Approved: April 2, 2007
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 P.M. on March 7, 2007 in Room 526-S of the Capitol.

All members were present except:
Mike Kiegerl- excused
Peggy Mast- excused

Committee staff present:
Jason Thompson, Revisor's Office
Renae Jefferies, Revisor's Office
Melissa Calderwood, Legislative Research
Mary Galligan, Legislative Research
Patti Magathan, Committee Assistant

Conferees appearing before the committee:
Mark Stafford, General Counsel, Board of Healing Arts
Dr. Carl Cleveland, President, Cleveland Chiropractic College
Senator Dennis Wilson
Representative Pat George
Kyle Kessler, Deputy Secretary Kansas Department Health and Environment
Dr. Michael Wasmer, KS Coalition for Autism Legislation
Dr. Carol Garrison, Children's Mercy Hospital
Jim Leiker, Capper foundation/Easter Seals
Andy Schlapp, Director Governmental Relations, County Manager's Office, Sedgwick County
Linda Sloan, Parent
Ed Rucker - Disability Rights Center
Mary Blubaugh - Kansas State Board of Nursing
Chad Austin - KS Hospital Association
Susan Bumsted - KS State Nursing Association
Diane Glynn - KS State Board of Nursing
Carolyn Middendorf - KS State Nursing Association

Others Attending:
See Attached List.

Chair Landwehr opened hearings on **SB 82** - Healing arts school
and general corporation; exceptions to the prohibited practice of healing arts.

Proponent **Mark Stafford**, General Counsel of the Board of Healing Arts, said that this bill allows the Cleveland chiropractic College to relocate to Kansas. The Board has worked with representatives of the college for several months to resolve barriers to relocation found within the Kansas healing arts act. A potential legal issue that this bill attemps to resolve is the limitation of "corporate practice doctrine." This bill would exempt a healing arts school that meets criterial set out in the statute from prohibition on the practice of the healing arts by a general corporation. (Attachment 1)

Proponent **Dr. Carl S. Cleveland**, President Cleveland Chiropractic College, explained that the college is seeking to relocate its administrative offices, educational facilities and on-campus student clinical training center from its current site in the Southtown neighborhood of Kansas City, Missouri to a new facility in Overland Park, Kansas. Cleveland Chiropractic College requests your support of Substitute for SB 82, which would exempt the student clinical training center operated by the College from the "corporate practice of medicine doctrine." (Attachment 2)

Chair Landwehr closed hearings on **SB 82** and opened hearings on **SB 138** - Autism task force.

Senator Dennis Wilson, proponent, explained that incidence of autism is on the rise, but early intervention can drastically curve the effects of this disorder. One way that we as legislators can help is to pass this bill to set up a task force made up of professionals in the area of autism, parents of autism children, and legislators

who have an interest and knowledge in this area. (Attachment 3)

Kyle Kessler, Deputy Secretary, Social and Rehabilitative Services (S.R.S.), said that S.R.S. has set many goals to address the significant growth of autism cases and the existing gaps in services for this population. For many years, we have proposed as a part of our budget an autism waiver that would provide early intervention services to autism spectrum disorder. We have established a multi-disciplinary group to complete work on the waiver. Five other states have established an Autism Task Forces with representatives from the respective human services agencies . S.R.S. supports **SB 138** with suggested amendments to include S.R.S, Kansas Department of Health and Environment, and the Department of Education as ex-officio members. (Attachment 4 & 5)

Michael Wasmer, proponent, member of the Governor's commission on autism, cofounder of the KS Coalition for Autism Legislation, and parent of a child with autism, provided statistical information on the increasing incidence of the spectrum of disorders that fall into autism. Challenges include inconsistent delivery of services across the State and meeting the expense of appropriate therapy. He said that a state registry is needed so that children who have not yet entered public schools can be counted and an accurate budged be constructed.

Mr. Wasmer also informed the committee that despite cost-benefit studies demonstrating tremendous cost savings over the lifetime of an individual with autism if an early diagnosis and appropriate therapy is received, health insurance companies generally do not provide coverage for these services. His daughter was diagnosed with autism at the age of 2 years old, and received intensive in home treatment. She is now a very happy second grader, who struggles in certain social situations, but she is making steady gains, excelling in a regular education classroom. He said he has personally witnessed the value of early diagnosis and intensive intervention for a child with autism and the passage of **SB 138** would allow Kansas to take a more proactive role in combating the crisis of autism. (Attachment 6)

Dr. Carol B. Garrison, proponent, said that she is a Neurodevelopmental Pediatrician with Board Certification in Pediatrics, Neurodevelopmental Disabilities, and also in Developmental Behavioral Pediatrics. She evaluates children for developmental disabilities at Children's Mercy Hospitals and Clinics. She has been a member of the Governor's Commission on Autism. Through yearly updates, the Commission advises and makes recommendations to the Governor. The task force has a limited scope. **SB 138** allows action beyond the scope of the Governor's Commission.

Autism is a neurologic developmental disorder. It is a medical condition. The nature of the primary treatments for individuals with autism is consistent with the concept of "rewiring" the neuronal networks of the brain. The primary treatments for these individuals are outside of the traditional medical model, establishing a false dichotomy. Is it medical or is it educational? Children and their families are caught in the middle, and remain under served. (Attachment 7)

Proponent **Jim Leiker**, President and CEO of the Capper Foundation Easter Seals, said that Easter Seals is the leading non-profit provider of services for individuals with autism, development disabilities, physical and mental disabilities, and other special needs. They are excited for the individuals and families in Kansas since **SB 138** will establish the Kansas Autism Task Force. We were pleased that the Senate amended the bill to add a membership position to Capper Foundation Easter Seals and to an Insurance representative. Autism is an epidemic of our time and we support SB 138 with one amendment to include more parents of children with autism. (Attachments 8 & 9)

Representative **Jene Vickery** said that he is supportive of **SB 138.** He said that better treatment means better lives for individuals. We need to focus on what we can do.

Proponent Representative **Pat George** said that he has been a member of the ad hoc committee and has met with autism professionals over the past three months. **SB 138** represents their findings. (Attachment 10)

Proponent **Andy Schlapp** spoke as a representative of Sedgwick county Manager's Office, but added that

he has personal experience having served on the Sedgwick County's Community Developmental Disability organization, is a member of the Kansas Autism Society, and is a parent of a child with autism.

Services for children with autism have always been hard to find and are frequently inadequate. Services have not kept pace with the increased incidence of disease. Sedgwick County wants to make sure that the issue of autism remains about direct services and not about who, what group, or which agency needs to be in charge. The Task Force should be a short term task focused on producing needed legislation. He also recommends that one occupational therapist and one speech pathologist serve on the Task Force. (Attachment 11)

Linda Sloan, parent of a child with autism and a proponent, said that she and her husband founded the Capitol Area Autism /Asperger Resource Center out of frustration in trying to find appropriate services for their son. She stressed that Autism is a "spectrum" disease. Children diagnosed with an autism spectrum disorder range from extremely debilitating to very high functioning level of disorder. **SB 138** is a move in the right direction and she hopes that funding will be directed to the consumer and not lost in research projects and studies. She requested that the bill be amended to include more parents, that the autism registry be deleted, and that the Capper Foundation Easter Seals be named the provider of a statewide resource hotline. (Attachment 12)

Eric Rucker of the Disability Rights Center of Kansas spoke as a proponent, saying that **SB 138** creates a much needed Autism Task Force. According to a study done by the London School of Economics, the cost of life long care for a child with autism can be reduced by 2/3 with early diagnosis and intervention. This bill is a needed and useful act that moves our state along the road of providing proper and appropriate services to some of our most vulnerable citizens. (Attachment 13)

Written neutral testimony was provided by InterHab, the Resource network for Kansans with Disabilities. (Attachment 14)

Chair Landwehr closed hearings on **SB 138** and opened the hearings on **SB 104** - Membership of board of nursing.

Proponent **Mary Blubaugh**, Executive Administrator of the Kansas State Board of Nursing, explained that the Board is currently comprised of 11 members who include six Registered Nurses, two Licensed Practical Nurses, one Licensed mental Health Technician (L.M.H.T.), and two public members. The Board is requesting that the L.M.H.T. position be deleted and replaced with another public member position. L.M.H.T is a declining profession and the Board position has been vacant for 26 of the past 68 months. The position is currently vacant. (Attachment 15)

Susan Bumsted, Kansas State Nursing Association testified as a proponent of this bill, saying that it has been increasingly difficult to fill the L.M.H.T. position and would support removing the position. She does however, advocate that the position be filled by another Registered Nurse instead of by a public member. She explained that the Board has also been challenged to maintain public members over the past three years. (Attachment 16)

Representative Landwehr closed hearings on **SB 104** and opened hearings on **SB 105** - Renewal of authorizations to practice for persons regulated by the board of nursing.

Diane Glynn, J.D., R.N. Practice Specialists, representing the Kansas State Board of Nursing, testified as a proponent. She explained that the Board is recommending 3 language changes to current statute.

Current statute requires that the Board of Nursing mail an application for renewal at least 60 days prior to the expiration date of the license. In practice, applications are being mailed 90 days in advance of the expiration. In 2001 the Board initiated on-line renewals, and the percentage renewing on line has risen to 40.6% in 2004, 61% in 2005 and 67% in 2006. The board would like to change the language in the bill from "mail an application" to "send a notice."
Another language change which is requested would treat all licensees renewing for the first time after

licensure by examination in the same manner.

The final requested language change would require a licensee to notify the board of Nursing within 30 days following conviction of any felony or conviction of a misdemeanor as specified by the board. Currently reporting is done at license renewal, initial application, and reinstatements. (Attachment 17)

Carolyn Middendorf, of the Kansas State Nurses Association, spoke as a proponent. She said that the proposed changes to the Nurse Practice Act have been discussed for a couple of years and the State Nursing Association supports these changes. (Attachment 18)

Chair Landwehr closed the hearings on **SB 105** and opened hearings on **SB 106** - Deletion of exemption from nurse practices act for graduates of nursing schools.

Proponent **Mary Blubaugh**, Executive Administrator of the Kansas State Board of Nursing, testified as a proponent saying that this bill would eliminate the practice of nursing by graduates pending the results of the first licensure examination. The 120 day waiting period stems from procedures that have been streamlined greatly in recent times, is no longer required and is an unnecessary risk to public safety. Based on an 86.02% pass rates for professional nursing in 2006, 14% of graduate professional nurses may have practiced for up to 120 days without the minimum knowledge and skills to be licensed in Kansas. (Attachment 19)

Proponent **Chad Austin** of the Kansas Hospital Association said that they support **SB 106.** He said that studies have shown that the sooner the nursing graduate takes the licensing examination the higher the pass rate. Promoting graduates to take the exam earlier has been piloted in Kansas with good results. **SB106** would eliminate the "Graduate Nurse" status and make it easier for employers to put qualified new nurses to work. (Attachment 20)

Written testimony in support of **SB 106** was provided by **Martha Butler**, Nursing Program Director at Southwestern College in Winfield (Attachment 21) and **Geraldine Tyrell**, President of Bethel College Chapter of Kansas Association of Nursing Students. (Attachment 22)

Written testimony in opposition to **SB 106** was provided by **Janice Jones**, Nurse Educator with Butler Community College. (Attachment 23)

Chair Landwehr closed hearings on SB 106 and announced that because of time constraints we would be unable to hear **SB 107** today. The meeting was adjourned at 3:17 P.M. Next meeting will be March 8, 2007 at 1:30 P.M.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

HOUSE HEALTH AND HUMAN SERVICES
COMMITTEE GUEST LIST

DATE: March 7, 2007

NAME	REPRESENTING
Linda Ludensky	KS Home Care Assn.
Edward Rucker	Disability Rights Center
Michael Wasmer	KS Coalition for Autism Legislation
Steve Glynn	KSBN
Bill Glynn	Kansas Consumer
Mary Blubaugh	KSBN
Amy Swanson	SRS Leadership
Margaret Zellinger	SRS/NRD
Sundeep Singh	Rep. Mike Kiegerl
Pat Eyres	KCDC
Andy Schlapp	Sedgwick County
Chip Wheelen	Assn of Osteopathic Med
Larry Buening	Bd of Healing Arts
Mark Stafford	
Bill Sneed	Cleveland Chiro. College
Carl Cleveland III	Cleveland Chiro. College
Heather Lawson	SRS
Tom Kuhn	KASB
Carol Garrison	Ks Coalition for Autism Legislation
Linda Sloan	Parent

KANSAS BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS
GOVERNOR

March 5, 2006

The Hon. Brenda Landwehr
Chairperson, House Health and
Human Services Committee
Capitol Building, Room 115-S

Re: 2007 Substitute for Senate Bill No. 82

Dear Chairperson Landwehr and Members of the Committee:

Thank you for the opportunity to appear on behalf of the State Board of Healing Arts in support of Substitute for SB 82. This bill allows the Cleveland Chiropractic College to relocate to Kansas. The Board has worked with representatives of the college for several months to resolve barriers to relocation found within the Kansas healing arts act.

Cleveland Chiropractic College is a not-for-profit general corporation that has been approved by the State Board of Regents to confer degrees in this state. The school will provide didactic and clinical training, preparing its graduates to practice as licensed chiropractors. As part of the clinical training, students will provide services under the supervision of licensed chiropractors.

In our opinion, there is a potential legal issue that should be resolved through legislation so that the college may offer the clinical training. Kansas has long adhered to the "corporate practice doctrine." This common law doctrine prohibits a general corporation from engaging in a learned profession, including the branches of the healing arts, either by employing or by contracting with licensed professionals for the purpose of providing professional services on behalf of that corporation. The courts do not distinguish between for-profit and not-for-profit corporations when applying the doctrine. The doctrine is consistent with the healing arts act, which provides that only licensed individuals may practice the healing arts (K.S.A. 65-2803), and only licensed individuals may open or operate a professional practice (K.S.A. 65-2867).

MEMBERS OF THE BOARD:

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Goddard

BETTY MCBRIDE., Public Member, VICE-PRESIDENT
Columbus

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MICHAEL J. BEEZLEY, M.D., Lenexa
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FRANK K. GALBRAITH, D.P.M., Wichita
MERLE J. "BOO" HODGES, M.D., Salina

SUE ICE, Public Member, Newton
MARK A. McCUNE, M.D., Overland Park
CAROL SADER, Public Member, Prairie Village
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MARK STAFFORD

House Health and Human Services
DATE: 3-7-07
ATTACHMENT 1-1

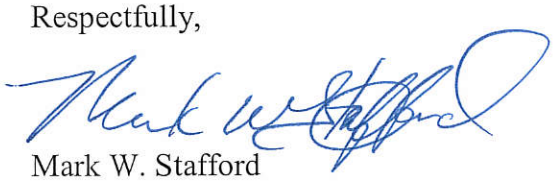
There are strong policy reasons for enforcing the corporate practice prohibition, even though many states have abandoned it over the years. A general corporation is usually led by a board of directors having a duty to make a profit for shareholder investors. But this duty to investors would not always be in the interest of public health and safety. In that regard, the professional's duty to the patient is greater than the duty to make a profit for shareholders. Also, the courts noted decades ago that individuals attend professional schools and pass licensing exams, which respectively teach and measure the duties inherent in a professional relationship. The members of a general corporation's board of directors do not necessarily have the benefit of that education.

Exceptions to the corporate practice doctrine do exist. For example, the doctrine does not prohibit hospitals from employing or contracting with physicians. Also, individual licensees may form professional business entities, including professional corporations and limited liability companies, but only within the statutory limitations on ownership of the entities. Practicing within these professional business entities does not change the professional duty that the licensee owes the patient, and does not insulate the licensee from civil liability. Finally, the doctrine has not been applied to the Kansas University Medical School, which is established by statute.

The Board continues to support the policy that corporations should not practice the healing arts without specific and narrowly crafted statutory authority. We also recognize that the harms that the corporate practice doctrine seeks to prevent would not arise by the operation of a clinic in Kansas by a not-for-profit healing arts college. The services provided by students would not be motivated by profit or duty to investors, and the services would be supervised by persons who are trained, examined and licensed.

We urge the adoption of SB 82 as authority for appropriate teaching facilities to give students clinical experience in Kansas. We will be happy to provide additional assistance as we are able.

Respectfully,



Mark W. Stafford
General Counsel

Memorandum

TO: THE HONORABLE BRENDA LANDWEHR, CHAIR
HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

FROM: DR. CARL S. CLEVELAND, III D.C., PRESIDENT
CLEVELAND CHIROPRACTIC COLLEGE

RE: S.B. 82

DATE: MARCH 7, 2007

Madam Chair and Members of the House Health and Human Services Committee:

As President if Cleveland Chiropractic College, it is my pleasure and honor to provide this written testimony to the House Health and Human Services Committee.

