Approved: March 26, 2008
Date

MINUTES OF THE HOUSE SOCIAL SERVICES BUDGET COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 3:30 p.m. on March 10, 2008, in Room 514-S of the Capitol.

All members were present.

Committee staff present:
Kimbra Caywood McCarthy, Kansas Legislative Research Department
Nobuko Folmsbee, Office of Revisor of Statutes
Judy Holliday, Committee Assistant

Conferees appearing before the committee:
Bob Williams, Executive Director, Kansas Association of Osteopathic Medicine
Courtney Hunn, 1st year medical student, University of Kansas Medical Center
Dr. Mary Kennedy, Instructor, University of Kansas Medical Center
Dr. Robert Maile, Superintendent, Kansas School for the Deaf
Doug Bowman, Coordinator, Kansas Interagency Coordinating Council
David Halferty, Director of Nursing Facility and PACE Division, Kansas Department on Aging
Representative Tom Hawk
Ron Gaches on behalf of Kansas Society of Professional Engineers
Tony Scott, Executive Director, Kansas Society of Certified Professional Accountants
Chad Austin, Vice President Government Relations, Kansas Hospital Association

Written testimony submitted:
Dr. Michaël Kennedy, President, Kansas Academy of Family Physicians
Joseph Kroll, Bureau of Child Care and Health Facilities, Kansas Department Health and Environment
Debra Harmon Zehr, President of the Kansas Association of Homes and Services for the Aging

Others attending:
See attached list

Chairman Bethell distributed copies of a memorandum from Terri Roberts, Kansas State Nurses Association, to Committee members. (Attachment 1)

Hearing on HB 2685--Geriatric medicine, approved postgraduate training program for KU Medical School and doctor of osteopathy loan programs.

Legislative Research presented an overview of the bill.

Bob Williams, Executive Director, Kansas Association of Osteopathic Medicine, testified as a proponent of **HB 2685**. (Attachment 2) Osteopathic physicians frequently locate in rural Kansas communities. As the 'baby boomers' age, osteopathic physicians in these areas will need to focus their practice on geriatric medicine. By including fellowship training in geriatric medicine for osteopathic medical service scholarships, the medical community will be better prepared to address the needs of an aging Kansas population.

Two KU Medical Center representatives were present to offer comments and answer questions by the Committee. Courtney Hunn, a first-year medical student, briefed the Committee on her residency at KU Medical Center. Ms. Hunn is a recipient of the loan program and stressed the importance of having the loan program available in order for medical students to receive the geriatric medical training. (No written testimony)

Dr. Mary Kennedy told the Committee that there is a shortage of geriatricians in Kansas and that only two slots are filled each year. She stated that each year there are thirty participants in the loan program, but many potential students are turned away because of the provision in the loan program that requires paying one-third of their loan before they can enter the geriatric residency. This bill would delay repayment of the loans. (No written testimony).

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Written testimony only on **HB 2685** from:
Dr. Michael Kennedy, President, Kansas Academy of Family Physicians (Attachment 3)

The hearing was closed on **HB 2685**.

Hearing on HB 2716--Services through *tiny-k* networks for the deaf and hard of hearing children; appropriations for the FY 2009.

Chairman Bethell asked Legislative Research to explain the bill.

Dr. Robert Maile, Superintendent, Kansas School for the Deaf, testified as a proponent of **HB 2716.** (Attachment 4) The Sound Start of Kansas program ensures coordination of *tiny-k* networks to support and enhance current services. The areas of greatest need are consulting, training with technical assistance, training with follow-up, cross-training between disciplines, and additional resources.

Doug Bowman, Coordinator, Kansas Interagency Coordinating Council, testified as neutral on **HB 2716.** (Attachment 5) Mr. Bowman's agency encourages offering enhanced funds to families of children aged birth through five years. He stated that hearing loss can occur or be identified during pre-school years. He suggested making the resources available to the local teams, including the family, that make individual decisions for each child. Mr. Bowman expressed his opinion that these decisions made at the community level are more 'family-friendly' than those made in Topeka or Kansas City.

The hearing was closed on **HB 2716**.

Hearing on HB 2893--All-inclusive care for the elderly (PACE) program.

The Chairman asked Legislative Research to explain the intent of the bill.

