years, we have remained active in keeping the Kansas Legislature informed as to what are best practices in serving people who are blind and visually impaired.

In 1999, the Kansas Department of Social and Rehabilitation Services (SRS) proposed to completely do away with the Kansas Division of Services for the Blind, the Kansas Rehabilitation Center for the Blind, all opportunities for truly comprehensive training for newly blinded and visually impaired Kansans, and Kansas Industries for the Blind. At KABVI's urging, the Legislature added to the Omnibus bill language which required continuation and retention of the Kansas

*Attachment 1
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Rehabilitation Center for the Blind. KABVI had to file a lawsuit to get SRS to take this legislation seriously, but the result was that a state-of-the-art training facility for newly blinded Kansans was retained. We appreciate the Kansas Legislature's help with this very much. Subsequent to December of 2000, however, SRS has subsumed many of the programs which used to be supervised by Kansas Services for the Blind and Visually Impaired, and which were not protected by the Omnibus legislation which saved the Kansas Rehabilitation Center for the Blind. Kansas Services for the Blind and Visually impaired is what is left of the old Kansas Division of Services for the Blind, and is under the SRS umbrella. SRS has by now placed many programs which used to be under the Kansas Services for the Blind and Visually Impaired programs under generic supervision. Some such programming has been done away with all together.

The result now is that Kansas has an excellent training facility for newly blind and newly visually impaired Kansans. This facility has been well used subsequent to the improvements which have been made in this program, but we are currently seeing the blind services field program, which is important in finding newly blinded Kansans and getting them to this facility, disintegrating steadily.

In December of 2000, the rehabilitation teachers for the blind were removed from the supervision of Kansas Services for the Blind and Visually Impaired, and placed under the supervision of various SRS area office personnel around the State. Rehabilitation teachers for the blind, most of whom are blind and visually impaired themselves, are the persons in the system who make most of the contacts with newly blinded Kansans. After the rehabilitation teachers for the blind were no longer supervised by the personnel running the rest of blind services, it was discovered that their territories did not line up well with SRS area office personnel. There were not enough rehabilitation teacher for the blind positions to go around for some areas to be covered, and coverage for those areas of the State became confusing and inconsistent. Some areas actually have not had rehabilitation teacher for the blind coverage for significant periods. What is more, there is no Statewide entity any more which has anything to say about whether these positions even continue to exist. They could potentially be done away with by a stroke of a pen of an area office director.

Also, before December of 2000, there used to be specialist counselors who worked for the Kansas Services for the Blind and Visually Impaired to insure that people who are blind and visually impaired who are of employment age could get the training and job seeking assistance and preparation they needed to become employed. In December of 2000, these positions were subsumed into the general vocational rehabilitation employment counseling section of SRS.

We are sure the SRS officials who made these changes were well meaning. SRS is often under pressure to cross train its staff so that virtually any SRS employee can connect a client with any potentially available service. This is understandable, but the concept simply does not work well for situations where the client needs specialization because they are losing something as all encompassing as their vision.

SRS has thus lost much credibility with blind Kansans. House Bill 2388 would allow the blind services offered by the State of Kansas to be administered by a commission appointed by the Governor, and made up of blind Kansans and experts in the field of blindness. It would remove not only the Kansas Rehabilitation Center for the Blind and Visually Impaired from SRS administration, but also the Business Enterprises Program which trains blind Kansans to handle their own businesses (Don Wistuba who runs the concession here in the Capitol was trained through this program.), and the Kansas Seniors Achieving Independent Living (KanSAIL) program which serves older, blind Kansans. Additionally, it would restore supervision of the Rehabilitation Teachers for the Blind and restore specialist employment counselors for the blind to the Commission for the Blind so that all blindness rehabilitation and employment related services would again be administered by one entity.

This would strengthen the integrated service delivery system for blind Kansans. The people who administer the program will have a specialization in blindness issues. The initial contact people who are making contact with newly blinded Kansans will be working under the same supervisory structure as the people who are available to provide comprehensive training and adjustment rehabilitation services.