Cleveland Chiropractic College (of Kansas City) is seeking to relocate its administrative offices, educational facilities and on-campus student clinical training center from its current site in the Southtown neighborhood of Kansas City, Missouri to a new facility in order to accommodate forecasted enrollment growth and space needs related to its program expansion.

Cleveland Chiropractic College and its limited liability company have entered into agreements for the purchase of the Farmers' Insurance building and the surrounding acreage on which it is located in Overland Park, Kansas at 10850 Lowell Avenue and an adjacent office building at 8205 W. 108th Terrace. These acquisitions represent a total combined acquisition of 175,000 spare feet on approximately 34 acres. It is the intent of Cleveland Chiropractic College to relocate its administrative offices, educational program, and student services to these buildings in Spring 2008. The College operations will include an on-campus student clinical training center that operates under a public clinic model, at which the students will receive practical experience providing chiropractic care under the direction of Kansas-licensed Doctors of Chiropractic as part of the College's curriculum.

Cleveland Chiropractic College, founded by the Cleveland family in 1922, is a multi-campus system with campuses located in Kansas City, Missouri and Los Angeles, California. Cleveland Chiropractic College is accredited by the North Central Association of Colleges and Schools and offers degree programs leading to an associate of Arts in Biological Sciences, a Bachelor of Science in Human Biology, and a Doctor of Chiropractic degree, which is a four-year program.

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The Doctor of Chiropractic program prerequisites for admission include at minimum, 90 semester hours of undergraduate coursework leading to a baccalaureate degree, with one academic year in each of the science areas of Biology, General Chemistry, Organic Chemistry, Physics, and additional hours in humanities and social sciences.

The chiropractic program at Cleveland Chiropractic College is accredited by the Council on Chiropractic Education. Upon graduation, Cleveland Chiropractic College students are eligible for licensure in all 50 states, including eligibility for licensure by the Kansas State Board of Healing Arts. Cleveland Chiropractic College has received degree-granting authority in the State of Kansas through the Kansas Board of Regents, effective December 28, 2004.

Cleveland Chiropractic College is incorporated as a Missouri non-profit corporation and is exempt from taxation pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Cleveland Chiropractic College is qualified to do business as a foreign corporation in the State of Kansas.

Approximately 8000 graduates of the Cleveland Chiropractic College multicampus system practice in 50 states and 14 foreign countries. The current combined undergraduate an Doctor of Chiropractic enrollment consists of 864 students. Currently 472 students are enrolled at the Kansas City campus, of which approximately 84% are form outside the Kansas City metropolitan area. These students will generate revenue for local businesses by renting apartments, and frequenting restaurants, grocery stores, and entertainment venues within the Johnson County, Kansas community. The Cleveland Chiropractic College Kansas City student clinical training center provides nearly 45,000 patients visits annually. Currently, the Kansas City campus employs over 100 staff and faculty members, and generates approximately $16 million in federal financial aid, which directly impacts the local Kansas City community. The yearly gross revenue for the Kansas City campus is $9.5 million. Over $5 million is paid annually in wages and benefits to employees. Cleveland Chiropractic College donates $285,000 in health services to the Kansas City community annually.

The College's total investment in the Overland Park properties will represent in excess of $26 million and will provide a facility to accommodate the College's projection for increased enrollment to 750 students by 2010.

Cleveland Chiropractic College requests your support of Substitute for S.B. 82, which would exempt the student clinical training center operated by Cleveland Chiropractic College from the "corporate practice of medicine doctrine," which is more fully discussed herein. Cleveland Chiropractic College has worked with Mark Stafford, the general counsel for the Kansas Board of Healing Arts, on S.B. 82, which would accomplish this result for Cleveland Chiropractic College and other Section 501(c)(3) educational institutions granting degrees in the healing arts that are similarly situated.

The following is a summary of the "corporate practice of medicine doctrine" and how its application prevents Cleveland Chiropractic College from operating its student clinical training center within its existing non-profit, Section 501(c)(3) corporate structure.

As a general rule, the corporate practice of medicine doctrine under Kansas law prohibits a corporation from employing physicians to render professional services (e.g. medical or

chiropractic care). The rationale for prohibiting employment of physicians by a corporation is derived from the concept that individual physicians, and not corporations, should be licensed to practice medicine, chiropractic or any other healing arts. The basic premise is that the interests of a corporation and the needs of a patient result in a divided loyalty of the physician which impairs the patient's confidence in the physician. K.S.A. 17-2708 relating to professional corporations, however, takes precedence over any law which prohibits a corporation from rendering any type of professional service such as chiropractic care. Under the Kansas statutes, a professional corporation (but not a non-profit corporation) can be established to practice medicine, chiropractic or any other healing art provided that the stockholders of such corporation are licensed to practice the applicable healing art under the laws of Kansas.

As discussed above, Cleveland Chiropractic College is a non-profit corporation and an organization qualifying under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, that is an educational organization which maintains a faculty and a curriculum and has a regularly enrolled body of students. Cleveland Chiropractic College confers a Doctor of Chiropractic degree and, as part of its curriculum, operates a student clinical training center at which its student interns, under the supervision of license chiropractors, perform chiropractic patient care for the public in order to obtain practical experience necessary to graduate and be eligible for state chiropractic licensing examination. The State of Missouri, where Cleveland Chiropractic College is current located, has not adopted the "Corporate practice of medicine doctrine;" and therefore, Cleveland Chiropractic College is able to operate the student clinical training center within its existing non-profit, Section 501(c)(3) corporate structure.

Due to the corporate practice of medicine doctrine, however, Cleveland Chiropractic College will not be able to operate the student clinical training center within its existing corporate structure. As a Section 501(c)(3) organization and a Missouri non-profit corporation, it cannot qualify as a professional corporation under Kansas law (and this would also be the case if it became a Kansas non-profit corporation) since it cannot have individuals as stockholders. At a significant cost to Cleveland Chiropractic College, it would have to form a professional corporation under Kansas law to operate the student clinical training center, find (and continue to have throughout its existence) Kansas licensed chiropractors to serve as nominal stockholders of the new corporation, and qualify the new corporation a a Section 501(c)(3) organization with the Internal Revenue Service. A management contract would need to be established between Cleveland Chiropractic College and the new corporation, and the faculty, who are currently employed by Cleveland Chiropractic College, would also have to become employees of the new corporation. Legal issues relating to continued qualification of tax-exempt bond financing under federal tax law of the facility owned by Cleveland Chiropractic College (tax-exempt bond financing is being used by Cleveland Chiropractic College to acquire and rehab the Farers' facility it is acquiring in Overland Park) in which the student clinical training center would be operated and real estate property tax exemptions would also need to be addressed.

When this bill was heard in the Senate Public Health Committee, that Committee made some amendments to the bill in an attempt to address some concerns expressed during the hearing. However, once the amendments were printed the Committee decided they were such that a substitute bill would be more appropriate, and a Substitute bill was offered that kept the original proposal intact. This bill passed the full Senate 38-0.

In order to avoid the uncertainties and costs relating to the application of the corporate practice of medicine doctrine to the student clinical training center, Cleveland Chiropractic College respectfully proposes that Sub. S.B. 82 be adopted so that an organization that operates such a student internship clinic and meets the criteria set forth in Sub. S.B. 82 can operate its student clinical training center within its existing non-profit, Section 501c)(3) corporation structure.

Respectfully submitted,

Dr. Carl S. Cleveland, III
President of Cleveland Chiropractic College

052373 / 114620
WWSNE 1500437

STATE OF KANSAS

DENNIS M. WILSON
SENATOR, 37TH DISTRICT
JOHNSON COUNTY
11925 GILLETTE
OVERLAND PARK, KANSAS 66213

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TOPEKA

SENATE CHAMBER

COMMITTEE ASSIGNMENTS
VICE-CHAIRMAN: TRANSPORTATION
MEMBER: FINANCIAL INSTITUTIONS AND INSURANCE
ELECTIONS AND LOCAL GOVERNMENT
JOINT COMMITTEE
ARTS AND CULTURE

E-mail: wilson@senate.state.ks.us

Testimony in Support of Senate Bill 138
Presented to the House Health and Human Services Committee
By Senator Dennis Wilson

March 7, 2007

Chairperson Landwehr and Members of the Committee:

Thank you for scheduling this bill on autism and for allowing me to add my support for the passage of this bill.

My interest in this subject started about three years ago when I spoke with a parent of a child with autism. Like many of you, I had heard of this mental disorder but knew very little about it or about how wide spread it is becoming. But the good news is we can drastically curve the effects of this disorder by early intervention.

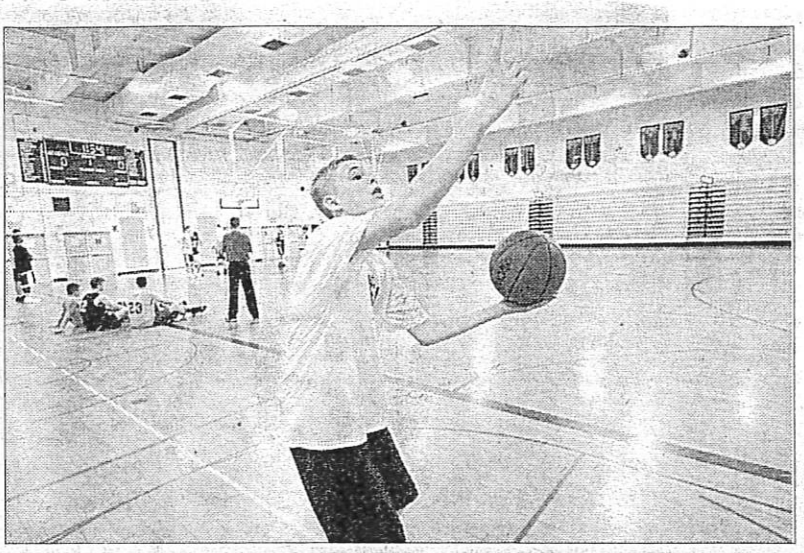
I now have made a personal commitment to the advocacies group in Kansas that I will do everything in my power to facilitate their cause, and to bring hope and even a cure for this disorder through early intervention. There are several ways we as legislators can be of help. One would be to pass this bill to set up a TASK FORCE that is made up of professionals in the area of autism, parents of autism children and legislators who have an interest and knowledge in this area.

The information that you have heard and will hear today will prove that if we can get the experienced professionals involved early we will save these children from a very debilitating life and their parents from financial ruin. As you can see when you read this bill, the TASK FORCE will be charged with many objectives. But the main objective would help us as state legislators make good public policy dealing with autism.

I have included an article about a teenager with autism and the miracle that took place last year in a high school. I hope it will give you the same encouragement it did me when I first heard about this extraordinary feat. This bill will give hope and encouragement to all of our citizens who face this tragedy daily, and to the unexpected parents who will face this problem in the future.

I will stand for questions at the appropriate time. I will now yield my time for the other conferees.

House Health and Human Services
DATE: 3-7-07
ATTACHMENT 3-1



The Associated Press

Back in his familiar role, team manager Jason McElwain shot baskets alone Monday as the Greece Athena High School team ran drills.

Hoops hero goes back to old job

He hit a three-pointer, a double-pump layup and a free throw in practice Monday.

Then **Jason McElwain** charged back into the locker room and back to his job as team manager. McElwain is the autistic teen who snuck into America's heart last week with a 20-point performance when he was allowed to suit up and play in his team's final game.

But Monday, he was back to handing out water bottles, helping run drills and exhorting his teammates on the eve of Greece Athena High School's sectional game Tuesday night in the New York state playoffs.

"You've gotta give it everything you got!" he sang in a rap verse. "The winner goes home all happy/ The loser goes home and says/ Mommy we lost the game, wah wah wah!"

McElwain — or at least his story — may become the next "Rudy." Or "The Rookie" — movies based on real-life situations.

After his feat — six three-pointers that were caught on a student video that made the rounds of the television networks — the school was besieged with calls and e-mails from parents of autistic children.

His parents have received inquiries from about 25 production companies ranging from The Walt Disney Co. and Warner Bros. to independent documentary filmmakers.

Meanwhile, Jason is back in school. He's apparently not upset that he is ineligible to suit up for the sectional game because he played in only one game all season. He's hanging with his friends.

"I'm not really that different," he said. "I don't really care about this autistic situation, really. It's just the way I am. The advice I'd give to autistic people is just keep working, just keep dreaming; you'll get your chance and you'll do it."

(4)

Kansas Department of

Social and Rehabilitation Services

Don Jordan, Secretary

House Health and Human Services Committee
March 7, 2007

SB 138

Public and Governmental Services
Kyle Kessler, Deputy Secretary
785-296-3271

For additional information contact:
Public and Governmental Services Division
Kyle Kessler, Deputy Secretary

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3-7-07
Attach 4

Kansas Department of Social and Rehabilitation Services
Don Jordan, Secretary

House Health and Human Services Committee
March 7, 2007

SB 138

Chairperson Landwehr and members of the Committee, my name is Kyle Kessler. I am the Deputy Secretary for Public and Governmental Services at SRS. I appreciate the opportunity to appear before you today to provide testimony on SB 138 which would establish the Autism Task Force. We very much support this concept.

SRS has set many goals to address the significant growth of autism cases and the existing gaps in services for this population. For many years, we have proposed as a part of our budget an autism waiver that would provide early intervention services to kids who have autism spectrum disorders (ASDs). We have established a multi-disciplinary group which includes individuals from the fields of mental health, developmental disabilities, physical disabilities, and child welfare along with parents who have children with ASDs to work on the blueprint for an autism waiver. The larger group has been meeting since September. A smaller subgroup has been formed to work on the specific components of the waiver and report back to the larger group. Our goal is that the work on the waiver be completed by May with the anticipated submission to the Centers for Medicare and Medicaid Services (CMS) by June of this year. With a successful submission, we hope to offer enhanced services through this waiver starting in January 2008. We believe that by using early intervention, this will not only enhance the life of the child and his or her family, but also prevent many of the children from accessing SRS caseloads later in life which could help avoid significant costs to the state.

According to our research, five other states have established Autism Task Forces that have representatives from the respective human services agencies. SRS supports SB 138 with suggested amendments to include SRS, KDHE, and the Department of Education as ex-officio members; that all appointing authorities make the appointment of a parent of a child of an ASD to the task force, and several other amendments that are more technical in nature. Although our recommendation to include more parents raises the number of members from fourteen to nineteen, some of the most valuable feedback SRS has received in studying the gaps in services to this population has been from parents. Prior to the establishment of our current work groups, we held Parent Forums in August in the communities of Topeka, Hays, and Wichita. These were sponsored by the Governor's Commission on Autism which SRS staffs.

In closing, SRS expresses its support for a task force with the multi-disciplinary membership that is recommended. We acknowledge that no one agency and no one field of expertise will be able to address autism spectrum disorders but through the kind of thoughtful collaboration that is suggested by the establishment of this task force, we may be able to offer greater solutions for persons with ASDs in the future. This concludes my testimony, and I would be happy to stand for questions.

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As Amended by Senate Committee

Session of 2007

SENATE BILL No. 138

By Committee on Ways and Means

1-22

Kyle Kessler
Deputy Secretary, SRS
Balloon Amendment
March 2, 2007

ac138ball

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ATTACHMENT 5-1

AN ACT establishing the Kansas autism task force; relating to the powers and duties thereof.

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

Section 1. (a) There is hereby established the Kansas autism task force. The task force shall ~~consist of 13 *15* members as follows~~ be made up of the following members

(1) ~~Three~~ Four members appointed by the president of the senate. Of such members, one shall be a member of the Kansas senate; one shall be a member of the faculty at the department of applied behavioral science at the university of Kansas with a specialization in the area of autism; and one shall be a behavioral analyst who has been certified by the behavioral analyst certification board with a specialization in the area of autism and shall have at least five years experience in providing early intensive intervention to children with autism in a private-practice setting; one shall be a parent of a child with autism spectrum disorder;

(2) ~~two~~ three members appointed by the minority leader of the senate. Of such members, one shall be a member of the Kansas senate and one shall be a special education teacher with a specialization in the area of autism and shall have at least five years experience in teaching children with autism; ; one shall be a parent of a child with autism spectrum disorder;

(3) ~~three~~ four members appointed by the speaker of the house of representatives. Of such members, one shall be a member of the Kansas house of representatives; one shall be a member of the faculty of the department of special education at an institution of higher education with a specialization in the area of autism; and one shall be a developmental pediatrician; one shall be a parent of a child with autism spectrum disorder;

(4) ~~two~~ three members appointed by the minority leader of the house of representatives. Of such members, one shall be a member of the Kansas house of representatives; and one shall be a clinical child psychologist with an expertise in the area of autism; ~~and~~ one shall be a parent of a child with autism spectrum disorder;

(5) ~~three~~ four members appointed by the governor; ~~of which~~. ***Of such members***, one shall be a parent of a child with autism; one shall be a speech language pathologist, occupational therapist ~~or other licensed or certified professional who has an expertise in the area of autism and whose caseload includes patients who are children with autism~~; and one shall be spectrum disorder; ;one shall be an ;

a member of a board of education of a school district; ;

(6) one member appointed by the commissioner. Such member shall be a representative of health insurance companies doing business in the state of Kansas; ~~and~~

(7) one member appointed by the chief administrative officer of the Capper Foundation located in Topeka, Kansas.

