

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:30 P.M. on March 8, 2005 in Room 231-N of the Capitol.

All members were present except:

Susan Wagle- excused

Committee staff present:

Emalene Correll, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Norm Furse, Office of Revisor of Statutes
Whitney Nordstrom, Committee Secretary

Conferees appearing before the committee:

Dr. Sharon Green, State Board of Examiners in Optometry
Gary Robbins, Kansas Optometric Association
Barbara Conant, Department on Aging
Terri Roberts, Kansas State Nurses Association
Joseph Kroll, KDHE
Representative Bob Bethell
Linda Lubensky, Kansas Home Care Association
Deanne Bacco, Kansas Advocates for Better Care

Others attending:

See attached list.

Hearing on HB 2336

HB 2336– Requirements for licensure for optometrists and use of certain drugs

Upon calling the meeting to order Chairperson Barnett announced there would be a hearing on **HB 2336**, an act concerning the regulation of optometrists; amending K.S.A. 65-1501a and 74-1505 and K.S.A. 2004 Supp. 65-1505 and 65-1509 and repealing the existing sections. Chairperson Barnett first called upon Mr. Norm Furse, Revisor of Statutes, to give a brief overview of the bill. Emalene Correll, Legislative Research Department, offered some language clarification within the bill.

Senator V. Schmidt asked if off the label use of drugs is included in this legislation.

Final Action on SB 217

SB 217– Tuberculosis evaluations for faculty, staff and students who enter high school, college or university classrooms

Chairperson Barnett announced that the Committee would return to the hearing on **HB 2336** after final action was taken on **SB 217**, an act requiring tuberculosis evaluations for certain faculty, staff and students who enter high school, college or university classrooms. Chairperson Barnett first called upon Mr. Norm Furse, Revisor of Statutes, to give a brief overview of the bill and its amendments. A copy of his overview and amendments is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

Senator Brungardt motioned to adopt balloon amendment. Senator V. Schmidt seconded motion. Motion Passed.

Senator Brungardt motioned to pass legislation favorably. Senator Palmer seconded motion. Motion Passed.

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on March 8, 2005 in Room 231-N of the Capitol.

Cont. Hearing on HB 2336

Chairperson Barnett announced that the Committee would now continue the hearing on **HB 2336**. He then called upon the first proponent conferee to testify. Dr. Sharon Green, State Board of Examiners in Optometry, stated that the most important reason to have all Kansas optometrists practicing at the highest level of licensure is to ensure that all patients are getting the highest quality of care. Another reason why all Kansas optometrists should upgrade their licenses is to ensure that they are practicing the current standard of care. A copy of her testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

The Chair asks the Committee for any questions and/or comments.

Senator Palmer asks how much additional time and money would be invested to gain additional licensure.

As there were no further questions and/or comments, Chairperson Barnett called upon the second proponent conferee to testify. Gary Robbins, Kansas Optometric Association, stated that an agreement has been reached that will provide for future flexibility and allow the opportunity for all parties to have ongoing input through an interprofessional advisory committee which will advise the Kansas State Board of Examiners in Optometry. With these amendments, we would strongly support **HB 2336**. A copy of his testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

Norm goes over technical changes with Mr. Robbins for his approval.

Senator V. Schmidt requested that a balloon amendment be prepared for the Committee by Mr. Furse.

As there were no further questions and/or comments Chairperson Barnett closed the hearing on **HB 2336**.

Hearing on HB 2178

HB 2178– Kansas senior care act; provision of preventative health services

The next order of business was a hearing on **HB 2178**, an act concerning the Kansas senior care act; relating to preventative health services; amending K.S.A. 75-5927 and K.S.A. 2004 Supp. 75-5928 and repealing the existing sections. Chairperson Barnett first called upon Mr. Norm Furse, Revisor of Statutes, to give a brief overview of this bill as well as **HB 2086**.