In fairness to SRS and the Kansas Rehabilitation Center for the Blind and Visually Impaired staff, sincere efforts have been made to work with the system which has been created over the past few years. A lot of outreach and training has been provided to attempt to provide generic SRS employees with information about blindness and visual impairment, and how to help and refer those newly blinded Kansans who need comprehensive training. What it comes down to though, is no matter how much training is provided, if only perhaps one out of every 20 people on an SRS worker's caseload is blind or visually impaired, that worker is not going to know as much about what can be done to help as they would if their entire caseload was made up of people who are blind and visually impaired.

KABVI does not have any complaints with the job being done by the leadership of SRS immediately over the section which includes services for the blind. The current Kansas Rehabilitation Services Director, Dale Barnum, is a good guy who has attempted to be fair to what is left of Services for the Blind, and to try very hard to make the new system work. I would like to think that he sees KABVI as a group which has attempted to pro-actively help him with this difficult mission. We have reached the conclusion, however, that restoring some of the autonomy of blind services and restoring its administrative cohesiveness would make for a more efficient system and more efficient expenditure of blind rehabilitation funding. Mr. Barnum is a very good and fair administrator who is being asked to work with a dysfunctional system structure.

I now want to address the positive aspects of the bill through an example which I believe will very much be one which this committee can relate to. The House

Health and Human Services Committee is a groundbreaking committee in terms of its use of a paperless environment. You all have computers and you are all learning to use them to do the work of the Committee without having piles and piles of paper in front of you. You may all recall that for two terms in the mid-1990s, the Kansas Legislature included a member who was nearly totally blind, Representative Richard J. Edlund. Representative Edlund worked with me on the drafting of House Bill 2388 and supports the bill. He is not sure that he will be able to be here for the hearings on the Bill because he has been under the weather from a standpoint of health of late. I believe he is providing you with e-mail, however, expressing his support. Imagine if you will now, Representative Edlund participating on this paperless committee. When he was in the Legislature, he used to read legislation and correspondence through using readers, and through using an electronic reading machine which scanned and read hard copy text. This was State of the art for access to people who are blind in the 1990s and many of you who saw Mr. Edlund use this equipment thought it was pretty impressively high tech. It would not, however, work for access to the real-time information available through this paperless committee. It may surprise some of you to know that everything you are learning to do with your computers to access information on this Committee is something a totally blind legislator could do using a computer with an ear bud and speech access. The problem is one of set up and learning curve. The speech systems would have to be configured to work with the largely Microsoft systems you are using, and then the user would have to be trained in learning and doing roughly twice the things you all have to do. The blind user would have to learn all of the same software and commands the rest of you use, but additionally they would have to learn the commands to make the speech access work in a comprehensible and logical manner, and they would have to learn to do with key strokes much of what you all do with your mice. I would ask you, if you had a blind Legislator attempting to keep up with this process, would you want a generalist from SRS or computer systems come in to assist, or would you want someone who is truly an expert in access systems for the blind, and who has taught many individuals to use this type of equipment, and helped many employers and service providers interface it. I submit that you would want the specialist.

In the United States, currently about 24 of the 50 States have freestanding Commissions for the Blind rather than having their services for the blind and visually impaired submerged in a large umbrella system. Some of these Commissions provide very excellent, well-coordinated services. Others do not. Overall, however, blind and visually impaired consumers tend to rate their services more highly in States where there is a freestanding commission for the blind. This is because the blind and visually impaired people of the state actually enjoy more ownership over such a system. In drafting House Bill 2388, Representative Edlund and I consulted a number of other State statutes of States who deliver their blind services through Commission systems. We particularly looked closely at the Nebraska statutes, which were adopted in 1999.

Helping people who are blind learn to travel safely, crossing streets, navigating throughout the environment, safely cooking without looking, etc. are not generic

skills. They are specialized. They are best provided by specialists. KABVI believes that such service providers much be retained in the human services systems of our State, and they will work most efficiently when supervised and administered in a specialists service environment.