(b) One of the members appointed by the governor shall be designated by the governor to serve as chairperson of the task force. Members of the task force shall be appointed within 30 days of the effective date of this act. The task force shall meet on call of the chairperson or on the request of ~~six~~ Eight or more members of the task force. ~~Six~~ Eight members of the task force shall constitute a quorum.

(c) Any vacancy occurring in the membership of the task force shall be filled in the same manner as the original appointment.

(d) The staff of the office of the revisor of statutes, the legislative research department and the division of legislative administrative services shall provide such assistance as may be requested by the task force and authorized by the legislative coordinating council. Upon request of the task force, the department of education, the department of health and environment and the department of social and rehabilitation services shall provide to the task force any information and supporting documentation relating thereto requested by the task force.

(e) ~~Members~~ ***Except as provided by this subsection, members*** of the task force attending meetings of such task force or subcommittee meetings thereof as authorized by such task force, shall be paid amounts as provided in subsection (e) of K.S.A. 75-3223, and amendments thereto, upon vouchers approved by the chairperson of the task force or the chairperson's designee. ***No member of the task force shall be paid an amount as provided in subsection (e) of K.S.A. 75-3223, and amendments thereto, if such member receives an amount from another governmental or private entity for the purpose for which such amount is payable under subsection (e) of K.S.A. 75-3223, and amendments thereto.***

(f) The task force shall study and conduct hearings on the issues relating to, the needs of and services available for persons with autism including, but not limited to:

(1) The re-alignment of state agencies that provide services for children with autism;

(2) the availability or accessibility of services for the screening, diagnosis and treatment of children with autism and the availability or accessibility of services for the parents or guardians of children with autism;

(3) the need to increase the number of qualified professionals and paraprofessionals who are able to provide intensive behavioral therapy

of insurance

; and

(8) the secretary of health and environment, the secretary of social and rehabilitation services and the commissioner of education or such person's designees, shall serve as ex officio members of the task force.

ten

Ten

2-5

and other services to children with autism and incentives which may be offered to meet that need;

(4) the availability of insurance and the extent of the coverage under insurance policies for services provided to children with autism;

(5) the creation of an autism registry which would (A) provide accurate numbers of children with autism, (B) enable the legislature to adopt a more accurate budget as it relates to the cost of providing services to children with autism, (C) improve the understanding of the spectrum of autism disorders and (D) allow for more complete epidemiologic surveys of the autism disorder;

(6) the establishment of a hotline that the parents or guardians of children with autism may use to locate services for children with autism;

(7) additional funding sources to support programs that provide evidence-based intensive behavioral therapy or treatment of autism, including funding for the development of regional centers of excellence for the diagnosis and treatment of autism; and

(8) develop recommendations for the best practices for early intensive ~~behavioral therapy~~ therapy for children with autism.

(g) The task force shall submit reports of the activities and recommendations of the task force to the legislative educational planning committee. A preliminary report shall be submitted on or before November 15, 2007. The final report shall be submitted on or before November 15, 2008. Such reports shall include recommendations for legislative changes.

(h) As used in this section, "autism" means all disorders within the autism spectrum including, but not limited to, autism, Asperger's syndrome, ~~PDD??? and PDD-NOS~~ ***pervasive development disorders*** ***and pervasive development disorder, not otherwise specified***.

(i) The provisions of this section shall expire on December 31, 2008.

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

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March 7, 2007

Testimony to the House Committee on Health and Human Services in Support of Senate Bill No. 138

Michael L. Wasmer, DVM
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Olathe, KS 66062
913-233-9101

My name is Mike Wasmer and I appreciate the opportunity to speak in support of Senate Bill 138, the Autism Task Force Bill. I am the father of a child with autism, a member of the Kansas Governor's Commission on Autism, and cofounder of the Kansas Coalition for Autism Legislation. I view Senate Bill 138 as a critical first step toward clarifying the scope and magnitude of the problems facing the autism community in Kansas, and legislative change to address them.

Autism encompasses a spectrum of disorders that includes classical autism, Asperger's Syndrome and Pervasive Developmental Disorders*. The prevalence of autism in Kansas, and nationwide, is increasing in epidemic proportions. Last month, the Centers for Disease Control reported the prevalence of autism as 1 in 150. Ten years ago, the prevalence was approximately 1 in 10,000. In Kansas, from 1997 to 2004, the number of children with autism as reported under Part B of IDEA increased by 471%.

Autism awareness campaigns frequently use a puzzle piece to symbolize the complexity of autism and many unanswered questions. Autism is not a problem that can be solved by a single group or state agency. The composition of the Autism Task Force as proposed by Senate Bill 138 acknowledges the complexity of autism by including a diverse group of members and supporting state agencies, which can contribute unique and well-balanced perspectives on this issue.

There are many challenges facing the autism community in Kansas. Of particular concern is the inconsistent delivery of services across the State, and meeting the expense of appropriate therapy. Three of the more critical charges of the proposed Task Force will address these issues: creation of an autism registry, investigation of the availability of insurance coverage for children with autism, and development of a consensus statement on best practice for educating children with autism.

We can estimate the number of affected individuals with autism in Kansas based on the CDC's national estimate of 1 in 150. However a State registry, that includes children who have not yet entered the public school system, is needed

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in order to provide a more accurate accounting of individuals with autism in Kansas. Without a registry, it will be very difficult to accurately budget for the cost of providing services across the State. A registry would also facilitate equitable distribution of service providers throughout Kansas, and allow researchers to complete statewide epidemiologic surveys.

My daughter, Kate was diagnosed with autism in 2001 when she was 2 years old. That same year, the National Research Council (NRC) published a comprehensive assessment of peer-reviewed educational interventions for children with autism. This study was completed at the request of the U.S. Department of Education's Office of Special Education Programs. Based on the NRC's conclusions, Kate received 25-30 hours a week of intensive in-home therapy for 2 and 1/2 years. At a cost of approximately $35,000/year my wife and I employed a team of service providers including a board certified behavior analyst, well-trained paraprofessionals, a speech therapist, an occupational therapist, and an early childhood special educator to work with Kate. This expense was borne completely out of pocket, as none of her therapy was covered by health insurance.

Despite the fact that cost-benefit studies** have demonstrated tremendous cost savings over the lifetime of an individual with autism if an early diagnosis and appropriate therapy is received, health insurance companies generally do not provide coverage for these services. There is currently no legislation in Kansas that addresses the complexity of this issue. Any legislation to address the problem of health insurance coverage for autism must be very carefully constructed to ensure access to all necessary services.

Despite a large body of evidence-based research, there remain differences of opinion as to what methods of treating children with autism are most effective. This may be a contributing factor to inconsistent health insurance coverage for autism spectrum disorders. The proposed Task Force would be charged with considering all treatment methods, and asked to develop a consensus statement regarding best practice.

I would ask that the Committee consider amending Senate Bill 138 so that the phrase "early intensive behavioral therapy" is replaced throughout the bill with the phrase "early intensive intervention"***. The Kansas Governor's Commission on Autism has expressed concern that use of the term "behavioral therapy" makes it appear that the proposed Task Force is biased in favor of a particular methodology.

In addition to the potential benefit of facilitating health insurance coverage, a consensus statement from a state-legislated task force would also provide a useful guideline for parents of newly diagnosed children. Frequently, parents are

overwhelmed into inaction by too many differing opinions on how best to treat autism. Additionally, parents are often given incomplete or inaccurate information, including recommendations that have come from our own state agencies such as Infant and Toddler Services.

When Kate was diagnosed with autism, she was completely non-verbal and expressionless. She was minimally responsive to interaction with our family and exhibited classic stereotypical behaviors associated with autism. Today she is a very happy second grader. She is excelling in a regular education classroom without an aide. Her speech and academic skills are at, or above grade level. She has a small group of good friends, and although she still struggles in certain social situations, she is making steady gains.

I have personally witnessed the value of early diagnosis and intensive intervention for a child with autism. However, there are many obstacles to the timely delivery of evidence-based therapy to children with autism living in Kansas. The passage of Senate Bill 138 would allow Kansas to take a more proactive role in combating the crisis of autism. Senate Bill 138 is a step toward giving every child with autism in Kansas the opportunity to succeed.

I sincerely appreciate the Committee's interest in this very important issue and ask for your support of Senate Bill 138.

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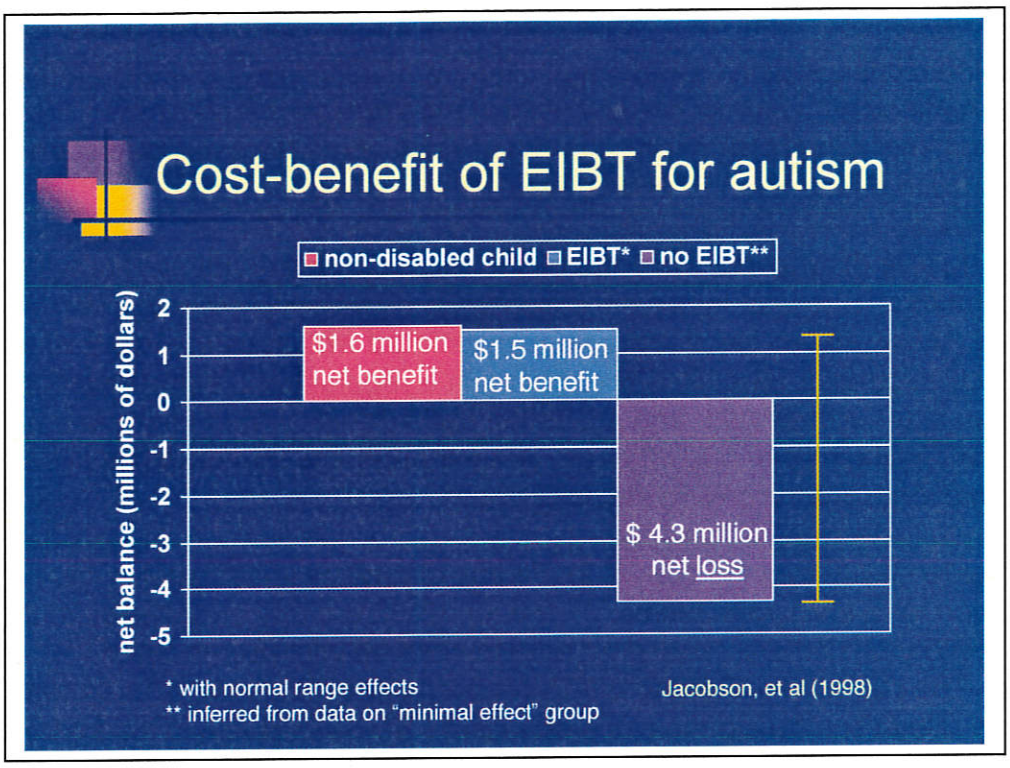
* Pervasive Developmental Disorder (PDD), Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)

** see attachment, "Cost-Benefit of EIBT for Autism"

*** The incidences of this phrase in the current version of the bill occur on:

page 2; line 43
page 3; line 14 and
page 3; line 17-18.



Using representative costs from the state of Pennsylvania, a 1998 study performed a cost-benefit analysis of providing early intensive behavioral therapy (EIBT) to children with autism. Factors considered through age 55 included the costs associated with 3 years of EIBT, special education, and adult disability services; as well as the median income of a non-disabled adult, versus supported wages.

The area in red represents the cost-benefit of providing regular education for a non-disabled child, and demonstrates a net benefit of $1.6 million.

The area in blue represents the cost-benefit scenario of a child with autism who receives EIBT and achieves successful placement in regular education classes, and demonstrates a net benefit of $1.5 million. Approximately 50% of children with autism that receive early intensive behavioral therapy will achieve this level of success.

The area in purple represents the net costs associated with NOT providing EIBT to a child with autism. This demonstrates a net LOSS of $4.3 million and an overall difference of $5.8 million between the two groups.

Reference:
Jacobson, John W, Mulick, James A., Green Gina. "Cost-Benefit Estimatesd for Early Intensive Behavioral Intervention for Young Children with Autism," Behavioral Interventions, 13, 201-226 (1998)

March 7, 2007

Testimony to the House of Representatives
Health and Human Services Committee
in support of Senate Bill No. 138

Carol B. Garrison, M.D.
13509 W. 57th St.
Shawnee, KS 66216
913 268 7960

Good Afternoon. My name is Carol Garrison. I am grateful for the opportunity to speak in support of Senate Bill 138, the Autism Task Force Bill.

I am a Neurodevelopmental Pediatrician, with Board Certification in Pediatrics, Neurodevelopmental Disabilities, and also in Developmental Behavioral Pediatrics. I evaluate children for developmental disabilities at Children's Mercy Hospitals and Clinics in the Section of Developmental and Behavioral Sciences. I am presently the Fellowship Director for our accredited Developmental Behavioral Pediatrics Fellowship. I have been in this field for 17 years.

I speak on behalf of individuals with autism, their families, and professionals who serve them.

I have been a member of the Governor's Commission on Autism since January 2001. Throughout this time, we have discussed concerns related to individuals with autism and their families. Through yearly updates, the Commission advises and makes recommendations to the Governor. This has been a satisfying process, yet at times frustrating – due to the limited scope of the Commission. Senate Bill 138 allows action beyond the scope of the Governor's Commission. Action which we believe is necessary to improve the quality of services and ultimately the functional outcome of individuals with autism and their families.

Autism is a neurologic developmental disorder. The brain does not process information in a normal manner. The nature of the primary treatments for individuals with autism is consistent with the concept of "rewiring" the neuronal networks of the brain – thus impacting the outcome of the individual. Yet, the primary treatments for these individuals are outside of the traditional medical model. This establishes a false

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dichotomy: is it medical, or is it educational? Children and their families are caught in the middle, and remain underserved.

Autism is a medical condition. As professionals in the field, we continue to hear that insurance will not cover services – as they are "educational" in nature. Even diagnostic studies to determine an underlying etiology – studies presently recommended by one of several medical Practice Guidelines (Neurology, Genetics) – may not be covered – as the diagnosis of autism may fall under "mental health". Senate Bill 138 allows the important issue of private insurance contributing its portion of revenues in the diagnosis and treatment of this neurologic disorder.

Presently, though the field continues to emerge with new research, there are solid evidence-based recommendations for treatment of young children with this disorder[1]. As a professional in the field, it is frustrating to know that in other areas of the country, children with this diagnosis are receiving evidence-based intervention from the time of diagnosis. At this time, interventional services are inconsistent across the state of Kansas. Funding concerns, personnel issues, and "Turf wars" regarding which intervention to use preclude optimizing needed therapies for these children. Establishing an Autism Task Force, as an independent body, to develop evidence-based recommendations for best practices for early interventions is necessary to provide accountability to the groups which are providing services.

The registry is a vital issue from many perspectives. It allows for long-term planning, tracking of information and epidemiologic information. As the Autism Commission has worked over several years, one critical piece of information requested has always been "What are the numbers?" We appreciate that SRS is hoping to address the needs for an autism registry. However, our understanding is that this may be limited in scope. Including the registry in this bill allows the Autism Task Force to have critical input into any registry developed.

The personal experiences that you hear today from Dr. Wasmer are not isolated. Professionals in our section routinely encounter the frustration of families who are dealing with these same issues. We are anxious for the time when families can be served efficiently and effectively upon diagnosis of their child.

I respectfully appreciate the Committee's interest in this issue and ask for your support of Senate Bill Number 138.

Carol B. Garrison, MD
Neurodevelopmental Pediatrician
Children's Mercy Hospitals and Clinics

1: National Research Council (2001) ***Educating Children with Autism***. Committee on Educational Interventions for Children with Autism. Catherine Lord and James P.McGee, eds. Division of Behavioral and Social Sciences and Education. Washington, DC: National Academy Press. This may be accessed at: www.nap.edu

The Capper Foundation

Easter Seals DISABILITY SERVICES

Senior Management Team

James L. Leiker
President & CEO

Debby O'Neill
V.P., Programs & Services

Pam Walstrom
V.P., Development

Sandy Warren
V.P., Operations

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John H. Stauffer

Denise Brice Walker

Kidlink Preschool & Childcare Program

Accredited by NAEYC National Association for the Education of Young Children

March 7, 2007

Good Afternoon Representatives -

My name is Jim Leiker and I am the President & CEO of The Capper Foundation Easter Seals. **Our organization was founded by Arthur Capper, Kansas Governor and U.S. Senator Representing Kansas for 30 years. For more than 86 years, we have been offering help and hope to children and adults with disabilities, and to the families who love them. The Capper Foundation Easter Seals is Arthur Capper's living legacy** and like him, we continue carrying on his commitment to enhancing the independence of people with disabilities and ensuring that all people enjoy access, opportunities and independence.