David Halferty, Director of Nursing Facility and PACE Division, Kansas Department on Aging, testified as a proponent of **HB 2893.** (Attachment 6) Mr. Halferty stated that both of the state's current PACE programs provide home health services themselves as well as contracting for home health services with other providers. The amendment to **HB 2893** would exempt PACE providers from maintaining separate home health licensure.

Written testimony only on **HB 2893** from:
Joseph Kroll, Bureau of Child Care and Health Facilities, Kansas Department Health and Environment (Attachment 7)
Debra Harmon Zehr, President of the Kansas Association of Homes and Services for the Aging (Attachment 8)

The hearing on **HB 2893** was closed.

Hearing on HB 2773--Service providers to counties, state; no higher fee than the least charged

Chairman Bethell asked Legislative Research to explain the intent of the bill.

Representative Hawk testified on **HB 2773,** stating that the bill is too 'broad,' and asked the Committee members for suggestions on how best to address it. (Attachment 9) Representative Hawk brought the bill at the suggestion of his County Commissioners.

Tony Scott, Executive Director, Kansas Society of Certified Professional Accountants, testified in opposition to **HB 2773.** (Attachment 10) Mr. Scott testified that many CPAs provide professional services to non-profit and commercial clients in their communities often at a discounted fee as a community service. To limit professional fees charged for governmental work to an amount no greater than the least amount charged for less complex work ignores the reality of the professional regulatory environment and risk associated with

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performing those services.

Ron Gaches testified in opposition to **HB 2773** on behalf of the Kansas Society of Professional Engineers. (Attachment 11) Mr. Gaches stated that there are possible negative impacts of the bill. As an example, consulting engineers would be required to offer services to the state and counties at the rates matching the lowest fees they charge any private sector client. As another example, pharmacies participating in the State Employee Health Care Plan or Kansas Medicaid would be required to offer the State the lowest price they accept on every drug they sell, guaranteeing that they would lose money on every prescription filled for the State. In rural areas, Medicaid is 30% or more of the local pharmacy's business and losing that business or taking a loss on every drug sold under Medicaid or the State plan would bankrupt many pharmacies. Mr. Gaches asked the Committee to take no action on this bill.

Fred Lucky testified for Chad Austin on behalf of the Kansas Hospital Association as neutral on **HB 2773**. (Attachment 12) Mr. Lucky testified that although the intent of the bill was directed toward psychiatric evaluations ordered by district courts, the Kansas Hospital Association believes the language could be construed to cover all types of health care services provided when a county or the State is responsible for payment. The result would be every health care provider would receive the Medicaid rate for all services provided to a county or the State, including the State Employee's Health Plan and Workers Compensation. This would be an issue for hospitals because federal Medicaid rules prohibit states from paying for services in excess of costs. The Kansas Hospital Association recommends an amendment to **HB 2773** that would restate the beginning of the sentence to "With regard to psychiatric evaluations ordered by a district court" rather than "health care services or other evaluations."

The hearing on **HB 2773** was closed.

The meeting adjourned at 5:10 p.m. The next meeting is scheduled for Tuesday, March 11.

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 SOCIAL SERVICES COMMITTEE GUEST LIST

DATE: 3-10-08

NAME	REPRESENTING
Dodie Wellshear	KAFP
Ron Gaches	GBBA
Mary Sloan	KAHSA

PLEASE USE BLACK INK

TO: House Social Services Budget Committee

FROM: Terri Roberts J. D., R.N.

DATE: April 25, 2007

SUBJ: Kansas Impaired Provider Program: Kansas State Nurses Association (KSNA) efforts to inform and publicize

The Kansas Impaired Provider Program for Registered Nurses, commonly referred to as KNAP (Kansas Nurses Assistance Program) will be promoted in concert with the activities of the Kansas State Board of Nursing and through professional meetings, educational sessions and the professional journal as follows:

1. Articles and the 1-800 number for the KNAP program will be referenced and included in the monthly publication for RN's entitled The Kansas Nurse which is mailed to 1400 subscribers statewide, over the next 4 issues of the publication.

2. Information about KNAP will be distributed to the elected and appointed officials of KSNA through electronic and printed materials over the next six months. New members will receive a copy of the KNAP Brochure with their member packets.