Janet Schalansky, Secretary of SRS, has been doing presentations before many committees of this Legislature about the changes SRS is making in their field systems. They are closing many small SRS offices and creating cooperative partner access points in over 400 locations throughout the State by having people go to such locations as libraries, courthouses, local community service agencies, etc. to get SRS information, applications, and sometimes to meet with SRS personnel. In the changes being made, SRS is allowing people to apply on line for services if the partner has a computer they can let the applicant use, and they are providing a situation where there is no one office or partner which people have to go to for a specific service. Any SRS office, or often, any SRS partner will do just as well as any other. For a single mother who needs food stamps, for an older person who needs Medicaid, for a person who is attempting to get past a substance abuse problem, or for a pregnant teen-ager, this is a wonderful new system for which the SRS leadership should be commended. The problem is, I would ask you to put yourself in the place of someone who is newly blinded. Lets say they have already lost about 90% of their vision and know that they could lose the other 10%. If they are still driving, they should not be, and they certainly cannot access a non-adapted computer with the vision they have left. Even if the computer has all of the doo-dads and gadgets which make it accessible for people who are blind or low vision, they would have no training about how to use such accommodations. The new access systems SRS leaders are developing will probably be super for the vast majority of SRS clients. They simply are not going to work well for Kansans who are losing their vision. The small agency which deals directly that with problem is a better answer. It is true that sometimes the service providers will have to travel further to serve the newly blinded individuals, but KABVI has always taken the view that appropriate and quality services, which are a little inconvenient to provide, are superior to services close by which simply are not set up to address the needs.

I said that at the end of this testimony, I would address the technical drafting issue. I shall do this below, and this will then lead to a closing discussion of the fiscal note which has been provided on the legislation. KABVI respectfully disagrees with this fiscal note.

On line 38 of page six of the Bill, the year "2003" should be changed to "2000." This was the way the original draft of the Bill was submitted. Apparently, there was a copying error at some point in the process. We certainly acknowledge that some of the dates in the Legislation may have been confusing. Prior to December 1, 2000, however, the field program for the Kansas Division of Services for the Blind was under the control of the Blind Services administration. In December of 2000, the administrative control of the field staff and programming for the Kansas Division of Services for the Blind was essentially dissolved by SRS leadership. All of the employees who formerly had been a part

of the Kansas Division of Services for the Blind field program were transferred to the Kansas Division of Rehabilitation Services, now simply called "Rehabilitation Services" or KRS. Many of the employees were given more generalist type duties and were no longer assigned to work exclusively with blind and visually impaired caseloads. Other employees of Rehabilitation Services, who had no experience with blindness or visual impairment, were assigned to work with some blind and low vision Kansans. Additional caseloads have subsequently been blended, and some areas of the State, under this new configuration, do not have clear coverage by a Rehabilitation Teacher for the Blind. One of the purposes of House Bill 2388 is to re-unify the remaining parts of Kansas Services for the Blind and Visually Impaired with the field program staff positions which were originally assigned to blind services. To do that, the bill must transfer to the new Commission for the Blind, the personnel or positions, which were working with Kansans who are blind prior to December 1, 2000 when the administrative structure was changed. The date of December 1, "2000" is correctly drafted into line four of page six of the Bill, but the change needs to be made for the Line 38 reference.

We do not know if SRS would suggest that this drafting change would change the fiscal note. As the dates in Line 4 and Line 38 of page six of the Bill should have been consistent with each other, we can not tell for sure from the fiscal note wording, which date was used by Budget Director Goosen and SRS staff in drawing the conclusions they have provided. It appears, however, that the 2000 date was used as it was listed first. If so, the drafting change would not alter the fiscal note.