As indicated in our name **we are affiliated with Easter Seals - the leading non-profit provider of services for individuals with autism, development disabilities, physical and mental disabilities, and other special needs. Recently, Easter Seals along with the University of Illinois at Chicago and Rush Medical Center broke ground on a First-Of-Its-Kind Therapeutic School and Center for Autism Research.**

Easter Seals is a national partner with the Autism Society of America. A National Director of Autism Services leads the Easter Seals Autism initiative and Easter Seals affiliates across the country together offer 45 different kinds of interventions to address the affects of autism.

The Capper Foundation Easter Seals is a regional direct service provider located in Topeka, Kansas and provides a number of services for children with autism spectrum disorders, families and professionals. These include childcare services, occupational therapy, speech therapy, therapeutic recreation, summer camps and substantial professional and family training. We also work very closely with the Capitol Area Autism / Asperger Resource Center.

Senate Bill 138 establishes the Kansas Autism Task Force and its powers and duties. We are excited for the individuals and families in Kansas affected by autism spectrum disorders that this legislation has been passed by the Senate Education Committee and the Full Senate. **This bill was strengthened with amendments adding the expertise and experience of The Capper Foundation Easter Seals and an insurance representative to the Kansas Autism Task Force. We do, however, recommend that more parents of children with autism be represented on this task force.**

Since autism is an epidemic of our time, this legislation is critically important and we ask for your support of Senate Bill 138 with one amendment to include more parents of children with autism.

Your favorable support of Senate Bill 138 is truly appreciated. Thank you!

Sincerely,

Jim Leiker
President & CEO
The Capper Foundation Easter Seals

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3500 SW 10th Avenue Topeka, KS 66604-1995
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The Capper Foundation

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Autism & Easter Seals

- **Autism is an epidemic of our time.** Today, as many as one in every 150 children is diagnosed with autism. Autism is now more prevalent than Down syndrome, childhood diabetes, and childhood cancer combined.

- **Easter Seals is working nationally to provide help, hope and answers to families living with autism today** by delivering personalized services and treatments.

- **Autism** (or Autism Spectrum Disorder (ASD)) **is a lifelong disability that affects the way a person's brain functions** and usually becomes evident within the first three years of a child's life. People with autism have impaired communication and social skills, as well as challenging behaviors.

- **While there is no known cause or cure, nor one known single effective treatment – autism is treatable and people with autism can lead meaningful lives.** People living with autism, at any age, are capable of making significant progress through personalized interventions and therapy; and, can and do lead meaningful lives. There is hope!

- While there are a number of organizations researching and seeking a cause and cure for autism, **Easter Seals is unique as the nation's leading provider of *services* and *support* for children and adults living with autism** and their families. So, until there's a cure...there's Easter Seals.

- **Over the last 20 years, Easter Seals has seen a dramatic increase in the number of people we serve who live with autism.** More than a generation ago, Easter Seals was front and center during the polio epidemic, working tirelessly to help children and adults with polio gain the skills they needed to live independently. And now, we are the country's leading provider of services for people with autism – providing help, hope and answers for families living with autism today.

- **Early diagnosis and early intervention are critical.** If parents are worried their child may have autism, they should follow their instincts, share their concerns with their pediatrician, get a diagnosis, and seek help from an organization like Easter Seals. Autism is a lifelong spectrum disorder that affects each individual differently and to varying degrees – getting the right help at the earliest stage of life can help a child gain the skills he or she needs to be successful.

- **Services for children with autism who "age out" of the school system are critical. There is an urgent need for increased funding and services for adults with autism.** Most students with autism are eligible to receive special education services until age 21. Then, some adults with autism will have the necessary skills to get a job and live in the community. For others, they'll need additional support and assistance through therapies, job training or residential services. Unfortunately, such assistance for adults with autism isn't always available, and an individual's family is often left to fill in this gap. If the individual has no family, the only choice may be for that person to be institutionalized.

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The Capper Foundation

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Autism & Easter Seals (cont'd.)

- **Visit easterseals.com** to learn more about autism, find services at an Easter Seals near you, or help Easter Seals change the lives of people living with autism by becoming a donor or volunteer. There is an urgent need for contributions as funding for services is largely inadequate.

- Many insurance companies do not cover treatment and services for people living with autism. And generally, families must cover the lifelong cost of care and treatment for their family member with autism. **With your support, Easter Seals provides help, hope and answers for families living with autism. You can feel good about giving to Easter Seals.**

- Easter Seals has been providing services to people living with disabilities – including autism – for more than 85 years.

- **Until there is a cure...there's Easter Seals.** Easter Seals provides help, hope and answers for families living with autism today.

Easter Seals Autism Q&A

AUTISM-SPECIFIC QUESTIONS

Q: What is autism spectrum disorder?

A: Autism Spectrum Disorder (ASD) or autism is a lifelong disability considered the result of a neurological condition affecting normal brain function and development. People with autism often have impaired social interaction and communication skills and challenging behaviors.

The common term of "autism" collectively represents a set of five closely related conditions that fall under the umbrella of Pervasive Developmental Disorders. These include autistic disorder, Asperger syndrome, Rett syndrome, Pervasive Developmental Disorder-not otherwise specified (PPD-NOS) and child disintegrative disorder.

There is no known cause or cure, nor one known single effective treatment.

Q: Is autism the same thing as autism spectrum disorder or ASD?

A: Yes, autism is an umbrella term for Autism Spectrum Disorders (ASD). The common term of "autism" collectively represents a set of five closely related conditions that fall under the umbrella of Pervasive Developmental Disorders.

Q: When does autism usually appear?

A: Autism is a lifelong disability that typically appears during the first three years of life and can be diagnosed as early as 18 months of age.

Parents should talk with their pediatrician and get their child screened for autism if:

- They feel something might not "be right" with their child – 18 months or older
- Their child isn't meeting developmental milestones as identified by their pediatrician

A basic rule for treating autism is the earlier the intervention, the better. Experts agree that early diagnosis and early intervention are critical because the earlier people with autism get help, the better the outcomes will be in the future. There is hope. People with autism—at any age—can make significant progress through therapy and treatments, growing to lead meaningful, productive lives.

Q: Can children outgrow autism?

A: No, autism is a life-long developmental disability. Children do not outgrow autism, as they wouldn't outgrow cerebral palsy or mental retardation.
However, that doesn't mean a child with autism cannot gain skills and make significant improvements. There are treatments available today to help families and individuals with autism – autism is treatable. We do know that with early diagnosis and a personalized, appropriate treatment plan, children with autism can grow up to lead meaningful, productive lives.

The Capper Foundation

Easter Seals Disability Services

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Easter Seals Autism Q&A

Q: How is autism diagnosed?

A: Generally speaking, there is no one medical test for diagnosing autism. A team of professionals with expertise in autism (e.g. a developmental pediatrician, psychologist or psychiatrist, pediatric neurologist, occupational therapist, speech pathologist) will typically give a diagnosis of autism based on observation of an individual's communication, behavior, and developmental levels.

Medical tests may be incorporated to rule out other possible diagnoses. People with autism share many symptoms with individuals who have mental retardation, behavior or emotional disorders, problems with hearing, and even people with eccentric personalities. And some of these disabilities and symptoms can co-occur with an autism spectrum disorder. Nearly 70 percent of individuals with autism also have mental retardation.

It's very important for families to get an accurate diagnosis, as early in life as possible, because it gives the individual the best foundation for implementing a personalized and effective program for treatment. The American Academy of Pediatrics recommends diagnosis as early as eighteen months of age.

Q: What tools are commonly used to screen and diagnose for autism?

A: A diagnostic assessment for autism is usually completed by a multi-disciplinary team of professionals with expertise in autism. The Autism Diagnostic Scale Revised (ADOS-R) is currently considered one of the best diagnostic tools for autism. The Childhood Autism Rating Scale (CARS) is also commonly used by professionals. A diagnostic assessment requires both direct observation and interviews of individuals who know the child.

There are several good screening tools that can be used for early identification. These may include—but aren't limited to:

- the Modified Checklist of Autism in Toddlers (M-CHAT),
- the Autism Screening Questionnaire (ASQ), and
- the Screening Tool for Autism in Two-Year-Olds (STAT).

These tools are used to screen young children for early behavioral deficits that may indicate autism. Markers include eye contact, orienting to one's name, joint attention behaviors, pretend play, imitation, nonverbal communication and language development.

Q: Is autism a contagious disorder?

A: No, autism is not an illness or a disease, and it is not contagious. Autism is a lifelong disability that effects normal brain functioning and development; impacts social interaction, communication skills, and behaviors.

Q: What causes autism?

A: There is no known cause or cure, nor one known single effective treatment for autism. However, a basic rule for treating autism is the earlier the intervention – or therapies – the better. Early diagnosis is critical.

The Capper Foundation

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Easter Seals Autism Q&A

Coordinated structured services that take into account the "whole person" and the person's family are most likely to promote increased skill development and success for the individual with autism. While other organizations research the cause and cure for autism, Easter Seals is providing services and therapy for people living with autism today. So, until there is a cure for autism – there's Easter Seals.

Q: How widespread is autism?

A: The numbers are staggering. We've seen a 200 percent increase in the number of children diagnosed with autism over the last ten years. Today, between one in every 150 children is diagnosed with autism making it more prevalent than Down syndrome, pediatric AIDS and childhood cancer.

Source: CDC, 2006

Q: How many people are affected by autism today?

A: Autism is the fastest growing developmental disability in the world today, increasing at a rate of 10-17 percent. In fact, 12-17 million Americans have a family member with autism.

Source: Data from several studies that used the current criteria for diagnosing autism and autism spectrum disorders (ASD), such as Asperger's disorder and pervasive developmental disabilities (PDD-NOS), found prevalence rates for ASDs between 2 and 6 per 1,000 individuals. Therefore, it can be summarized that between 1 in 500 (2/1,000) to 1 in 166 children (6/1,000) have an ASD. Approximately 24,000 children born this year will be diagnosed with ASD. Current statistics show that approximately 500,000 children ages 0-21 have a diagnosis of ASD (CDC, 2006).

More stats, FYI:

The autism community is large, and growing...

- Autism is the fastest growing developmental disability in the world today, increasing at a rate of 10-17 percent
- Between one in every 150 to one in every 500 children is diagnosed with ASD
- More than 1.5 million Americans have autism
- Twelve to 17 million Americans have a family member with autism
- It is four times more prevalent in males than in females
- Autism knows no racial, ethnic or social boundaries

Sources: National Institute for Mental Health (NIMH), 2004, U.S. Department of Education, 1999, and Centers for Disease Control and Prevention (CDC), 2006

A growth comparison during the 1990s:

- US population increase: 13%
- Disabilities increase: 28.4%
- Autism increase: 1,354%

Source: Autism Society of America

Families living with autism experience greater stress than those living with any other disability.

Sources: Bromley, Hare, Davison, & Emerson, 2005; Dumas, Wolf, Fisman and Colugun, 1991; and, Holyrode and MacArthur, 1976

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www.capper.easterseals.com

Easter Seals Autism Q&A

The lack of "social reciprocity" is a significant contributor to families' increased stress levels.
Source: Hobson and Harris, 1994

Q: Why are you talking about autism today?

A: Easter Seals believes autism is an epidemic of our time. More than a generation ago, Easter Seals was front and center during the polio epidemic, working tirelessly to help children and adults with polio gain the skills they needed to live independently. And now, we are the country's leading provider of services for people with autism – providing help, hope and answers for families living with autism today.

Over the last 20 years, Easter Seals has seen a dramatic increase in the number of people we serve who live with autism. Today, between one in every 166 and one and every 500 children is diagnosed with autism – that's a new diagnosis every 20 minutes – making autism more prevalent than Down syndrome, childhood diabetes, and childhood cancer combined.

And while the Combating Autism Act of 2006 calls for new funding for autism-related research, early detection and intervention, it's a modest first step to help researchers and service providers better meet the needs of individuals living with autism, as well as work to help families receive early diagnosis and critical access to interventions.

In general, research on autism is sparse, funding for research, therapy and services are inadequate, quality services—especially for adults—are limited, unemployment among adults with autism persists, and general knowledge and understanding gaps prevail. Easter Seals wants to help change all of this, to make a difference for families living with autism today.

Q: Is the autism population growing? Why?

A: Yes, autism diagnosis is increasing at an alarming rate of 10-17 percent each year, although nobody really knows or understands why this is – yet.

Q: How many children are diagnosed with autism?

A: Autism occurs in one in every 150 to one in every 500 births and is four times more prevalent in boys than girls.
Source: CDC, 2006

Q: Is autism treatable? If so, how is it treated?

A: No two people living with autism are the same, therefore there is not just one set of therapies to treat all people with autism. There is no one known single effective treatment for autism.

Most individuals with autism respond well to highly-structured, specialized instruction. An effective treatment program will build on the child's interests, offer a predictable schedule, teach tasks as a series of simple steps, actively engage the child's attention in highly structured activities, and provide regular reinforcement of behavior.
Source: NIMH, 2004

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Easter Seals Autism Q&A

Today, Easter Seals is working across the country to provide help, hope and answers for families living with autism — delivering the personalized services and treatments necessary for individuals with autism today. So, until there's a cure...there's Easter Seals.

Q: What role do parents play in the diagnosis of autism?

A: Parents are usually the first to notice unusual behaviors in their child or their child's failure to reach appropriate developmental milestones. Some parents describe a child that seemed different from birth, while others describe a child who was developing normally and then lost skills.

Q: What should parents do if they think their child has autism?

A: If parents are worried their child may have autism, they should follow their instincts, share their concerns with their pediatrician, get a diagnosis, and seek help from an organization like Easter Seals. Autism is a lifelong spectrum disorder that affects each individual differently and to varying degrees – getting the right help at the earliest stage of life can help a child gain the skills he or she needs to be successful.

Generally, the first step for parents is to share their concerns with their pediatrician.

Q: What should parents do after they learn their child has autism?

A: Parents should find doctors, therapists, psychologists and teachers who understand and have experience with autism and can respond to the child's shifting needs appropriately — they can find help with their search in one place with Easter Seals.

Q: What services for autism does Easter Seals offer?

A: Today, Easter Seals is working across the country to provide help, hope and answers for families living with autism today – delivering personalized services and treatments necessary for individuals with autism. We also advocate in Washington DC, encouraging Congress to finance research to improve services and supports for people with autism.

We offer a comprehensive approach to support children and adults with autism. It is our mission to support individuals with autism in developing the necessary skills to have a productive life and create a supportive environment for the family as a whole.

For example, Easter Seals provides early intervention and diagnosis for very young children with developmental delays and autism. And we all know how critical this is – because the earlier we can begin intervention, the better the outcomes for children and their families. We work with children with autism, supporting families to find an approach that deals with the whole child. We're working with young adults – encouraging them to find meaningful employment and live independent lives. And, we have adults with autism in employment and structured day programs around the nation. Visit easterseals.com to find out what services are available in your community.

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Easter Seals Autism Q&A

Q: What are parents of children with autism initially most concerned about?

A: We've heard from families we work with that they are most concerned about the life-long support that their child may need. This includes:

- What is going to happen when my child is no longer in school?
- Where is my child going to live when it is no longer appropriate for him or her to be living with me?
- And, what is going to happen to my child when I'm no longer around to care for him/her?

Q: How do parents know their child has an autism spectrum disorder?

A: Parents are usually the first to notice unusual behaviors in their child or their child's failure to reach appropriate developmental milestones. Some parents describe a child that seemed different from birth, while others describe a child who was developing normally and then lost skills.

The most important thing for parents is to follow their instincts and seek out a diagnosis. Generally, the first step is for parents to share their concerns with their pediatrician.

Q: What are some characteristics of autism that parents might observe?

A: A few triggers that indicate a baby should be evaluated are:

- Little or no eye-to-eye contact
- No big smiles or other warm, joyful expressions by six months or thereafter
- No back-and-forth sharing of sounds, smiles, or other facial expressions by nine months or thereafter
- No babbling by 12 months
- No back-and-forth gestures, such as pointing, showing, reaching, or waving by 12 months
- No words by 16 months
- No two-word meaningful phrases (without imitating or repeating) by age 24 months
- Any loss of speech or babbling or social skills at any age

Source: ASA, 2006

Q: How is autism diagnosed?

A: A team of professionals base a diagnosis of autism on observation and testing of the child's communication, behavior and developmental levels. They'll also interview individuals who are closest to the child, his or her family members, possibly a teacher, and others, to gather additional information in order to make an accurate diagnosis.