3. All KSNA members will receive a KNAP Brochure in the annual all-member mailing in August, 2007.

4. KNAP information and link will be placed on the KSNA website to assist RN's looking for this service.

5. KSNA will distribute KNAP information at the annual KSNA convention in October, 2007 and in 2008 at the annual lobby day in February.

We will also support any communications by the Board of Nursing, nursing home industry, and hospital industry to make the availability of this program more widely understood by RN's and in particular nursing leaders.

Social Services Budget Committee
March 10, 2008
Attachment 1

Kansas Association of Osteopathic Medicine
1260 SW Topeka Boulevard
Topeka, Kansas 66612

Call (785) [illegible] 5563
Fax (785) 234 5564
KansasDO@aol.com

TESTIMONY

Social Services Budget Committee
HB 2685

My name is Bob Williams, Executive Director of the Kansas Association of Osteopathic Medicine. Thank you for this opportunity to address the Social Services Budget Committee regarding HB 2685.

HB 2685 adds fellowship training in geriatric medicine to the osteopathic medical service scholarship program.

Osteopathic physicians have a high proportion and commitment to primary care/family practice settings and frequently locate in rural Kansas communities. Geriatric medicine is a part of primary care. As the baby boomers age, there is (and will be) an increased need for physicians willing to focus their practice on geriatric medicine. By including fellowship training in geriatric medicine for osteopathic medical service scholarships, the medical community will be better prepared to address the growing needs of an aging Kansas population.

We encourage the Committee to support HB 2685.

Thank you.

House Social Services Budget Committee
March 10, 2008
Attachment 2

KANSAS ACADEMY OF FAMILY PHYSICIANS
CARING FOR KANSANS

March 10, 2008

To: House Subcommittee on Health and Human Services
From: Michael Kennedy, MD, President
Re: HB 2685

Chairman Bethel and Members of the House Social Services Budget Committee:

Thank you for this opportunity to present testimony on behalf of the Kansas Academy of Family Physicians (KAFP), regarding KHPA proposals. My name is Mike Kennedy and I am the president this year. Our organization has more than 1,500 members across the state. The family physicians of the state provide the backbone of primary care in Kansas.

We do not object to the intent of the bill, but I am writing to express some concerns regarding its possible interpretations for the future. This bill would add geriatrics fellowships to the list of approved postgraduate residency training programs for the Osteopathic Service Loan Program. The basic purpose of the loan programs is to put more primary care physicians into underserved areas, particularly rural areas of the state. Geriatricians would be fine additions to underserved medical communities. But we are concerned that this would not start a pattern of authorizing other fellowships that are further afield from primary care. That would start to water down the intent of the program. We would also be concerned if this had the effect of diminishing the numbers of students accepted into the Medical Student Loan Program.

Best wishes in your deliberations. Please feel free to contact me if I may answer any questions or be of further service.

House Social Services Budget Committee
March 10, 2008
Attachment 3

President
Michael L Kennedy MD *Kansas City*

President-Elect
Terry L Mills MD *Newton*

Vice President
Michael L Munger MD *Overland Park*

Secretary
Jennifer L Brull MD *Plainville*

Treasurer
Todd A Miller MD *Wichita*

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Brian Holmes MD *Abilene*

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Robert P Moser Jr MD *Tribune*

Alternate Delegates
Charles T Allred MD *Salina*
Carol A Johnson MD *Park City*

Directors
Ronald C Brown MD *Wichita*
Karen E Bruce MD *Topeka*
Gene Cannata MD *Pratt*
Deborah Clements MD *Kansas City*
Christian Cupp MD *Scott City*
Rob Freelove MD *Salina*
Doug Gruenbacher MD *Quinter*
LaDona M Schmidt MD *Salina*
Jon O Sides MD *Burlington*
Gregory T Sweat MD *Overland Park*

Foundation President
Marty Turner MD *Rose Hill*

Resident Representative
Jennifer Bacani MD *Wichita*

Student Representative
Ernesto Mendoza *Wichita*

Executive Director
Carolyn N Gaughan CAE

7570 W. 21st St. N. Bldg. 1046, Suite C | Wichita, KS 67205 | 316.721.9005 | 1.800.658.1749 | Fax 316.721.9044 | kafp@kafponline.org

House Bill 2716

Sound START of Kansas

Mission Statement

To ensure that families of infants and toddlers with a hearing loss receive comprehensive, unbiased information and support through regional consultation within the local *tiny –k* networks.

soundstart@ksd.state.ks.us

House Social Services Budget Committee
March 10, 2008
Attachment 4.