As there were no questions and/or comments, the Chair called upon the first proponent conferee to testify. Barb Conant, Department on Aging, stated that through this bill, KDOA requests amending the Senior Care Act to expand allowable activities under the act to include preventive services if we receive additional Senior Care Act funds in the future. A copy of her testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments, Chairperson Barnett called the Committee's attention to written testimony submitted by Terri Webber, Kansas State Nurses Association. A copy of her testimony is (Attachment 5) attached hereto and incorporated into the minutes as referenced.

Senator V. Schmidt motioned to pass bill favorably. Senator Brungardt seconded the motion. Motion Passed.

Hearing on HB 2086

HB 2086– Home health agencies surveys

The next order of business was a hearing on **HB 2086**, an act concerning home health agencies; relating to surveys; amending K.S.A. 65-5104 and repealing the existing section.

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on March 8, 2005 in Room 231-N of the Capitol.

Chairperson Barnett calls upon the first proponent conferee to testify. Joseph Kroll, Kansas Department of Health and Environment, stated that KDHE wishes to amend state law regarding survey frequency for licensed-only home health agencies to be consistent with federal Medicare requirements. This will increase the survey interval for licensed-only home health agency surveys from at least once every fifteen months to at least once every 36 months. A copy of his testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

The Chair asks the Committee for questions and/or comments.

Senator Palmer asks if this bill would include nursing homes.

As there were no further questions and/or comments, Chairperson Barnett called upon the second proponent conferee to testify. Representative Bob Bethell stated this legislative will allow the agency to devote more time with the troubled organizations while allowing those who do a good job the opportunity to not be concerned about surveys coming too often. A copy of his testimony is (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

The Chair asks for any questions and/or comments.

Senator Palmer asks what responsibilities the Home Health Agency has.

As there were no further questions and/or comments Chairperson Barnett called, upon the third proponent conferee to testify. Linda Lubensky, Kansas Home Care Association, stated that the system has worked well for the Medicare certified agencies in Kansas, as well as nationally. This bill simply extends that existing system to the non-Medicare certified agencies in our state. A copy of her testimony is (Attachment 8) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Ms. Lubensky, the Chair called the Committee's attention to the written testimony submitted by Deanne Bacco, Kansas Advocates for Better Care, in opposition of **HB 2086**. A copy of her testimony is (Attachment 9) attached hereto and incorporated into the Minutes as referenced.

Senator V. Schmidt motioned to pass legislation favorably. Senator Palmer seconded the motion. Motion Passed.

Adjournment

As there was no further business, the meeting was adjourned at 2:10 p.m.

The next meeting is scheduled for Wednesday, March 9, 2005.

GUEST LIST

DATE: March 8, 2005

| NAME | REPRESENTING |
|------------------|-------------------------|
| Sarah Norwood | Fed. Consulting |
| Marty Kennedy | KDOA |
| Barb Conant | KDOA |
| Devon Hamster | Christian Science Comm. |
| Joshua Bender | Rep. Bethell |
| Sharon Patuode | KDHE |
| Phil Griffin | KDHE |
| Dick Morrissey | KDHE |
| Hannah Rosenberg | KDHE |
| Susan Kang | KDHE |
| Kim Heade | KDHE |
| LINA Kubensky | KS Home Care Assoc |
| Cheryl Worn | KDHE |
| Joyce Koe | KDHE |
| Terri Roberts | KSNA |
| Bepie Kutzy | AARP |
| L. J. Maly | Hem. Care Comm. |
| D. Kiser | Pinegar - Smith |
| | |

SENATE BILL No. 217

By Committee on Public Health and Welfare

2-8

9 AN ACT requiring tuberculosis evaluations for certain faculty, staff and
10 students who enter high school, college or university classrooms.

11
12 *Be it enacted by the Legislature of the State of Kansas:*

13 Section 1. (a) The secretary of health and environment is hereby au-
14 thorized and directed to adopt rules and regulations establishing tuber-
15 culosis evaluation requirements for all faculty and staff in public, private
16 or parochial high schools who are not subject to the requirements of
17 K.S.A. 72-5213, and amendments thereto, colleges and universities who
18 enter classrooms in Kansas and for students entering high school, college
19 or university classrooms in Kansas. Compliance with these rules and reg-
20 ulations, including all cost associated with the evaluation, shall be the joint
21 responsibility of the educational institutions, the parents or guardians of
22 the student and the faculty and staff, where applicable. These rules and
23 regulations shall establish evaluation criteria in compliance with best prac-
24 tice standards as recommended by the division of tuberculosis elimination
25 of the centers for disease control.