Q: Is autism spectrum disorder curable and/or can children outgrow it?

A: There is no known cause or cure, nor one known single effective treatment for autism. Autism is a lifelong developmental disability. Children do not outgrow autism.

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Easter Seals Autism Q&A

Q: Is autism treatable? If so, explain how.

A: A basic rule for treating autism is the earlier the intervention, the better. An effective treatment program will build on the child's strengths, offer a predictable schedule, teach tasks as a series of simple steps, actively engage the child's attention in highly structured activities, and provide regular reinforcement of behavior.
Source: NIMH, 2004

Q: Do parents need to participate in autism treatments?

A: Parental and family involvement is pivotal for all children's development. Children with autism benefit by having their families actively involved in their treatment. Parents are the life-long advocates and social partners for their children. Training parents as interventionists and treatment partners with the professionals leads to best-outcomes for children with autism.

Q: Why is autism called a "spectrum" disorder?

A: Autism is called a spectrum disorder because there is not just one type of autism. The common term of "autism" collectively represents a set of five closely related conditions that fall under the umbrella of Pervasive Developmental Disorders. Autism affects each person differently and in varying degrees.

Q: Does Easter Seals support the use of drugs for treatment of autism?

A: There is no specific medication therapy for autism per se, but medications have been found to be effective in helping decrease symptoms and behaviors seen in some people with ASD.

Q: What are side effects to medication therapy?

A: Medications used for people with autism have been found to be effective with individuals with similar symptoms. Medications require careful monitoring from a physician.

Q: Are autism treatments typically covered by insurance?

A: There are a few select insurance companies that are covering some autism treatment. Typically insurance companies do not cover treatment for individuals with autism and families are left to bare the majority of expenses for care and treatment of their family member with autism.

Q: When are kids typically diagnosed with autism?

A: Autism typically appears by age 3, but can be diagnosed as early as eighteen months of age. On the other hand, often children are misdiagnosed or not diagnosed until later in life, typically when they experience difficulties in school.

Q: What are some treatments used for those living with autism?

A: Treatments used for people living with autism include: educational/instructional methodologies, biomedical treatment, and family support and service delivery models. For more information on these different types of therapies, please visit easterseals.com.

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Easter Seals Autism Q&A

Q: What is the P.L.A.Y. Project?

A: The P.L.A.Y. Project (also known as "Floor Time") consists of play-based techniques designed to help families "woo" their child with autism out of isolation. The project trains and supports parents to provide intensive, one-on-one engagement at home.

Easter Seals is currently partnering with the National Institute of Mental Health (NIMH) to learn more about applied therapies and best practices for individuals with autism through a research grant to study the P.L.A.Y. Project.

Q: What are Autism Spectrum Disorders?

A: There are five disorders that fall under the Autism Spectrum Disorders umbrella and are defined by deficits in three core areas: social skills, communication, and restrictive and repetitive behaviors.

They are:

- **Autistic Disorder** – occurs in males four times more than females and involves moderate to severe disturbances in communication, socialization and behavior.

- **Asperger Syndrome** - sometimes considered a milder form of autism, Asperger's is typically diagnosed later in life than other disorders on the spectrum, person with Asperger syndrome usually function in the average to above average intelligence range and have no delays in language skills. Deficits appear most often in the areas of social skills, concentration and coordination.

- **Rett Syndrome** – diagnosed primarily in females who exhibit typical development until approximately 18 months when children with Rett syndrome begin to regress, especially in terms of motor skills and loss of abilities in other areas. A key indicator of Rett syndrome is the appearance of repetitive meaningless movements or gestures.

- **Childhood Disintegrative Disorder** – involves a clear regression in multiple areas of functioning including motor skills, bladder control and social skills following two years of normal development.

- **Pervasive Developmental Disorder – Not Otherwise Specified** (PPD-NOS)– includes children that do not fully meet the criteria for the other specific disorders or those that do no have the degree of impairment associated with those disorders.

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Easter Seals Autism Q&A

EASTER SEALS RELATIONSHIP TO AUTISM

Q: How is Easter Seals involved in helping people with autism?

A: Easter Seals' focus is on providing effective treatment, therapy and public policy advocacy for the 1.5 million Americans and their families living with autism today. We're unique as the leading provider of services and support for children and adults living with autism and their families across the country.

Today, Easter Seals is working across the country to provide help, hope and answers for families living with autism today — delivering personalized services and treatments necessary for individuals with autism. We offer a comprehensive approach to help children and adults with autism develop the necessary skills to have a productive life and create a supportive environment for the family as a whole.

For example, Easter Seals provides early intervention and diagnosis for very young children with developmental delays and autism. And we all know how critical this is – because the earlier we can provide intervention, the better the outcomes for children and their families. We work with children with autism, encouraging families to find an approach that deals with the whole child. We're working with young adults – supporting them finding meaningful employment and living independent lives. And, we have adults with autism in employment and day programs around the nation.

Q: Why haven't we heard of Easter Seals providing services for people with autism before?

A: More than a generation ago, Easter Seals was front and center during the polio epidemic, working tirelessly to help children and adults with polio gain the skills they needed to live independently. And now, we are the country's leading provider of services for people with autism – providing help, hope and answers for families living with autism today. We believe autism is an epidemic of our time.

Q: How long has Easter Seals been helping people with autism? Is this a new area of service for you?

A: Easter Seals has been providing support to children and adults living with disabilities, and to the families who love them for more than 85 years.

Over the last 20 years, we've seen a dramatic increase in the number of people with autism we serve – both through our services that specifically target individuals with autism and our services that include individuals with autism among other service recipients with other types of disabilities.

Q: What role does Easter Seals play with autism? Researching a cure? A cause?

A: Today, Easter Seals is working across the country to provide help, hope and answers for families living with autism today — delivering personalized services and treatments necessary for individuals with autism. We offer a comprehensive approach to help children and adults with autism develop the necessary skills to have a safe and productive life and create a supportive environment for the family as a whole.

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Easter Seals Autism Q&A

Q: What makes Easter Seals the "premiere" service care provider for people with autism?

A: While there are a number of organizations researching and seeking a cure for autism, Easter Seals is the leading national provider of direct services and support for individuals living with autism across the lifespan and their families. Easter Seals also advocates in Washington, DC, encouraging Congress to finance research to improve services and supports and pursuing public policy solutions for the challenges families with autism face.

Q: What is the Combating Autism Act?

A: The Combating Autism Act of 2006 is legislation that calls for new funding for autism-related research, early detection and intervention.

Q: Does Easter Seals support the Combating Autism Act?

A: Yes, Easter Seals strongly supports the Combating Autism Act and worked to see it be enacted into law. Easter Seals knows that people living with autism, at any age, are capable of making significant progress through personalized interventions and therapy; and, can and do lead meaningful lives. This legislation provides a modest first step to help researchers and service providers better meet the needs of individuals living with autism, as well as work to help families receive early diagnosis and critical access to interventions.

Q: Why is Easter Seals focusing on autism so much lately?

A: Over the last 20 years, we've seen a dramatic increase in the number of people with autism we serve – in fact a new case is diagnosed almost every 20 minutes – so we want to reinforce that Easter Seals is a resource for families living with autism today.

Q: Is Easter Seals still providing care for those NOT diagnosed with autism? With other disabilities?

A: Easter Seals' mission is for all people living with all types of disabilities – including autism – and their families to live, learn, work and play in their communities.

Easter Seals is the leading non-profit provider of services for individuals with autism, developmental disabilities, physical and mental disabilities, and other special needs. For more than 85 years, we have been offering help and hope to children and adults living with disabilities, and to the families who love them.

Through therapy, training, education and support services, Easter Seals creates life-changing solutions so that people with disabilities can live, learn, work and play in their communities.

OUTCOMES FOR FAMILIES

Q: How do families benefit from Easter Seals services?

A: Families benefit from Easter Seals' autism services by developing an increased understanding of their child, while developing the skills to have more meaningful and satisfying relationships.

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Easter Seals Autism Q&A

Q: How do families feel when they experience Easter Seals services?

A: Easter Seals provides help, hope and answers for families living with autism by providing comprehensive services that empower families to feel hopeful about the future and relief that they have a plan in place and the resources to carry it out in a non-judgmental setting.

Q: How do families feel after they've experienced Easter Seals' services?

A: We've heard that, overall, families feel relief that they have found a "go-to" place in Easter Seals for all their questions about their child's disabilities and a plan for the future complete with the resources to carry it out.

DONATIONS/FUNDRAISING QUESTIONS

Q: How can you/people help?

A: It's easy. Go to easterseals.com to learn more about autism, find services at an Easter Seals near you, or help Easter Seals continue to change the lives of people living with autism by becoming a donor or volunteer.

Q: From whom does Easter Seals receive funding?

A: In order for us to help families with disabilities across the country, Easter Seals relies on donations from individuals, families and corporations as well as from national and local government agencies and private insurers. But funding is largely inadequate. That is why Easter Seals depends upon the generosity and compassion of many people.

Q: Why should people donate to Easter Seals?

A: You can help change the lives of people living with autism and other disabilities. With your support, Easter Seals provides exceptional services that offer hope, help and independence. You can feel good about giving to Easter Seals.

Q: **What will be done with donations?**

A: Easter Seals' vision is that every child and adult with autism belongs, has support, and has a future. We are strengthening and growing our services to provide critical assistance to families who need help.

Q. How will donations make a difference?

A. A donation to Easter Seals will help in many ways:

- Helping families unlock the door to their child's world...to interact and communicate with each other.
- Helping young adults with autism receive job training and transition into the workforce and the community.
- Helping adults with autism become gainfully employed and lead full and independent lives within their community.

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Easter Seals Autism Q&A

HOT TOPICS – LATEST RESEARCH/STUDIES

Q: Is autism caused by genetic defects?
Q: Is autism caused my mercury found in some vaccines?
Q: Is autism caused by watching too much television?
Q: Is the incidence of autism increased by couples having children later in life?

A: There is no known cause or cure, nor a known singular effective treatment for autism. While other organizations have prioritized research into the cause and cure, Easter Seals first and foremost is concerned with providing appropriate services and support for people living with autism today. So, until there's a cure for autism – there's Easter Seals.

MORE:

Congress, in the Combating Autism Act, identified a number of possible biomedical topics and environmental factors that may lead to a better understanding of the cause of autism.

Easter Seals supports the continuation of research to answer this important question. However, Easter Seals is not a research organization, Easter Seals is a service-providing organization, dedicated to helping all people with disabilities live with equality, dignity and independence. The 1.5 million Americans living with autism need help today to be able to live, learn, work and play in their communities. Our primary concern is to help those children and adults, their families, their schools and their communities get the supports and services they need today.

Easter Seals Autism Q&A

GENERAL EASTER SEALS QUESTIONS

Q: What types of services does Easter Seals provide?

A: Easter Seals is the leading non-profit provider of services for individuals with autism, developmental disabilities, physical and mental disabilities, and other special needs.

For more than 85 years, we have been offering help and hope to children and adults living with disabilities, and to the families who love them. Through therapy, training, education and support services, Easter Seals creates life-changing solutions so that people with disabilities can live, learn, work and play in their communities.

Q: Where can I find more information?

A: For more information about services for young children, school-age children and adults with disabilities, visit easterseals.com.

Q: What is Easter Seals ultimate goal?

A: The ultimate goal of Easter Seals is for people with disabilities – including autism – and their families, to live, learn, work and play in their communities by helping people with disabilities develop the necessary skills to have productive lives while in a supportive environment.

Q: What sets Easter Seals apart from the rest?

A: While other organizations are researching or seeking a cure for autism, Easter Seals' focus is on providing effective treatments and therapies for the 1.5 million Americans and their families living with autism today. We're unique as the leading provider of services and support, for children and adults living with autism and their families across the country.

Today, Easter Seals is working across the country to provide help, hope and answers for families living with autism today — delivering personalized services and treatments necessary for individuals with autism.

We offer a comprehensive approach to support children and adults with autism. It is our mission to support individuals with autism in developing the necessary skills to have a productive life and create a supportive environment for the family as a whole.

For example, Easter Seals provides early intervention and diagnosis for very young children with developmental delays and autism. And we all know how critical this is – because the earlier we can begin intervention, the better the outcomes for children and their families. We work with children with autism, supporting families to find an approach that deals with the whole child. We're working with young adults – encouraging them to find meaningful employment and live independent lives. And, we have adults with autism in employment and structured day programs around the nation. Visit easterseals.com to find out what services are available in your community.

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Easter Seals Autism Q&A

Q: Does Easter Seals focus on researching disabilities?

A: While other organizations are researching or seeking a cure for autism, Easter Seals' focus is on providing effective treatments and therapies for the 1.5 million Americans and their families living with autism today. We're unique as the leading provider of services and support, for children and adults living with autism and their families across the country.

Easter Seals' priority is supporting those already affected by autism. We support those living with disabilities develop the necessary skills to have a productive life, while in a supportive environment for the individual and his/her family.

Q: I thought Easter Seals was all about those stickers, or "seals"?

A: Many of you may have heard of Easter Seals because of our annual "seals" fundraiser launched in the early 1900s to support our services for people with disabilities. More than a generation ago, Easter Seals was front and center during the polio epidemic, and today we are the largest network of service providers for children and adults living with autism. We believe that this is an epidemic of our time.

Q: How do parents find out about Easter Seals?

A: Many families get referred to Easter Seals by pediatricians, school districts, pre-admission screening agencies and quite often by other families who have experienced Easter Seals services. You can learn more about us at easterseals.com.

Q: What do parents ask when they get to Easter Seals?

A: Parents are often frustrated and looking for answers about potential problems they're experiencing with their child or other family member when they get to Easter Seals.

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STATE OF KANSAS

TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS
APPROPRIATIONS
TRANSPORTATION
SOCIAL SERVICE BUDGET

House Health and Human Services Committee

Chairman Representative Brenda Landwehr

Regarding

Senate Bill 138

March 7, 2007

Ms. Chairman and Members of the Committee:

I rise in support of SB 138.

As a member of the ad hoc committee, we have met with autism professionals over the past three months. I have also met several times with a group of parents with autistic children and concerned citizens in the past two years. SB 138 represents our findings

I ask for your favorable consideration of SB 138.

Pat George

House Health and Human Services
DATE: 3-7-07
ATTACHMENT 10

COUNTY MANAGER'S OFFICE

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Phone (316) 660-9393
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aschlapp@sedgwick.gov

Andrew J. Schlapp
Director, Government Relations

TESTIMONY
SB 138
House Health and Human Services
March 6, 2007

Chair Landwehr and members of the committee, my name is Andy Schlapp, Director of Government Relations for Sedgwick County. Thank you for the opportunity to testify in support of SB 138 that creates an autism task force. I represent Sedgwick County, serve on Sedgwick County's Community Developmental Disability Organization, am a member of the Kansas Autism Society and a parent of a 13 year old child with autism. I am here in official capacity for Sedgwick County and mention the others only to show my passion for this issue.

Services for children with autism have always been hard to find and often, when found, they are inadequate to deal with the needs of these special children. When my son John was diagnosed, the incidence of autism was approximately 1 in 10,000 births. Today the incidence of autism has increased to 1 in 166 births. Services have not kept pace with this increase.

Sedgwick County wants to make sure that the issue of autism remains about direct services and not about who, what group or what agency needs to be in charge. This Autism Task force should bring all interested groups together to create a legislative road map for new legislation.

I would recommend that we approach this new opportunity like we did during the Base Realignment and Clouse Process (BRAC). A short term task force laser focused on producing needed legislation.

I would also recommend that one speech pathologist and one occupational therapist should serve on this Task Force.

House Health and Human Services
DATE: 3-7-07
ATTACHMENT 11

Capito[illegible]ea
Autism/Asperger Resource C[illegible]ter
3500 SW Tenth Ave.
Topeka, KS. 66604
Phone 785-608-2438
Fax 785-246-0373
E-mail
aspieparents@aol.com

Serving the needs of a diverse community.

Honorable Representatives, Fellow Advocates and Friends,

My husband Brad and I founded The Capitol Area Autism/Asperger Resource Center, a non-profit organization, out of the frustration we felt in trying to find appropriate services for our son who is diagnosed with Asperger Syndrome. The Resource Center has been a valuable resource for families seeking services for the last 3 years. Thus far we have served as a starting place for over 1200 Kansas families.

Today this committee has heard or will hear, numerous opinions regarding what this proposed task force should focus on, what the membership should look like and how funds should be appropriated to help families in the Great State of Kansas raise their children who are diagnosed on the Autism Spectrum.

I would like for you to pay close attention to the words "Autism Spectrum", for what we are speaking of is truly a "spectrum" disorder. People who are not familiar with autism, generally associate the disorder with the character Dustin Hoffman played in the movie "Rain Man". The character in the movie is generally disassociated and disconnected with the world around him excepting where mathematical stimulus was involved. The character then reveals genius in this area of thinking. This is what would be identified as a savant. One area of blinding brilliance against a back drop of what appears to be incoherent activity.