We must, however, disagree with the fiscal note. It would appear that SRS has inflated the note because SRS leadership may not currently support making the administrative/structural change in question. When SRS combined the field programs of Services for the Blind and the general Rehabilitation programs, they certainly did not spend nearly \$682,000.00 to do so. In fact, the public was told that there was no cost involved with this change. Now, SRS is saying that to separate the two field programs and transfer the blind services field program to the Commission created by House Bill 2388 would cost \$681,560.00. They state that this cost would in part be due to the need to create an administrative hearings process. Kansas Services for the Blind and Visually Impaired generates very few administrative hearings, and the idea that there would be this kind of cost connected with this process is beyond logic. We might add that a similar Bill to 2388 was submitted in the 1999-2000 Session of the Kansas Legislature. This bill was not as well written, but it essentially did the exact same things which are done by HB 2388. At that time, Budget Director Goosen assigned a \$0 fiscal note to the 1999-2000 version of the bill. The only real difference which has taken place in the intervening four years, and between the two bills, is that the Kansas Division of Services for the Blind field program has been eliminated and would have to be put back together and transferred as it was prior to December 1, 2000. It did not cost SRS \$682,000.00 to dismantle the field program, and it would not cost nearly that much to put it back.

We will also submit separate responses to the technical concerns raised in the staff briefing by Mr. Wolff. Thank you very much for hearing this bill and considering our testimony.

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TO: House Health and Human Services Committee

FROM: Michael Byington, President of KABVI and Registered
Kansas Lobbyist

SUBJECT: Response to staff briefing on HB 2388 delivered on 2/9/04

DATE: February 10, 2004

I want to thank Dr. Wolff for the very technical briefing on House Bill 2388 as delivered on the date noted above. Some of the concerns and questions he raised do reflect some minor drafting problems, all of which I am sure are my errors as the primary drafter, and not those of the Revisor's office. Other comments and questions he raised are in fact elements which we intended to place in the Bill, and which I can explain. I will try to address his concerns in the order they arise within the Bill.

Dr. Wolff raises questions about language in line 17 of page two regarding the governing board of the Commission. In usual parlance of Kansas statutes, commissions consist of certain numbers of members, and do not usually have governing boards. The Commission for the Blind and Visually Impaired, however, is clearly defined operationally throughout the proposed statute as being a government agency which is a service provider. The governing board is made up of the commissioners who govern the Commission (a service provider). If Dr. Wolff feels that this is not sufficiently clear, and might cause confusion, expanding the definition of "commission" to additionally define it as the principal State agency provider of rehabilitation services for blind and visually impaired Kansans should provide the necessary clarification. It might also be advisable to add a definition of "governing board" to mean the five Commissioners responsible for administration of the Commission. These additions to the definitions section should resolve any confusion on the issue of the governing board as opposed to the Commission.

Attachment 2
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In line 19 of page two, Dr. Wolff questions having the Commissioners approved by a majority of the Legislature. He states that such approvals in Kansas and most other States are normally handled by the Senate. He is correct.

"Legislature" should be changed to "Senate." This error was made because parts of House Bill 2388 are based on legislation which was adopted in Nebraska a few years ago. This part of the proposal must have come directly from Nebraska statutes. Nebraska is the only state in the United States which has a unicameral legislature. There is thus no Senate in Nebraska. When former Representative Edlund and I drafted the propose legislation, we obviously failed to change this wording.

Dr. Wolff raised concerns about language starting in line 25 of page two stating that no board member shall be a current employee of the Commission. The language used may, as stated before, be a little different than Kansas drafting parlance, but the Board means the governing board as currently defined in the definitions section. The governing board means the Commissioners. The section could perhaps be amended to read that no commissioner shall be a current employee of the commission, but with either wording, this is the, I believe, clear intent of the statute. Commissioners have expenses paid as set forth elsewhere in the act, but they are not paid staff.

With regard to Section five (b), Dr. Wolff raised questions about the relationship between the Director of the Commission and the Commission itself in hiring staff. The intent of the legislation is that the Director serves as an agent for the Commission, and has the authority to act on behalf of the Commission in hiring Commission staff, The Director, however, would be directly supervised by the governing Board of the Commission (or Commissioners if you prefer) in accordance with standards set by the Commission. As I read what is written in this section, it seems to say this to me, but if the statute is not as clear as it could be, language to the effect of that noted above could be substituted.