26 (b) Any patient found to be infected with tuberculosis infection or
27 tuberculosis disease will be provided treatment and ongoing monitoring
28 in accordance with K.S.A. 65-116a to 65-116m, inclusive, and amend-
29 ments thereto.

30 Sec. 2. This act shall take effect and be in force from and after its
31 publication in the statute book.

certain

having been born in or lived
or traveled in countries
identified by the centers for
disease control as areas
where tuberculosis is a health
risk

and the students
or

Norm Furuse
Senate Public Health & Welfare
3-8-05
Attachment #1

LEVEL LICENSURE FOR OPTOMETRY – A Narrative regarding H.B. 2336
Presented March 8, 2005

1. Introduction

My name is Dr. Sharon Michel Green. I am a doctor of optometry who practices in Lawrence. I am the current president of the State Board of Examiners in Optometry (SBEO) and had been the secretary-treasurer of the Board since 1998. The idea of level licensure for optometrists is not new to the profession. There are already five states that have mandated full scope licensure for their constituents and two others who are working on current bills.

The most important reason to have all Kansas optometrists practicing at the highest level of licensure is to ensure that all patients are getting the highest quality of care. When doctors receive additional education and push themselves to learn about the most recent medical issues, better referrals can be made and patients can be better educated. Patients can stay with their current optometrist for monitoring disease entities instead of being forced to see someone else. Kansas consumers could be assured that whichever optometrist they visit would be practicing at the highest level of licensure.

Another reason why all Kansas optometrists should upgrade their licenses is to ensure that they are practicing the current standard of care. In our litigious society, optometrists who choose to upgrade their licenses and choose to stay abreast with current medical issues are protecting themselves as well as their patients. In addition, there are advocacy groups who feel continued competency testing should be mandated for optometrists and other professionals. When continued competency becomes an issue in the legislature, Kansas optometrists will be ready for the challenge.

2. Definitions

NPA: No Pharmaceutical Agents

DPA: Diagnostic Pharmaceutical Agents

TPA: Therapeutic Pharmaceutical Agents, topical and oral

Highest level of licensure: TPA + glaucoma medications

3. History

The use of diagnostic pharmaceutical agents (DPA) by Kansas optometrists was passed by the legislature in 1977. It meant that certain eye drops could be used to dilate the pupil for purposes of diagnosis. The use of topical pharmaceutical agents was passed in 1987 to treat eye

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infections, glaucoma agents in 1996, and oral drugs in 1999. In 1987 and 1996 it was not mandated that all Kansas licensed optometrists be required to obtain the higher level of licensure. In 1999, all optometrists were required to have the additional education regarding oral medications in order to retain a therapeutic license (TPA). At that time doctors who had only DPA or NPA licenses were not required to upgrade. In not requiring full participation from all our constituents, Kansas optometry now has four different levels of licensure. In addition to being confusing from an administrative perspective, it is misleading to the public who are unaware that optometrists can have such different levels of training and licensure. Last year the legislature passed bills for biennial renewal and an inactive license status.

4. Current Statistics

Of the 469 practicing optometrists in Kansas, 98% hold a therapeutic license. 305 doctors (65%) are at the highest level of licensure which includes the ability to treat glaucoma. 71% of the remaining therapeutic optometrists are currently working to upgrade their licenses to the highest level. The other 44 optometrists have not considered license upgrade to be a top priority and some have indicated they intend to wait as long as they can or retire first. Only 2% are either DPA or NPA.