The fact of the matter is, that many individuals diagnosed on the autism spectrum function at a much higher level than the character portrayed in the movie. **Children diagnosed with an autism spectrum disorder are not always mentally retarded, disassociated, extremely handicapped individuals.** According to statistics from the Easter Seals Foundation, 50% have mental retardation as a component of their disorder. The other 50% are children like my son who have a very difficult time navigating our world, but are not mentally retarded.

As the term "spectrum" implies, the disorder can range from extremely debilitating, to very high functioning.

Recently we saw the closing of a valuable partner in the effort to provide services to our families, The Autism/Asperger Resource Center in Kansas City closed its doors after providing services to families in Wyandotte, Johnson, and Douglas counties for the last nine years, due to lack of funding. This is a huge loss to the area autism population and our resource center will be sorely pressed to fill that void.

SB138 is a move in the right direction. However, our **biggest fear is that funding will not be directed to the consumer and will be lost in research projects and studies.** Currently there is no funding in any form available to families to off set the costs associated with raising a child on the autism spectrum. The MR/DD (Mental

House Health and Human Services
DATE: 3-7-07
ATTACHMENT 12-1

Capitol Area
Autism/Asperger Resource Center
3500 SW Tenth Ave.
Topeka, KS. 66604
Phone 785-608-2438
Fax 785-246-0373
E-mail
aspieparents@aol.com

Serving the needs of a diverse community.

Retardation/Developmental Delayed) Waiver is available only to those individuals who have a mental retardation component to their developmental disability. The SED (Severe Emotional Disorder) Waiver is designed to provide funding to those individuals who have mental illness as a component of the diagnosis.

My point is that fully half of the individuals who are diagnosed with an autism spectrum disorder have neither mental retardation nor mental illness as part of the diagnosis and so do not have access to either the MR/DD Waiver or the SED Waiver. When the current accepted prevalence rates, 1 in 160 are born with an ASD, are applied to the current population of the state of Kansas, there are somewhere around 24,000 Kansans who are living with an Autism Spectrum Disorder.

We believe that the effort of this committee and the task force it wishes to create should be focused on having a larger population of parents and caregivers on the task force and any associated committee, so as to give the House a better understanding of what is needed in the communities they represent. The input of the professional community in this matter is greatly valued and so we also encourage you to keep the Capper Foundation/Easter Seals as a named member of the task force in this bill and that the whole of the Autism Spectrum be represented and considered in any decisions made.

We are asking that the honorable members of this committee amend SB138 as follows:

Sec. 1 (a).....a parent in each region (NE, NW, SE, SW and in the Greater Kansas City Metro area) be appointed to the task force for a total of five additional members.

Line Item 36...(**Delete**) ....the creation of an autism registry

Sec. 1(f)(6).....that the Capitol Area Autism/Asperger Resource Center with the Capper Foundation Easter Seals be named the provider of a statewide hotline so that the parents or guardians of children and also adults with an Autism Spectrum Disorder may locate services and that appropriate funding be provided to allow the hotline to operate effectively.

Thank You for you time and effort in this matter.

Linda K. Sloan (personal line 554-1290)
Capitol Area Autism/Asperger Resource Center
The Capper Foundation Building
3500 SW 10th Avenue
Topeka, KS. 66604
785-608-2438

The Capitol Area Autism/Asperger Resource Center is a 501(c)(3) charitable corporation under the provisions of the Internal Revenue Service Code.

Serving the needs of a diverse community.

Capito[illegible]ea
Autism/Asperger Resource C[illegible]ter
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- Autism is a "Spectrum" Disorder ranging from severely debilitating to high functioning
  - Very few services available, difficult to treat
  - Vast majority diagnosed have no mental retardation or mental illness and so do not qualify for existing Waiver funds

- MR/DD Waiver is for individuals who have mental retardation as a primary component of the diagnosis
- SED Waiver is for individuals who have mental illness as a primary component of the diagnosis
- 1 in 160 are born with an Autism Spectrum Disorder
  - Approximately 24,000 Kansans diagnosed with ASD

- $40,000 per year—average cost of to a family to provide services to a child with autism
- A task force that is consumer oriented
  - Person Centered Model for supports and services to children diagnosed with ASD
  - A larger number of parents represented on the task force and future committees

The Capitol Area Autism/Asperger Resource Center is a 501(c)(3) charitable corporation under the provisions of the Internal Revenue Service Code.

DISABILITY RIGHTS CENTER of KANSAS
EQUALITY • LAW • JUSTICE

Disability Rights Center of Kansas
Rocky Nichols, Executive Director
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Testimony to the House Health and Human Services Committee

Testimony regarding SB 138 Autism Task Force

March 7, 2007

Chairman Landwehr and the honorable members of the committee, my name is Rocky Nichols. I am the Executive Director of the Disability Rights Center of Kansas, formerly Kansas Advocacy and Protective Services (KAPS). The Disability Rights Center of Kansas (DRC) is a public interest legal advocacy agency, part of a national network of federally mandated and funded organizations legally empowered to advocate for Kansans with disabilities. As such, DRC is the officially designated protection and advocacy system for Kansans with disabilities. DRC is a private, 501(c) (3) nonprofit corporation, organizationally independent of both state government and disability service providers. As the federally designated protection and advocacy system for Kansans with disabilities our task is to advocate for the legal and civil rights of persons with disabilities as promised by federal, state and local laws.

This bill creates a much needed Autism Task Force to tackle challenges in several areas, including development of a consensus statement for best practice methods of treating children with autism, and investigation of the health insurance problems faced by families of children with autism.

There is no known single cause for autism, but it is generally accepted that it is caused by abnormalities in brain structure or function. Brain scans show differences in the shape and structure of the brain in autistic versus non-autistic children. Researchers are investigating a number of theories, including the link between heredity, genetics and medical problems.[1] Early intervention is a must. According to study by the London

[1] http://www.autism-society.org/site/PageServer?pagename=about_whatis - accessed 3-5-07

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School of Economics, the cost of lifelong care for a child with autism can be reduced by 2/3 with early diagnosis and intervention.[2]

This bill before you today asks the task force it creates to take a number of important steps in moving Kansas to the forefront of care for children and adults with autism. The task force will study:

1. realigning state agencies to efficiently provide services to children with autism if that is appropriate;
2. current availability and accessibility of services;
3. needed increases in professional and paraprofessional staff to provide the intensive behavioral therapies needed by persons with autism;
4. best practices early interventions strategies;
5. development of an autism registry to:
    a. provide accurate numbers of children and adults with autism
    b. provide a basis for more accurate epidemiological studies
    c. provide accurate data to state budget development;
6. the state in insurance coverage for person with autism; and
7. establishing an autism hotline to aide parents and guardians in Kansas to locate service for children and adults with autism.

One of the duties of society is to ensure that the people, especially children, with disabilities are protected. This bill is the beginning of an important study of a condition that is serious and deserving of your attention. It is a needed and useful act that moves our state along the road of providing proper and appropriate services to some of our most vulnerable citizens. Thank You.

---

[2] Jarbrink K, Knapp M, 2001, London School of Economics study: "The economic impact on autism in Britain," 5 (1): 7-22.

InterHab
The Resource Network for
Kansans with Disabilities

700 SW Jackson, Suite 803, Topeka, KS 66603-3737 phone 785/235-5103 fax 785/235-0020 interhab@interhab.org www.interhab.org

March 7, 2007

TO: Representative Brenda Landwehr, Chairperson
House Committee on Health and Human Services;
Representative Peggy Mast, Vice Chairperson;
Representative Geraldine Flaharty, Ranking Minority Member, and
Members of the Committee

FR: Tom Laing, Executive Director
InterHab

RE: SB 138, Kansas autism task force

We do not recommend a second task force on autism be created. We recommend that SB 138 be used to merge the Governor's Commission on Autism with the broader task force proposed in the bill. Given the broad support for appointees from both the Administration and the Legislature, we believe that the logical outcome would be one strong advisory body, not two weak ones.

We respect the work of the current Governor's Commission on Autism. They worked, with little staff or financial support or recognition, to keep the autism issues alive for Kansas policy makers. We readily agree with proponents of this bill that more attention is needed, and that the advisory role be improved and made more vital in the public discussions of this issue.

We believe that creating a second group with no staff or financing, however well intended, will create a climate for competing or otherwise inconsistent recommendations, and confuse rather than clarify the direction the State needs to go to address the needs of thousands of Kansas families with this challenge.

Kansas families who have waited for years for a State response to autism-related challenges deserve policies that are clear and coherent, not just another task force.

As to the composition of the bill, I would recommend that – rather than singling out and selecting a provider member by name, in statute – that that the committee instead amend the bill to direct the interagency coordinating council on early childhood developmental services (ICC) to name a local network provider member with expertise in autism, to assure the continuity of ICC involvement in this developing field. The ICC has membership comprised from parents, involved state agencies and professionals in the field, as well as legislative and gubernatorial appointees. The ICC is therefore balanced and qualified to select an appropriate designee for this task force.

We request these amendments in order to work toward a goal of clear and consistent public and professional input for policy makers, and to assure that families and professionals alike are provided with a forum upon which they can rely as the "place to go", to voice concerns and share expertise and experience.

Thank you for your thoughtful consideration of this bill, and our organization's suggestions.

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ATTACHMENT 14

KANSAS

KANSAS STATE BOARD OF NURSING
MARY BLUBAUGH MSN, RN, EXECUTIVE ADMINISTRATOR

KATHLEEN SEBELIUS, GOVERNOR

Health and Human Service Committee
March 7, 2007

Testimony in Support of SB 104
Mary Blubaugh MSN, RN
Executive Administrator

Good after noon Chair Landwehr and Members of the Health and Human Service Committee. My name is Mary Blubaugh, Executive Administrator of the Kansas State Board of Nursing. I am providing testimony in support of S.B. 104 on behalf of the Board Members.

The Board of Nursing is currently comprised of 11 members who include six (6) Registered Nurse (RN), two (2) Licensed Practical Nurses (LPN), one (1) Licensed Mental Health Technician (LMHT), and two (2) public members.

The Board of Nursing is requesting that the LMHT position be deleted and replaced with another public member position.

The profession of LMHT has been declining over the last several years. Fifteen years ago, in 1992, there were 1125 LMHTs in Kansas. As of December 31, 2006 only 175 had renewed their license. Kansas does not have an educational institution that provides an education for a student to become a mental health technician. Since May 2001 until present, the position of LMHT on the Board of Nursing has been vacant for 26 of those 68 months. The position is currently vacant.

The Board of Nursing is asking that this position become a public member who has not been involved in providing health care. Historically the public members that have been appointed to the Board have been hospital and nursing home administrators. These members have been very beneficial and important Board members but the Board would like a third public member to be a consumer who has not been involved in providing health care.

Although the Board regulates nursing in Kansas, there are currently six (6) RNs and two (2) LPNs. Together they constitute a majority of the Board. The meetings have been streamlined from 20 days per year to 8 days per year. Several years ago, the Committees of the Board were decreased from 10 to 7 which guarantee that there is nursing representation on every Committee. Of the 7 Committees, 5 have Non Board Members.

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There are 20 positions on the five Committees and of those 20 positions, 19 are Registered Nurses and Advanced Registered Nurse Practitioners.

Attached is a letter of support from the Citizen Advocacy Center (CAC). It is a non-profit national organization who supports and trains public members serving on health care boards. In the letter they state that the national trend is to increase the number of public members on all types of health licensing boards. They also state that a task force for the Pew Health Profession Commission released a report in 1995 which called for the increase of public members on health licensing boards.

We ask for favorable action on this legislation. Thank you for your time and consideration and I will stand for questions.

FEB 26
32.

Citizen Advocacy Center

A Training, Research, and Support Network for Public Members of Health Care Regulatory and Governing Boards

February 23, 2007

Ms. Mary Blubaugh
Executive Administrator
Kansas Board of Nursing
Landon State office Building
900 SW Jackson #1051
Topeka, KS 66612-1230

Dear Ms. Blubaugh:

Thank you for asking for our views on increasing the number of public members on the Kansas Board of Nursing from two members to three members. As you know, the Citizen Advocacy Center is a not-for-profit national organization whose exclusive mission is to support and train public members serving on health care oversight boards. A one page description of CAC is attached to this letter.

We strongly support an increase in the number of public members on your board. Adding another public member would be in keeping with a national trend to increase the number (and percentage) of public members on all types of health licensing boards, including boards of nursing.

As you know, public members began serving on state health licensing boards during the last half of the 20th century. When this trend began, it was typical for state legislatures to add one public member to health licensing boards. Over the years, states have enacted legislation to increase public membership, especially on boards of medicine and boards of nursing. In some states, there is even some interest in appointing a majority of public members.

State legislatures have moved in this direction because they have come to realize that public members not only lend credibility and accountability to the work of the health licensing boards, but also improve the effectiveness of the boards on which they sit. They do this by bringing to board deliberations and policy making a different and important perspective-that of the public, whose health and safety it is the duty of health licensing boards to protect.

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15-3

Citizen Advocacy Center

A Training, Research, and Support Network for Public Members of Health Care Regulatory and Governing Boards

In its 1995 report, entitled *Reforming Health Care Workforce Regulation*, the PEW Health Professions Commission, Task Force on Health Care Workforce Regulation, called for increasing the number of public members on health licensing boards. "The public's perception of professionalism combined with marketplace changes have challenged the structure and function of professional boards. These realities call for improved accountability through increased public and interdisciplinary representation." (Emphasis added).

While two public members is better than a single public member, the way to fully realize the benefits of including public members is to have a sizeable, significant delegation of them. That is why some boards now have 25%, 33%, and even higher percentages of public members. This is a clear recognition that we need to move beyond tokenism. To carry out their important role, public members must of course be well qualified, and must be well trained on an ongoing basis. All these ingredients contribute to improved board performance.

Thank you again for soliciting our views.

Sincerely,

David A. Swankin, Esq.
President and CEO

Rebecca LeBuhn
Board Chair

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ABOUT CITIZEN ADVOCACY CENTER

Citizen Advocacy Center is a unique support program for the thousands of public members serving on health care regulatory, credentialing, oversight and governing boards as representatives of the consumer interest. These citizens' representatives are typically in the minority, and are usually without the resources and technical support available to their counterparts from professional and business communities. Citizen Advocacy Center is a not-for-profit 501(c)(3) organization created to serve the public interest by providing research, training, technical support, and networking opportunities to help citizen representatives make their contributions informed, effective, and significant.

OUR MISSION

To increase the accountability and effectiveness of health care regulatory, credentialing, oversight and governing boards by:

- Advocating for the inclusion of public members;
- Improving the training and effectiveness of public members;
- Developing and advancing positions on relevant administrative and policy issues;
- Providing training and discussion forums for public members; and,
- Performing needed clearinghouse functions for public members and other interested parties.

OUR CORE VALUES

- *Transparency* – Public access to, and understanding of, the policy-making process, relevant information, and final decisions;
- *Oversight and Accountability* – As a necessary component of patient protection and the regulatory process;
- *Collaboration* – Between consumers, health care providers, payers, regulators, and oversight organizations to support the delivery of ethical, safe, and accessible quality health care;
- *Consumer representation and participation* – As essential to a system that serves the public interest.

OUR PRODUCTS AND SERVICES INCLUDE

- A quarterly publication entitled CAC News & Views;
- Research reports on public policy issues and topics of current and practical concern to board members;
- An annual meeting and periodic conferences on public policy matters; and,
- Tailored training seminars on current health issues.

WHAT OTHERS HAVE SAID ABOUT OUR PROGRAM

"Citizen Advocacy Center has provided outstanding service in the protecting of the public through the promotion of effective medical boards..."
(Administrators in Medicine)

"By attending Citizen Advocacy Center meetings you have an opportunity to network with board members from across the nation. This gives you insight into how various boards function. You will increase your vision of how to improve your board."
(M.P., public member, Texas)

"We strongly believe that good public policy cannot be shaped without good public participation. We applaud the efforts of your organization."
(Center for the Health Professions, University of California, San Francisco)

"This is the first Citizen Advocacy Center meeting that I attended. I was very impressed. I came away from the meeting with very useful information and a better perspective on the health care issues I face as a citizen member of my board."
(D.W., public member, Pennsylvania)

BOARD OF DIRECTORS*

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Rebecca Arnold LeBuhn, Citizen Advocacy Center

Chair Emeritus:
Ben Shimberg, Educational Testing Service (deceased)

Secretary and Treasurer:
Ruth Horowitz, Professor, New York University, and Public Member, New York State Board for Professional Medical Conduct

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Julie D'Angelo Fellmeth, Administrative Director, Center for Public Interest Law, and Adjunct Professor of Law, University of San Diego School of Law
Gary Filerman, Professor and Chair, Department of Health Systems Administration, School of Nursing and Health Studies, Georgetown University
Arthur Levin, Director, Center for Medical Consumers
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Mary Wakefield, Director, Center for Rural Health, University of North Dakota School of Medicine and Health Services
Mark Yessian, Former Director, Regional Operations, Office of Evaluation and Inspections (OEI), U.S. Department of Health and Human Services (HHS)

*All Board Members serve as individuals. Institutional affiliations are included for identification purposes only.