Dr. Wolff also expressed some confusion about the duties of the Commission as opposed to the Rehabilitation Council of the Commission. I would agree that this language may at initial glance seem somewhat confusing, but it is based on federal requirements. First of all, it must be understood that the Commission and the Rehabilitation Council are two separate entities which do not have overlapping membership. The Commission, through its governing board of Commissioners, administers the direct service programming for blind Kansans. The Rehabilitation Council is largely an advisory group of consumers and stakeholders who advise the Governing Board of Commissioners. Currently, Kansas has what the federal Rehabilitation Services Administration defines as a combined program. This means that only one state plan, covering jointly both blind services and other types of rehabilitation services, which take place in the state through the use of federal rehabilitation services administration dollars, is submitted. The federal Rehabilitation Act, which is a part of the federal

Workforce Development Act, requires that each rehabilitation services entity submitting a plan have a Rehabilitation Council. The Chair of the Rehabilitation Council is required by the federal Rehabilitation Act to sign off on the state plan that is submitted each year. The Rehabilitation Act, and Rehabilitation Services Administration provides two options for State plans. Combined States, such as Kansas, submit one plan. The option also exists in law and regulation, however, for States to submit two plans, one for blind services, and one for general vocational rehabilitation. The most recent statistics I have been able to find from the American Foundation for the Blind, document that 26 States submit combined plans. The other 24 States submit two plans. In the two plan states, the federal Rehabilitation Act requires that two Rehabilitation Councils exist, one to supervise development of each of the two plans. House Bill 2388 would indeed switch Kansas from a one-plan state to a two-plan state. It would thus be required to have two rehabilitation councils. The provisions in the Bill simply exist to meet this federal requirement. It would undoubtedly be simpler if the Rehabilitation Councils were legally referred to as "advisory" councils. The federal language in previous incarnations of the federal Rehabilitation Act did indeed at one time contain the word "advisory" to describe the one or two required councils. In the reauthorization of the federal Rehabilitation Act prior to the most recent one, however, the federal Congress specifically removed the word "advisory" from the description of the Rehabilitation Councils. This was done because disability rights advocates and lobbyists argued that the fact that the Chair of the Councils must sign off on the Rehabilitation plans submitted to the federal Rehabilitation Services Administration makes the duties of the councils more than strictly advisory. States which had the word "advisory" in existing implementing state statutes were required to remove this word in order to continue to receive their federal funds.

The creation of the Rehabilitation Council of the Commission would not, however, double the expenses from what exists in the current system. The issue here is that the Kansas Services for the Blind and Visually Impaired as it currently exists already maintains an advisory committee which is not codified in State law, and which is not actually required in federal law. This body would essentially be elevated to the status of the Rehabilitation Council of the commission.

I understand this stuff because I have spent a lot of time studying federal rehabilitation laws and regulations as well as State statutes and regulations. In attempting to explain it in this document, however, I realize how convoluted it actually is. Dr/. Wolff's questions are thus very helpful. I realize that most members of the Committee probably had similar questions which he has articulated very well. I hope this explanation helps elucidate issues a bit. If things are still not clear, however, please let me know and I will be glad to take another crack at providing cogent explanations.

From: "Nancy Johnson" <nancyj1@cox.net>
To: <health@house.state.ks.us>
Date: Wed, Jan 21, 2004 8:52 PM
Subject: 2388 support document (revised)

In Support of House Bill 2388

I can best explain my support for House Bill 2388 by sharing a personal story. I credit the ability I now have to share my knowledge and skills with persons who are faced with severe vision loss to a lifetime of contact with specialists in the field of blindness.

I was born healthy but near-blind because the vision system simply did not develop properly. For reasons I'll never know, my biological parents abandoned me at the hospital, where I lived until I was four years old because no one wanted to adopt a near-blind child.

The people I eventually called Mom and Dad adopted me knowing they had the support and help of the Kansas Division of Services for the Blind (DSB). An SRS social worker referred Dad and Mom to DSB. The Division included rehabilitation teachers, Vocational Rehabilitation Counselors, the Rehabilitation Center for the Blind (RCB), the Business Enterprise Program (BEP), and Kansas Industries for the Blind (KIB).

Raising me was a team effort. The rehabilitation teacher (RT) came to our home at least annually (usually in the summer when I wasn't in residence at the Kansas State School for the Blind) and taught Mom to teach me things like how to peel potatoes, vacuum and sweep floors, apply lipstick - and more.