A concern has been brought to our attention regarding the availability of optometrists in rural areas and the impact licensure upgrade would have on these areas. There has been a steady increase during the last 10 years in the number of optometrists who practice in rural counties. Interestingly, many optometrists in rural areas were among the first to upgrade their licenses to be able to monitor and treat glaucoma so their patients would not have to travel.

5. Economic Impact

Kansas consumers would only experience a positive impact if any at all. For those patients who are currently seeing non-TPA optometrists, they would save the time and cost of another office visit to a doctor who is able to treat their condition. In addition those same patients could continue to see their optometrist and be assured that he could better diagnose and monitor glaucoma.

There would be no economic impact on 98% of Kansas optometrists. The doctors who are licensed at DPA or NPA only would need the greatest amount of additional education which would require additional time out of the office. This time away from the office can be spread out in the next few

years. All current active licensees will be required to have TPA licensure by 2007 and glaucoma licensure by 2009, thereby elevating all Kansas optometrists to the highest level of licensure. Fortunately no optometrists would be forced to lose their license since they would have the opportunity to change to inactive status.

If there were no Kansas optometrists who could provide treatment of glaucoma, there would be an economic impact on patients who would have to drive farther in order to receive care. A real example of this is the elderly gentleman who frequently travels to Washington, Kansas to see his optometrist who monitors and treats his glaucoma. In order to receive care at the next nearest doctor's office, this gentleman would have to cross the Kansas border and be treated in Nebraska. It is certainly in the best interest of the public to have all optometrists better trained to detect a condition that might otherwise go undetected.

KANSAS OPTOMETRIC ASSOCIATION

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Testimony on H.B. 2336 Senate Public Health and Welfare Committee March 8, 2005

Thank you, Mr. Chairman and members of the Senate Public Health and Welfare Committee for the opportunity to testify on House Bill 2336. I am Gary Robbins Executive Director of the Kansas Optometric Association. We commend the Kansas State Board of Examiners in Optometry for their leadership in ensuring the highest possible standards of eye care by optometrists for the citizens of Kansas. We have been working with our members to assist in making educational opportunities available for those who need additional course work. We are supportive of the goals of House Bill 2336.

We have also been in discussion with the Kansas State Ophthalmological Society and the Kansas Medical Society about updating the definition of oral drugs in the Optometry Law to allow optometrists the flexibility to use new oral drugs with clinically accepted ocular uses that become available. These discussions have been taken seriously and differences of opinion have been expressed by both sides. We have reached an agreement that will provide for future flexibility and allow the opportunity for all parties to have ongoing input through an interprofessional advisory committee which will advise the Kansas State Board of Examiners in Optometry. These two amendments were added by the House Health and Human Services Committee. We have deeply appreciated the patience and cooperation of both the Kansas State Ophthalmological Society and the Kansas Medical Society in these discussions.

With these amendments, we would strongly support H.B. 2336.

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KANSAS

DEPARTMENT ON AGING
PAMELA JOHNSON-BETTS, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

**Testimony before Senate Committee on Public Health and Welfare
House Bill 2178
Secretary Pamela Johnson-Betts
March 8, 2005**

Thank you, Sen. Barnett and members of the committee. I am Barb Conant, director of communications and legislative liaison for the Kansas Department on Aging and I appear before you on behalf of Sec. Johnson-Betts in support of HB 2178. Through this bill, KDOA requests amending the Senior Care Act (KSA 75-3927, et seq.) to expand allowable activities under the act to include preventive services if we receive additional Senior Care Act funds in the future.

Currently, programs conducted under the act focus on community-based in-home services for senior Kansans with functional impairments. Participants pay for services on a sliding fee basis. With passage of this bill and within the limits of appropriations, the Department on Aging will be allowed to expand Senior Care Act activities to include preventive services designed to delay or avoid the onset of chronic conditions that create the need for costly long term care.

Poor health and long periods of dependency need not be the inevitable consequences of aging. Although chronic conditions such as heart disease, diabetes and obesity are common and costly, many of them are preventable and manageable when appropriate measures are pursued. There are proven strategies to promote independence and prevent chronic diseases, disabilities, and injuries among seniors. Strategies to prevent and manage chronic conditions can improve the health of older adults, slow the rise in medical and social service costs, and ultimately benefit people of all ages.