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KSNA
KANSAS STATE NURSES ASSOCIATION

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TERRI ROBERTS, J.D., R.N.
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S.B. 104 Composition of the Board of Nursing

March 7, 2007

Chairwoman Landwehr and members of the House Health and Human Services Committee, thank you for this opportunity to present on the policy issue related to S.B. 104. My name is Susan Bumsted M.N, R.N. and I am representing The KANSAS STATE NURSES ASSOCIATION.

The KANSAS STATE NURSES ASSOCIATION supports changing the composition of the Board of Nursing by eliminating the LMHT position on the Board and replacing that representative with another category of licensee. With less than 200 LMHT's in the state, it has been increasingly more difficult for the Governor's office to recruit an appointee that is willing to serve, and in fact, the past 3 years the position has been vacant/not in attendance more than present for meetings and contributing to the work of the Board.

KSNA would like to see that this LMHT position that is being eliminated be filled with another RN on the Board of Nursing instead of a "public member" as proposed in current S.B. 104. See the Ballon attached with these changes. We would ask that this position be in the RN "service" category to represent the practicing RN's throughout the state. Currently there are 6 RN's on the Board, 2 Educators, 1 ARNP and 2 in "service" or the practice arena.

The reality of the situation is that the Board also is challenged to maintain public members. Here is a record of vacancies and attendance of the public members at the agencies meetings the past 3 years:

Audit of KSBN Minutes

2004	Barbara Stec	Open Position	Janice McCart	Carrie Jones-William
December	Absent	Vacant		
September	Present			Absent
June	Present	Vacant		
March	Present	Vacant		
Special CC/Meeting	Present	Vacant		

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2005	Barbara Stec	Open Position	Janice McCart	Carrie Jones-William
December	Absent		Present	
September	Present	Vacant		
June	Present	Vacant		
March	Absent	Vacant		
Special CC/Meeting	Present	Vacant		

2006	Barbara Stec	Open Position	Janice McCart	Carrie Jones-William
December	Not Available		Present	
September	Absent		Present	
June	Absent		Present	
March	Present		Present	
Special CC/Meeting	Present		Absent	

Notes
Of the minutes reviewed Barbara Stec was absent 56% of the time
Of the minutes reviewed there was a vacant public member position 53% of the time
Of the minutes reviewed there was 14% of the time that the board met without any public member present

Historically, regulatory agencies were created with members of the respective profession to bring the expertise and experience needed for writing regulations, enforcing standards of practice and disciplining licensees.

Currently the Board of Nursing has 7 Committees (Education, Practice, LPN-IV Advisory, ARNP, Continuing Education, Investigative, and Finance) that meet regularly. All of these committees have non-Board members serving on them, except Investigative and Finance, to assist with the work of the agency, because the workload demands more RN's, ARNP's to serve. The Board carefully assigns non-Board members to each Committee with a delicate balance to ensure that the Board members serving have the majority on each Committee, however, for many years they have recognized the need to include other RN's to complete their work. Adding another RN to the Board will contribute greatly to deliberations and decisions made regarding the regulation of nursing practice.

Thank You for consideration of our comments.

Session of 2007

SENATE BILL No. 104

By Committee on Public Health and Welfare

1-17

AN ACT concerning the board of nursing; membership thereon; amending K.S.A. 74-1106 and repealing the existing section.

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

Section 1. K.S.A. 74-1106 is hereby amended to read as follows: 74-1106. (a) *Appointment, term of office.* (1) The governor shall appoint a board consisting of 11 members of which ~~six~~ shall be registered professional nurses, two shall be licensed practical nurses~~, one shall be a licensed mental health technician~~ and ~~two~~ *three* shall be members of the general public, which shall constitute a board of nursing, with the duties, power and authority set forth in this act.

(2) Upon the expiration of the term of any registered professional nurse, the Kansas state nurses association shall submit to the governor a list of registered professional nurses containing names of not less than three times the number of persons to be appointed, and appointments shall be made after consideration of such list for terms of four years and until a successor is appointed and qualified.

(3) On the effective date of this act, the Kansas federation of licensed practical nurses shall submit to the governor a list of licensed practical nurses containing names of not less than three times the number of persons to be appointed, and appointments shall be made after consideration of such list, with the first appointment being for a term of four years and the second appointment being for a term of two years. Upon the expiration of the term of any licensed practical nurse, a successor of like qualifications shall be appointed in the same manner as the original appointment for a term of four years and until a successor is appointed and qualified.

~~(4) Upon the expiration of the term of any mental health technician, the Kansas association of human services technologies shall submit to the governor a list of persons licensed as mental health technicians containing names of not less than three times the number of persons to be appointed, and appointments shall be made after consideration of such list for terms of four years and until a successor is appointed and qualified.~~

~~(5)~~ (4) Each member of the general public shall be appointed for a term of four years and successors shall be appointed for a like term.

KSNA
KANSAS STATE NURSES ASSOCIATION

PROPOSED AMENDMENTS

March 7, 2007

16-3

~~(6)~~ (5) Whenever a vacancy occurs on the board of nursing, it shall be filled by appointment for the remainder of the unexpired term in the same manner as the preceding appointment. No person shall serve more than two consecutive terms as a member of the board of nursing and appointment for the remainder of an unexpired term shall constitute a full term of service on such board. With the expiration of terms for the registered professional nurse from education and one public member in July, 2003, the next appointments for those two positions will be for only one year. Thereafter the two positions shall be appointed for terms of four years.

(b) *Qualifications of members.* Each member of the board shall be a citizen of the United States and a resident of the state of Kansas. Registered professional nurse members shall possess a license to practice as a professional nurse in this state with at least five years' experience in nursing as such and shall be actively engaged in professional nursing in Kansas at the time of appointment and reappointment. The licensed practical nurse members shall be licensed to practice practical nursing in the state with at least five years' experience in practical nursing and shall be actively engaged in practical nursing in Kansas at the time of appointment and reappointment. The governor shall appoint successors so that the registered professional nurse membership of the board shall consist of at least ~~two~~ three members who are engaged in nursing service, at least two members who are engaged in nursing education and at least one member who is engaged in practice as an advanced registered nurse practitioner or a registered nurse anesthetist. ~~The licensed mental health technician member shall be licensed to practice as a licensed mental health technician in the state with at least five years' experience and shall be actively engaged in the field of mental health technology in Kansas at the time of appointment and reappointment.~~ The consumer members shall represent the interests of the general public. *At least one consumer member shall not have been involved in providing health care.* Each member of the board shall take and subscribe the oath prescribed by law for state officers, which oath shall be filed with the secretary of state.

(c) *Duties and powers.* (1) The board shall meet annually at Topeka during the month of September and shall elect from its members a president, vice-president and secretary, each of whom shall hold their respective offices for one year. The board shall employ an executive administrator, who shall be a registered professional nurse, who shall not be a member of the board and who shall be in the unclassified service under the Kansas civil service act, and shall employ such other employees, who shall be in the classified service under the Kansas civil service act as necessary to carry on the work of the board. As necessary, the board shall be represented by an attorney appointed by the attorney general as pro-

KSNA
KANSAS STATE NURSES ASSOCIATION

PROPOSED AMENDMENTS

March 7, 2007

1-4

KANSAS

KANSAS STATE BOARD OF NURSING
MARY BLUBAUGH MSN, RN, EXECUTIVE ADMINISTRATOR

KATHLEEN SEBELIUS, GOVERNOR

Health and Human Services Committee
March 7, 2007

Testimony in Support of Senate Bill 105

Diane Glynn, J.D., R.N.
Practice Specialist

Good Afternoon Chair Landwehr and Members of the Health and Human Services Committee. My name is Diane Glynn, Practice Specialist of the Kansas State Board of Nursing. I am providing testimony on behalf of the Board Members in support of SB 105

Current statute requires that the Board of Nursing mail an application for renewal at least 60 days prior to the expiration date of the license. The Board procedure for the last eight years has been to mail the application for renewal 90 days in advance of the expiration date of the license. The Board of Nursing initiated on-line renewals in February 2001 and the percentage renewing on line had remained low. The on-line renewal rate for 2004 was 40.6%. In February 2005 KSBN began to mail the notice of application of renewal which notified the nurse of renewal and gave instructions of renewing on line or how to request a renewal form. The number renewing on-line has jumped to 61% in 2005 and 67% in 2006. In 2006 we sent an average of 1954 renewal applications a month and an average of 167 a month requested a paper renewal. The revision would change the language from "mail an application" to "send a notice".

If a licensee is renewing their license for the first time after licensure by examination and their original state of licensure was Kansas, they are not required to have continuing nursing education. If a licensee is renewing their license for the first time after licensure by examination and their original state of licensure was any state other than Kansas, they are required to have continuing nursing education. The change in this language will treat all licensees renewing their license for the first time after licensure by examination the same, as they will not be required to have continuing nursing education.

The final requested language change to this statute would require a licensee to notify the Board of Nursing within 30 days following a conviction of any felony or conviction of a misdemeanor as specified by the board. Licensee currently report convictions of misdemeanors and felonies to the Board of Nursing on renewals, initial applications, and reinstatements. A licensee may be convicted of a felony or misdemeanor for up to two years without the Board being aware of the conviction. The actions underlying the

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conviction may be indicative of behavior that is a danger to public/consumer of health care. Examples might be burglary committed to obtain money or possessions to sell for use in purchasing illegal drugs or the convictions for manufacture or possession of illegal drugs which are indicative of current impairment effecting a licensee judgment and safe rendering of patient care.

KSBN is requesting that these three changes be made in K.S.A. 65-1117, 65-1132, 65-1155, and 65-4205 so that all professions regulated by the Board of Nursing have the same requirements.

We ask for favorable action on this legislation. Thank you for your time and consideration and I will stand for questions.

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S.B. 105 Changes to the Nurse Practice Act

March 7, 2007

Chairwoman Landwehr and members of the House Health and Human Services Committee, thank you for this opportunity to present on the policy issue related to S.B. 105. My name is Carolyn Middendorf M.N., R.N. and I am representing The KANSAS STATE NURSES ASSOCIATION.

S.B. 105 makes a number of changes to the Nurse Practice Act that have been discussed for a couple of years. KSNA supports these changes including the provision related to new nurses who endorse into Kansas shortly after taking state board exams and being licensed in another state. This will reduce the misunderstandings for the GN's as we often refer to them, regarding their first licensure period. With the changes on lines 26 and 27 on page 1 these new grads will not have to obtain the 30 hours of CNE in the first renewal period and will be treated just like the Kansas GN's who license here first.

KSNA recognizes that the agency would like to improve efficiencies by making everyone aware and encouraging on-line licensure renewal. We support that concept, hence removing the language on lines 17, page 1; line 23 page 2; and line 23 page 3 so that the Board of Nursing will only be required to send a "notice" to licensees. We do note however, that this change has already occurred at the agency–licensees have not received license renewal applications for about 2 years. They receive a notice about the availability of on-line renewal and have to request by phone, fax, mail or e-mail that an application be mailed to them for renewal. From all reports, the agency does respond expediously to requests for mailed copies of the renewal form when made.

The revisions in S.B. 105 that were made by the Senate were in response to KSNA's concern that there be a greater distinction for the types of misdemeanors that the Board will require to be self-reported. The current list of misdemeanors in the criminal statutes is quite extensive. The current Nurse Practice Act requires the agency to consider "misdemeanors involving illegal drugs" when processing an application for licensure, renewal, or reinstatement. Currently the renewal application requires licensees to report all felony and misdemeanor convictions. The application is not currently aligned with the statutory language. Hopefully, with the SB 105 language as it has been amended will provide direction to the Board to establish a list of misdemeanor convictions that have a nexus to the practice and responsibilities of licensed nurses. We would then expect that it be those misdemeanors that are the ones solicited for both applications and self-reporting 30 days after the time of conviction, or an appeal has run its course.

Thank You.

THE MISSION OF THE KANSAS STATE NURSES ASSOCIATION IS TO PROMOTE PROFESSIONAL NURS
UNIFIED VOICE FOR NURSING IN KANSAS AND ADVOCATE FOR THE HEALTH AND WELL-BEING
CONSTITUENT OF THE AMERICAN NURSES ASSOCIATION

House Health and Human Services
DATE: 3-7-07
ATTACHMENT 18-1

65-1120. Denial, revocation, limitation or suspension of license or certification of qualification; costs;
professional incompetency defined.

(a) Grounds for disciplinary actions. The board may deny, revoke, limit or suspend any license, certificate of qualification or authorization to practice nursing as a registered professional nurse, as a licensed practical nurse, as an advanced registered nurse practitioner or as a registered nurse anesthetist that is issued by the board or applied for under this act or may publicly or privately censure a licensee or holder of a certificate of qualification or authorization, if the applicant, licensee or holder of a certificate of qualification or authorization is found after hearing:

(1) To be guilty of fraud or deceit in practicing nursing or in procuring or attempting to procure a license to practice nursing;

(2) to have been guilty of a felony or to have been guilty of a misdemeanor involving an illegal drug offense unless the applicant or licensee establishes sufficient rehabilitation to warrant the public trust, except that notwithstanding K.S.A. 74-120 no license, certificate of qualification or authorization to practice nursing as a licensed professional nurse, as a licensed practical nurse, as an advanced registered nurse practitioner or registered nurse anesthetist shall be granted to a person with a felony conviction for a crime against persons as specified in article 34 of chapter 21 of the Kansas Statutes Annotated and acts amendatory thereof or supplemental thereto;

(3) to have committed an act of professional incompetency as defined in subsection (e);

(4) to be unable to practice with skill and safety due to current abuse of drugs or alcohol;

(5) to be a person who has been adjudged in need of a guardian or conservator, or both, under the act for obtaining a guardian or conservator, or both, and who has not been restored to capacity under that act;

(6) to be guilty of unprofessional conduct as defined by rules and regulations of the board;

(7) to have willfully or repeatedly violated the provisions of the Kansas nurse practice act or any rules and regulations adopted pursuant to that act, including K.S.A. 65-1114 and 65-1122 and amendments thereto; or

(8) to have a license to practice nursing as a registered nurse or as a practical nurse denied, revoked, limited or suspended, or to be publicly or privately censured, by a licensing authority of another state, agency of the United States government, territory of the United States or country or to have other disciplinary action taken against the applicant or licensee by a licensing authority of another state, agency of the United States government, territory of the United States or country. A certified copy of the record or order of public or private censure, denial, suspension, limitation, revocation or other disciplinary action of the licensing authority of another state, agency of the United States government, territory of the United States or country shall constitute prima facie evidence of such a fact for purposes of this paragraph (8).

(9) to have assisted suicide in violation of K.S.A. 21-3406 and amendments thereto as established by any of the following:

(A) A copy of the record of criminal conviction or plea of guilty for a felony in violation of K.S.A. 21-
3406 and amendments thereto.

(B) A copy of the record of a judgement of contempt of court for violating an injunction issued under
section 5 and amendments thereto.

(C) A copy of the record of a judgement assessing damages under section 6 and amendments thereto.