When I was in high school, a vocational rehabilitation counselor (VRC) with expertise in blindness began helping me focus on careers and, when it was time, followed me through college. Finally, VRC's helped me (three different times) to locate employment when life's circumstances demanded that I change jobs. I've worked in vending facilities, as a door-to-door sales person, as a day care provider, as a special education teacher, as a transcriptionist, and for the past 23 years as a rehabilitation specialist with persons who are blind and visually impaired. With a little help from RCB, I have developed the ability to use a computer with a screen reader to prepare professional paperwork and documents such as this one.

Upon graduation from college with a BA degree in speech therapy, I married a young man who was going blind because of a retinal degenerative condition which has led to total blindness. He attended the Rehabilitation Center for the Blind where he received independent living skills training including braille and cane travel, and eventually entered the BEP where he worked for 16 years.

When I took a position in Topeka at RCB, my husband took employment with KIB. When KIB was dissolved, he was, fortunately, placed as a receptionist in an SRS office. He held that position until he was to be laid off. Then he retired.

Because of the continuum of services offered through DSB and the expertise of individuals who understand blindness and the adaptations necessary for blind people to live and work independently, my husband and I have lived 40 years without in-home assistance and have reared two children who now support themselves and their families. Throughout this time, we have been tax payers - not tax receivers. As we needed it, help was available from people who understood our blindness and our needs and directed us in ways that helped us retain our independence and our self-respect.

I developed independent living blindness skills in childhood with the assistance of a rehabilitation teacher for the blind. My husband developed his blindness skills because the blindness specialists in vocational counseling realized he needed to learn to live and function as a person who is blind and directed him to the proper training. When individuals who don't have expertise in blindness (well-meaning as they may be) are asked to help, they may not realize the value of skills such as orientation and mobility, braille, screen readers, and adapted life skills. They may not be aware of a person's potentials for true independence and employment. When my husband entered the program, he had a great deal of useful vision and functioned almost completely as a person with normal eye sight. An untrained counselor might not have realized the importance of his learning the special skills he would need later.

During my career as a rehabilitation specialist, I have seen numerous individuals achieve employment. I have seen some struggle because misguided counselors believed their clients could function with inadequate residual vision. Three people with whom I have worked have moved out of care facilities into less restrictive (thus less expensive to taxpayers) environments. House Bill 2388 will restore the continuum of services and teamwork that brought high quality skills to Kansans who are severely visually impaired and blind and that have made it possible for families like mine to be the productive citizens we

Attachment 3
HHS 2-10-04

choose to be. For these reasons, I sincerely request that you pass House Bill 2388.

Nancy Johnson
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From: "Beulah Carrington" <b1car@cox.net>
To: <health@house.state.ks.us>
Date: Tue, Feb 10, 2004 10:51 AM
Subject: HB2388

In support of HB2388:

I am writing to urge passage of this bill. It will be the needed revision to allow blind and visually impaired Kansans to again receive services provided by those who have the expertise to do so on a full-time basis.

Currently I am enjoying retirement after 42 years of service with the State of Kansas. In the early 1980's when Topeka State Hospital staff was talking about going to computers rather than typewriters, it was frustrating and frightening because I didn't know how that would be possible for me. It was before I learned there are computer voice programs. I received my initial instruction from someone who is well-trained in that area to teach the visually impaired. It was exciting to be able to learn something new in later middle age, and something which made my last eight years of employment even more gratifying. I was then able to format, read, and correct my own work.

In the past several years with the reallocations and also reduction in positions statewide, workers have less time to devote to their specialized services. Some have been required to assume duties for which they have no or very limited skills. As a member and on the board of a state consumer group and also a member of an advisory board of Kansas Services for the Blind and Visually Impaired, I hear many frustrations from people living in the various areas of the state. They receive fewer services, and with increased caseloads it is too long before personnel can again work with the same client.

I am earnestly requesting that you pass this bill. Though I don't require a variety of services at this stage, a separate agency will be more accessible to clients than a department buried under the layers in SRS.

Sincerely,

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*Attachment 4
HHS 2-10-04*