The Department on Aging is currently developing a senior wellness and fitness program based on the Seattle / King County Senior Wellness Project (<http://www.seniorservices.org/wellness/wellness.htm>), an evidence-based health promotion and disease management program. We are exploring the availability of grant funds to fund this project. The Washington project was created to provide accessible, low-cost health promotion programs to older adults with chronic conditions. The program is provided through wellness sites, which typically offer:

- Walking program
- Daily hot lunch
- Nutrition and health education
- Interest groups and classes
- Volunteer opportunities
- Assistance with Transportation

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<http://www.agingkansas.org>

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In Kansas, as in King County, the senior wellness program will be supported by a coalition of community partners. KDOA will work with groups such as AARP, Kansas health foundations, faith based groups, recreation associations and the Area Agencies on Aging to provide broad community involvement in senior wellness programming. With its outcomes based focus and proven record of success, the new program adds great value for Kansas seniors. It will also help shape the attitudes of all Kansans to expect and plan for healthy lifestyles as they age.

The KDOA focus on prevention is consistent with and supports the Governor's Healthy Kansas Initiative (<http://www.healthykansas.org/>) launched last year. In cooperation with the Kansas Department of Health and Environment "Taking Steps Together" initiative, KDOA is pursuing other activities supporting preventative health measures for Kansas seniors. They include People with Arthritis Can Exercise (PACE) Program, an exercise based program to help increase joint flexibility, range of motion and muscle strength, as well as the Senior Farmers Market Program.

The Senior Farmers Market program last year provided about 6,000 Kansas seniors with vouchers redeemable for fresh fruits and vegetables grown by Kansas farmers. Our follow-up surveys have shown the effectiveness of this program. Participants display greater knowledge of food preparation methods, understand safe food handling better, and consume greater varieties and quantities of fresh fruits and vegetables.

We know prevention programs work. Our society faces a number of problems related to health care, such as rising health costs, an epidemic of obesity, and an aging population. These problems will be solved, in part, by addressing chronic conditions through healthy lifestyles and other preventive strategies. HB 2178 will provide one tool for us to use in supporting this goal.

Thank you for the opportunity to appear before you and I urge your support of HB 2178.

Additional Sources:

"Healthy Aging for Older Adults: Promoting Health, Preventing Disease and Enhancing Quality of Life Among Older Americans," (<http://www.cdc.gov/aging/>) Department of Health and Human Services, Centers for Disease Control and Prevention.

"State Programs in Action Exemplary Work to Prevent Chronic Disease and Promote Health, 2004," (<http://www.cdc.gov/nccdphp/exemplary/download.htm>) Department of Health and Human Services, Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion.

"Healthy Aging and States: Making Wellness the Rule, Not the Exception," (<http://www.subnet.nga.org/ci/1-aging.html>) National Governors Association.

"National Blueprint: Increasing Physical Activity Among Adults Aged 50 and Older," (<http://www.agingblueprint.org/>) Active Aging Partnership, Robert Wood Johnson Foundation.



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EXECUTIVE DIRECTOR

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H.B. 2178 Senior Care Act Amendments

Chairman Barnett and members of the Senate Public Health and Welfare Committee, the Kansas State Nurses Association is very supportive of the Kansas Department on Aging's (DOA) request to amend the Kansas Senior Act (K.S.A. 75-3927) to permit the DOA to expand services to seniors to include more prevention and preventive services to reduce or limit chronic diseases in this population.

There are a number of reports and recommendations regarding prevention services for seniors. The following list is from the Centers for Disease Control, and was shared with Congress recently as part of testimony given by the Director for the National Center for Chronic Disease Prevention and Health Promotion, CDC, HHS. (James S. Marks M.D., M.P.H.)

CDC has identified the following critical priorities for the agency in addressing the health of our nation's seniors:

1.