(b) Proceedings. Upon filing of a sworn complaint with the board charging a person with having been guilty of any of the unlawful practices specified in subsection (a), two or more members of the board shall investigate the charges, or the board may designate and authorize an employee or employees of the board to conduct such investigation. After investigation, the board may institute charges. If an investigation, in the opinion of the board, reveals reasonable grounds for believing the applicant or licensee is guilty of the charges, the board shall fix a time and place for proceedings, which shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

For Office Use Only

KANSAS STATE BOARD OF NURSING
Landon State Office Building
900 SW Jackson, Ste 1051
Topeka, KS 66612-1230

RENEWAL APPLICATION

Last Name First Name Middle Name

Previous Name (s) Maiden Name

Mailing Address

City State Zip Code

Please write LICENSE NUMBER in blank and CHECK all that apply	
RENEW ACTIVE LICENSES:	
(Example: RN: 13-12345-678	**$60 X)**
LPN: _____	$60____
RN: _____	$60____
LMHT: _____	$60____
ARNP/NP: _____	$60____
ARNP/CNS: _____	$60____
ARNP/NMW: _____	$60____
ARNP/RNA: _____	$60____
Exempt license:	
LPN Exempt: _____	$50____
RN Exempt: _____	$50____
LMHT Exempt: _____	$50____
ARNP (NP/CNS/NMW)Exempt: _____	$50____
Inactive License:	
LPN Inactive: _____	$10____
RN Inactive: _____	$10____
LMHT Inactive: _____	$10____
Total Enclosed	

1. Date of Birth (MM) ____ (DD) ____ (YYYY)_____

2. Gender: Male: _____ Female _____

3. Social Security No. _____-_____-_____
   (Your social security number is required pursuant to 42 U.S.C.s 666(a), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas director of taxation upon request)

4. Languages spoken: (optional) English ____ Spanish ____ Other: _____

5. Phone: Home (____) ____ - _____ Work (____) ____ - _____ E-Mail _____ (optional)

6. Education Completed: Please check all that apply

___ PN
___ LMHT
___ RN, Diploma
___ RN, Associate Degree
___ RN, Baccalaureate Degree
___ Baccalaureate, Other Field _____
___ Masters in Nursing
___ Masters, Other Field_____
___ Doctorate in Nursing
___ Doctorate, Other Field _____

7. Have you ever been convicted of a misdemeanor? Yes _____ No _____
   Any convictions of speeding or parking violations do not need to be reported.
   If yes, where: _____
   (If answer is yes, please attach certified copy of court documents and explanatory letter for each conviction. If previously submitted to KSBN, please state type of conviction, date, and KSBN case number. Do not send a second copy)

8. Have you ever been convicted of a felony? Yes _____ No _____
   Any convictions of speeding or parking violations do not need to be reported.
   If yes, where: _____
   (If answer is yes, please attach certified copy of court documents and explanatory letter for each conviction. If previously submitted to KSBN, please state type of conviction, date, and KSBN case number. Do not send a second copy)

9. Are criminal proceedings pending in any federal or state court? Yes _____ No _____
   If yes, where: _____
   Please explain in an accompanying letter

10. Is an investigation and/or disciplinary action pending against **any** license, certification or registration (nursing or other): Yes ____ No _____
    If yes, where: _____
    Please explain in an accompanying letter

KANSAS

KANSAS STATE BOARD OF NURSING
MARY BLUBAUGH MSN, RN, EXECUTIVE ADMINISTRATOR

KATHLEEN SEBELIUS, GOVERNOR

Health and Human Service Committee
March 7, 2007

Testimony in Support of Senate Bill 106
Mary Blubaugh MSN, RN
Executive Administrator

Good Afternoon Chair Landwehr and Members of the Health and Human Services Committee. My name is Mary Blubaugh, Executive Administrator for the Kansas State Board of Nursing. I am providing testimony on behalf of the Board Members to provide support of SB 106 which would eliminate the practice of nursing by graduates pending the results of the first licensure examination.

The mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses. The 2006 National Council Licensure Examination (NCLEX) pass rates for professional nursing (RN) and practical nursing (PN) programs are listed below.

Profession	National Pass Rate	Kansas Pass Rate
Professional Nurse	88.11%	86.02%
Practical Nurse	87.87%	93.34%

The pass rates for Kansas and the nation for the last several years are available on KSBN web site at http://www.ksbn.org/cne/multiyearpassrates.htm (2006 rates will be displayed on the web sited after the March 13th and 14th Board of Nursing Meeting). These statistics show that 14% of graduate professional nurses may have practiced for up to 120 days without the minimum knowledge and skills to be licensed in Kansas.

In the past, graduate nurses did not receive the results of the NCLEX for 1 to 2 weeks after taking the examination. Since the testing vendor for NCLEX has changed, KSBN has the results within one business day (usually within 2 hours) after the examination is taken. KSBN mails the results the same day the graduate nurse takes the test, or the next business day, eliminating the 1 to 2 weeks delay in receiving the test results. Current procedure is that the board does not give authorization to test until both the application and transcripts were received. The Board of Nursing approved a pilot study for those students that graduated October through December 2006. The pilot study allowed the school of nursing to complete a form to state the student had passed or was expected to pass the nursing program. When the form and application was received, the board gave

LANDON STATE OFFICE BUILDING, 900 SW JACKSON ST., STE 1051, TOP
Voice 785-296-4929 Fax 785-296-3929 www.ks

the authorization to test. This eliminated waiting for the transcript. After the student had received the authorization to test they were able to make an appointment to take the examination. Below is a table that shows the number of nursing student graduates and testing or scheduled to test for the same time period for the last two years.

2005-2006	Tested	2006-2007	Tested	Scheduled to Test
December	32	December	51	N/A
January	129	January	258	N/A
February	261	February	N/A	178
March	141	March	N/A	6
April	58			

Elimination of graduate status may encourage graduates to test early. Both Kansas and national data reveal a higher pass rate for graduates who take NCLEX within 60 days of graduation.

A review of the National Council State Board of Nursing *Profile of Member Boards 2002* revealed that 22 boards of nursing do not allow graduates to practice until they have passed NCLEX. Two neighboring states, Nebraska and Okalahoma, do not allow the practice of nursing by graduates.

National Council of State Board of Nursing released a study in January 2007 of candidate data from the calendar years 2003 to 2005 for both Registered Nurse and Practical Nurse. The study showed that testing population passing rates tend to decrease with increased time between the date of becoming eligible to sit for the examination and the test date. Below are charts that show the passing rates in correlation to dates of approval to test for RN and LPN U.S. educated first time and repeat test takers.

RN Passing Rates

Days	First Time	Repeat
0-21	90.1%	60.8%
22-33	88.1%	54.9%
34-54	85.0%	50.4%
55-365	77.0%	39.2%

LPN Passing Rates

Days	First Time	Repeat
0-18	90.4%	55.1%
19-28	91.1%	50.6%
29-46	88.3%	46.1%
47-365	79.4%	36.4%

The elimination of the 120 day graduate status offers assurance to the public that the recently graduated registered and practical nurses have reached the level of minimum competence to provide care in a safe and effective manor. We ask for favorable action on this legislation. Thank you for your time and consideration and I will stand for questions.

KANSAS HOSPITAL ASSOCIATION

Thomas L. Bell
President

TO: House Health & Human Service Committee

FROM: Chad Austin
Vice President, Government Relations

RE: Senate Bill 106

DATE: March 7, 2007

The Kansas Hospital Association (KHA) and its allied organization, the Kansas Association of Nurse Leaders appreciates the opportunity to speak in favor of Senate Bill 106 which requires nursing students to take a computerized national nursing licensing exam, known as the NCLEX and pass it prior to obtaining employment as a Registered Nurse. Currently, a student who has graduated from nursing school has up to 120 days to take the NCLEX and in the interim can be hired as a Graduate Nurse (GN).

Studies have shown that the sooner the nursing graduate takes the NCLEX exam, the higher the pass rate. Promoting graduates to take the exam earlier has been piloted in Kansas with good results. In other words, the graduate nurse who procrastinates and waits up to four months to take the licensing exam has a lower pass rate than his or her counterpart who takes the exam right out of nursing school.

Once a GN is hired, an employer puts this new hire through orientation assuming that the GN will take and pass the NCLEX exam and soon function as a Registered Nurse. With the current system, problems arise when the GN is hired and then takes and fails the NCLEX exam. Often the employer has no choice but to terminate the GN or demote him or her to a nurse aide position if one is available. Senate Bill 106 would eliminate the GN status; all newly hired nurses would be ready to work as Registered Nurses having successfully passed the licensing examination.

Your support of this legislation will assist new nursing graduates as well as the employers who hire them. Thank you.

House Health and Human Services
DATE: 3-7-07
ATTACHMENT 20

To: **Representative Brenda Landwehr, Chair, House Health and Human Services Committee**
From: **Kansas Association of Colleges of Nursing (KACN)**
Date: **March 2, 2007**

Chairman Landwehr and members of the Senate Public Health and Welfare Committee, thank you for the opportunity to present testimony regarding SB 106. My name is Martha Butler, PhD, RN, and I serve as Nursing Program Director at Southwestern College in Winfield. I am submitting testimony on behalf of KACN, the Kansas Association of Colleges of Nursing. KACN represents the 14 baccalaureate and higher degree nursing programs in Kansas. We strongly support eliminating the provision from statute 65-1124 of the Nurse Practice Act which allows graduates of professional nursing programs to practice before licensure for 120 days.

It is our belief that graduates should be licensed prior to engaging in professional nursing practice for the following reasons:

- There has been a growing emphasis on patient safety, as evidenced by national reports such as those by the Institute on Medicine. However, at the same time, the healthcare delivery environment continues to become more complex, and the acuity level of patients in acute care hospitals continues to increase.
- The National Council of State Boards of Nursing licensure exam (NCLEX-RN), required for licensure as a professional registered nurse, measures minimal competency of the nurse to deliver nursing care.
- The time required to obtain NCLEX-RN test results has been significantly reduced. Candidates for licensure now receive their results and thus can begin practicing with a license within days of taking the exam.
- Delay in the graduate's ability to practice does not negatively impact NCLEX-RN pass rates.
- Kansas data verify that graduates who take the NCLEX-RN in a timely manner, meaning soon after graduation, have a higher pass rate than those who delay taking the exam (Kansas Committee for Nursing Education and Practice, 2004).
- The difficulty level of the NCLEX-RN is raised periodically, potentially increasing the failure rate of new graduates.
- Graduates who fail to pass the NCLEX-RN must work in an ancillary capacity until licensed, resulting in staffing difficulties and hospital expense.

For these reasons, the members of KACN believe requiring graduates of professional nursing programs to obtain licensure prior to beginning professional practice is in the best interests of the citizens of Kansas. Thank you for the opportunity to provide testimony in support of SB 106.

KACN member schools:

Baker University
Bethel College
Emporia State University
Ft. Hays State University
Kansas Wesleyan University
MidAmerica Nazarene University
Newman University
Pittsburg State University
Southwestern College
University of Kansas
Washburn University
Wichita State University
Tabor College
University of Saint Mary

House Health and Human Services

DATE: 3-7-07

ATTACHMENT 21

To: Representative Brenda Landwehr, Chairperson
Heath and Human Service Committee

From: Geraldine Tyrell
President of Bethel College Chapter of
Kansas Association of Nursing Students

Re: SB 106

Good afternoon Chairperson Landwehr and committee members. Thank you for this opportunity to come and speak before you today. My name is Geraldine Tyrell and I am the President of the Bethel College Chapter of the Kansas Association of Nursing Students Organization. I am here today to represent myself and my fellow nursing students of Bethel College in support of SB 106 which would eliminate the exception in the Kansas Nurse Practice Act that allows graduate nurses to practice for up to 120 days after graduation without a license.

- Throughout our nursing education, we as nursing students are taught to deliver safe and effective patient care and actively practice the role of patient advocate.
- In theory the GN program is an excellent idea. It allows for new nurses to perfect skills under the constant supervision of a licensed RN. However, in reality this is not happening. We, as students, witness this everyday in clinical sites where we are to be supervised by a nurse and are being told to "go ahead and administer this medication while I go check on another patient." Nursing supervision in many clinical sites is inadequate due to issues like understaffing and increasing expectations in nurse's work loads.
- It is alarming to consider that as future Proctors in healthcare settings, we might potentially be held liable for mistakes made by graduates.
- As students we have had two years of clinical experience in which to gain adequate knowledge needed to pass the NCLEX and we as Bethel Students do not feel that an additional 120 days will offer a significant difference in our knowledge or nursing skills in order to pass the NCLEX.
- The NCLEX is a minimum competency exam and thus GN's should not be allowed to practice without this proof of minimal competency.
- A January 2007 study published by the National Council of State Boards of Nursing reported a positive correlation between increased NCLEX failure rates and increased lag time in completing the exam.
- Elimination of the exception will place a demand on students to take the NCLEX in a timely manner, thus resulting in an improvement in testing scores and efficient placement of licensed nurses in the work force.

Finally, I stand before you today not only as a nursing student but as a future nurse, nurse educator, nurse leader, and ask that you consider voting in favor of Senate Bill 106 not only for the future of nursing in Kansas but more importantly for the safety of the citizens of the State of Kansas.
Thank You.

House Health and Human Services
DATE: 3-7-07
ATTACHMENT 22

Janice Jones, MN, RN, CNE, CNS-Diabetes
1106 Delmar Drive
El Dorado, KS 67042
316-321-9919 jjones@butlercc.edu

March 7, 2007

TESTIMONY OPPOSING S.B. 106 ELIMINATING 120 DAY GRADUATE NURSE PRACTICE

Members of the House Public Health and Welfare Committee:

I am Janice Jones, a nurse educator for twenty-five years with Butler Community College. In those twenty-five years I have taught over 1988 nursing students. I am writing in opposition to SB 106 as it is now written, which proposes to eliminate the 120-day practice exemption for graduate nurses.

In conversations with recent graduates and experienced nurses, the "learning moments" that occur between graduation and taking the NCLEX-RN (licensing exam) improve the graduates' confidence and help solidify their nursing knowledge base. In my experience, the local practice environment (El Dorado) pulls the new graduate under their wings, initiating their role in "growing the profession" with passion and dedication. Graduates are able to practice in the role of Registered Nurse side-by-side with one-one-one supervision of experience nurses. The words "in the role of Registered Nurse" are key here. Should SB 106 pass, graduates would be working (because most have to put bread on the table) in a nurse's aide or nurse tech position, applying none of the high level critical thinking skills that are the essence of nursing. The intense practice and guidance in application of the high level critical thinking skills help prepare the graduate for successful completion of the NCLEX-RN.

As mentioned previously, graduate nurses practice side-by-side under the wings of experienced nurses. The Kansas State Board of Nursing Annual Report has no reference to evidence of errors by new graduates. I have seen no other documentation that new graduates put the public "at risk".

The pass rate for Kansas programs for first time candidates was 85.41% in 2005. 53.6% of those who fail the first exam pass the second time (national figure). Retrieved March 2, 2007 from: http://www.ksbn.org/annualreport/FY05%20Annual%20Report/Annual%20Report%20FY%202005.pdf page 43. Costs born by orientation of the new graduate who fails and then succeeds are not completely lost; the benefit of the expense is delayed. I know several nurses who didn't pass the first time, were retained by the employing agency with continued support for achieving success, and have been valuable Registered Nurse employees for many years. If an agency so desired under current statute, they could delay hiring graduates until boards were passed.

Data does show that NCLEX pass rates are better if the exam is taken within 60 days of graduation. The supplement note to the bill articulates this data. I therefore propose an amendment to delete the strikethroughs on lines 23-37, and replace the number "120" with "60" so the bill would read:

"(o) the practice of nursing by graduates of approved schools of professional or practical nursing pending the results of the first licensure examination scheduled following such graduation but in no case to exceed 60 days, whichever comes first;"

Passage of this amendment would allow the continued synergistic strength of basic nursing education and the nurturing of the professional practice environment. It also allows these new graduates to obtain health insurance at an earlier date, a concern expressed by Senator Wagle during the senate committee hearing.

Thank you for your attention to my point of view. If I can be of further assistance please let me know.

Janice Jones, MN RN CNE CNS-Diabetes
316-321-9919 (home)

"Calm seas do not a skilled sailor make."
African Proverb

House Health and Human Services
DATE: 3-7-07
ATTACHMENT 23-1

has been certified as having satisfactorily completed a training program in medication administration approved by the secretary of health and environment and has completed the program on continuing education adopted by the secretary, or by an unlicensed person while engaged in and as a part of such training program in medication administration;

(j) the practice of mental health technology by licensed mental health technicians as authorized under the mental health technicians' licensure act;

(k) performance in the school setting of nursing procedures when delegated by a licensed professional nurse in accordance with the rules and regulations of the board;

(l) performance of attendant care services directed by or on behalf of an individual in need of in-home care as the terms "attendant care services" and "individual in need of in-home care" are defined under K.S.A. 65-6201 and amendments thereto;

(m) performance of a nursing procedure by a person when that procedure is delegated by a licensed nurse, within the reasonable exercise of independent nursing judgment and is performed with reasonable skill and safety by that person under the supervision of a registered professional nurse or a licensed practical nurse;

(n) the practice of nursing by an applicant for Kansas nurse licensure in the supervised clinical portion of a refresher course;

~~(o) the practice of nursing by graduates of approved schools of professional or practical nursing pending the results of the first licensure examination scheduled following such graduation but in no case to exceed 120 days, whichever comes first;~~ or

~~(p)~~ *(o)* the teaching of the nursing process in this state by legally qualified nurses of any of the other states while in consultation with a licensed Kansas nurse as long as such individuals do not represent or hold themselves out as nurses licensed to practice in this state.

Sec. 2. K.S.A. 65-1124 is hereby repealed.

Sec. 3. This act shall take effect and be in force from and after ***October 1, 2007, and*** its publication in the statute book.

23-2

Janice Jones Proposed Amendment to SB 107 March 7, 2007

"(o) the practice of nursing by graduates of approved schools of professional or practical nursing pending the results of the first licensure examination scheduled following such graduation but in no case to exceed **60** days, whichever comes first;"