Increase the use of early detection services (e.g., screening for chronic diseases such as cancer, cardiovascular disease, diabetes and its complications)

Chronic diseases account for nearly 75 percent of all deaths in this country. Additionally, they are by far the leading causes of disability and long-term care needs, and represent nearly 75 percent of all health-related costs. Although chronic diseases are in no way limited to older adults, these conditions, such as cancer, heart disease, diabetes, and arthritis, are heavily concentrated in adults aged 50 or older. Early detection and appropriate follow up care saves lives and may reduce costs. However, over 1/2 or 50 percent of older Americans (50 years of age or older) have not had recommended colorectal cancer tests within appropriate screening intervals, even though Medicare covers the cost for all eligible Americans over age 65. Among women aged 65-69, over 30 percent have not had a mammogram within the recommended time interval; yet another Medicare-covered benefit that is underutilized.

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The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to advocate for the health and well-being of all people.

CONSTITUENT OF THE AMERICAN NURSES ASSOCIATION

Increase the use of adult immunization

Influenza and pneumonia (invasive pneumococcal disease) contribute to over 42,000 deaths each year. Despite the fact that Medicare covers immunizations for these two diseases, more than a third of individuals age 65 and older do not receive an annual flu shot at the recommended interval and 40 percent have not ever received a pneumonia vaccination.

Promote healthy lifestyles

Research has shown that healthy lifestyles are more influential than previously thought in helping older people avoid the deterioration traditionally associated with aging. People who are physically active, eat a healthy diet, do not use tobacco, and practice other healthy behaviors significantly reduce their risk for chronic diseases and can delay the onset of disability by 7 to 10 years. Research has shown that the rate of disability among individuals who practice healthy behaviors is one-fourth the rate of those who do not. A person is never too old to benefit from improved nutrition, being physically active, or quitting smoking.

Reduce hazards and risk factors leading to injuries

Falls are the most common cause of injuries to older adults. Half of the 250,000 older adults hospitalized each year for hip fractures cannot return home or live independently afterwards, and one-quarter die within the first year after fracture. Simple measures such as removing tripping hazards and installing grab bars in the home can greatly reduce older Americans' risk for falls and related fractures.

Increase the use of disease self-management techniques

Programs that teach older adults how to better manage chronic illness can reduce both pain and health care costs. Arthritis is the leading cause of disability among American adults. The Arthritis Self-Help Course, developed by the Arthritis Foundation to help people with arthritis better manage their disease, has been shown to reduce arthritis pain by 20 percent and visits to physicians by 40 percent. However, less than 1 percent of Americans with arthritis who could benefit participate in such programs, and courses are not available in many areas.

KSNA encourages the adoption of H.B. 2178 and thanks you for your support.



K A N S A S

RODERICK L. BREMBY, SECRETARY

KATHLEEN SEBELIUS, GOVERNOR

DEPARTMENT OF HEALTH AND ENVIRONMENT

**Testimony on Home Health Agency Survey Cycle
House Bill No. 2086
to the
Senate Public Health and Welfare Committee**

**by
Joseph Kroll
Director, Bureau of Child Care and Health Facilities**

March 8, 2005

Chairperson Barnett, I am pleased to appear before the House Committee on Public Health and Welfare to discuss an amendment to K.S.A. 65-5104. The Kansas Department of Health and Environment wishes to amend state law regarding survey frequency for licensed-only home health agencies to be consistent with federal Medicare requirements. This will increase the survey interval for licensed-only home health agency surveys from at least once every fifteen months to at least once every 36 months.

State law has followed federal law regarding survey frequency since enactment of state law in 1984. In 1992, state law was amended to the current 15 month cycle to parallel federal law. Federal law was amended several years ago to provide for a survey frequency of every 36 months.

This legislation would make it possible for surveyors' time to be used more efficiently. Survey workloads for licensed-only facilities continue to increase due to the continued growth in the number of facilities. KDHE is not now able to meet the 15 month survey frequency with existing resources. Amending the law will make the state survey cycle consistent with federal requirements and minimize the need for additional survey staff.

K.S.A. 65-5105 authorizes additional surveys at the discretion of the Secretary. This provides for surveys to be conducted more frequently for agencies whose record suggest a more frequent cycle. KHDE would generally follow guidelines CMS uses for certified agencies to determine actual survey frequency for a specific agency.

Thank you for the opportunity to comment on this bill. I will be happy to answer any questions.

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Attachment #6*

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7
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STATE CAPITOL—ROOM 175-W
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TOPEKA

Testimony on HB 2086

Good afternoon Chairman Barnett and members of the Senate Public Health and Welfare Committee.

I am here today to support HB 2086. This bill is for the purpose of making Kansas law comply with federal law by extending from 15 months to 36 months the interval between mandated surveys of home health agencies.

Some may interpret this as a relaxing of regulations concerning supervision of home health agencies. In fact it will allow the agency to devote more time with the troubled organizations while allowing those who do a good job the opportunity to not be concerned about surveys coming too often.

I thank you for your time, I urge your support of HB 2086 and Mr. Chairman I will stand for questions.

Senate Public Health & Welfare
3-8-05
Attachment #7



Kansas Home Care Association • 1512 B Legend Trail Drive • Lawrence, Kansas 66047
(785) 841-8611 • Fax (785) 749-5414 • khca@kshomecare.org • www.kshomecare.org

To: Senate Public Health & Welfare Committee
From: Linda Lubensky, Executive Director, Kansas Home Care Association
Date: March 8, 2005
Re: HB 2086, an Act concerning home health agencies, relating to surveys

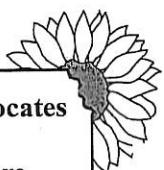
On behalf of the Kansas Home Care Association, I appreciate this opportunity to comment on HB 2086, an act which would extend the home health survey period to "at least once every 36 months" in statute.

In 1996, CMS created new survey frequency requirements for their Medicare certified agencies. The new requirements included a 36-month frequency for those agencies that had received no deficiencies in their previous survey. However, CMS also delineated criteria for determining when shorter survey frequencies were advisable. The decision was left to the state survey agency to decide survey frequency for those agencies that had standard level or other deficiencies, changes in management or ownership, complaints, etc. There were even provisions for random mid-cycle surveys.

That system has worked well for the Medicare certified agencies in Kansas, as well as nationally. This bill simply extends that existing system to the non-Medicare certified agencies in our state. It is an action that should have occurred years ago. Consequently, as we feel the system is effective and would help to conserve state resources, KHCA supports HB 2086 and the application of a 36-month survey frequency concept to all the agencies in our state. I have spoken with KDHE and received their assurance that they intend to utilize criteria, similar to that established by CMS, to determine when shorter frequencies are necessary to insure client safety and quality of care.

I would be happy to answer any questions that the committee requires.

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Attachment #8



**Kansas Advocates
for
Better Care**

HB 2086 Home Health Agency Surveys
Senate Public Health and Welfare
March 8, 2005

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Honorable Chairman Barnett
and Committee Members:

Kansas Advocates for Better Care (KABC) is opposed to HB 2086. KABC is a statewide non-profit organization of consumers that promotes quality long-term care. It has been assisting/guiding consumers for 30 years.

The January 21, 2005 issue of The Kiplinger Letter, Forecasts for Management Decisionmaking, Vol. 82, No. 3, says "A home health care boom is in the works. The aging population and tremendous pressure to trim hospital and nursing home costs spell at least 10% annual growth for the industry for five years or so...Home health care companies can't find enough workers, and some states want to trim Medicaid payments."

With home health care being a highly preferred delivery system, the proposed easing of survey frequency from being conducted every 15 months (as is typical for licensed long-term care providers) to being conducted only every 36 months is poorly thought out. The more people rely on home health agencies for provision of their health care needs, the more oversight is needed to assure quality and compliance with regulations.

Please do not advance HB 2086.

Thank you for allowing this comment.

Deanne Bacco, Executive Director, KABC

Senate Public Health & Welfare
3-8-05
Attachment #9