Sound START of Kansas

When children with permanent hearing loss are identified during the first few months of life and enroll in early intervention services delivered **by properly trained staff** they are able to progress at age-appropriate rates. (Moeller, 2000; Kennedy, et.al., 2006) In fact, the Center for Disease Control estimates that educational cost savings by the time a child with a hearing loss is 18 years old could be at least **$400,000**. (Honeycutt, et.al., 2003; Mohr, et.al., 2000)

Nationally, approximately **one-third** of babies who do not pass the newborn hearing screening test are still being lost to the system.

Many infants and young children who are identified with hearing loss as a result of newborn hearing screening **are not** being enrolled in programs by 6 months of age, the goal established by the federal government. (CDC, 2007)

An OSERS report, 2005, indicates widespread agreement that families of infants and young children with permanent hearing loss should have **access to appropriate educational services** in whatever mode of communication the family chooses. (OSERS, 2005) That goal is difficult in many parts of the country because of **serious shortages** and **inadequate geographic distribution** of the **following resources**:

- Educational programs that use the most up-to-date methods for teaching language in the mode of communication selected by the family;
- Healthcare and education professionals who are trained and knowledgeable about current methods for effectively educating children with hearing loss; adequate in-service training programs for individuals already in the field of deaf education and pre-service programs for individuals entering the field; and
- Information, public awareness and family support programs for helping families make informed decisions about how best to educate their child who has a hearing loss.

It is the goal of Sound START of Kansas to address these state shortages for young Kansas children with a hearing loss and their families.

Adapted from "Closing the Gaps for Infants and Young Children with Hearing Loss" by Karl R. White, Ph.D.; Director, National Center for Hearing Assessment and Management, Utah State University. Volta Voices, May/June 2007.

References

Centers for Disease Control and Prevention (CDC) (2007) National EHDI Goals. Retrieved April 27, 2007, from www.cdc.gov/ncbddd/ehdi/nationalgoals.htm.

Honeycutt, A., Dunlap, L., Chen, H., al Homsi, G., Grossem, S., & Schendel, D. (2003). Economic costs associated with mental retardation, cerebral palsy, hearing loss, and vision impairment-United States. *MMWR Weekly*, 53(03), 57-59.

Kennedy, C.R., McCann, D.C., Campbell, M.J., Law, C.M., Mulee, M., Petrou, S., Watkin, P., Worsfold, S., Yuen, H.M., & Stevenson, J. (2006). Language ability after detection of permanent childhood hearing impairment. *New England Journal of Medicine*, 354(20), 2131-2141.

Moeller, M.P. (2000). Early intervention and language development in children who are deaf and hard of hearing. *Pediatrics*, 106(3), E43.

Mohr, P.E., Feldman, J.J., Dunbar, J.L., McConkey-Robbins, A., Niparko, J.K., Rittenhouse, R.K., & Skinner, M.W. (2000). The societal costs of severe to profound hearing loss in the United States. *International Journal of Technology Assessment in Health Care*, 16(4), 1120-1135.

Office of Special Education and Rehabilitative Services (OSEP). (2005) Opening doors: Technology and communication options for children with hearing loss. Retrieved April 27, 2007, from www.ed.gov/about/offices/list/osers/report.html

Sound START of Kansas

Senate Bill 573 | House Bill 2716

Coordination with *tiny-k* networks to support and enhance current services

- Sound START consultants adhere to identified best practices related to early intervention and early intervention with children who have a hearing loss.
- Access to components of Sound START is based on network needs
- Networks contact the consultant and request a component
- Networks may choose all or any or no components

Based on the results of anecdotal data from visits with *tiny-k* networks, the components identified as areas of greatest need are:

- Consulting 73%
- Training with Technical Assistance 83%
- Resources 73%

Components of Sound START

- Consultants (who have experience and specialized training with hearing loss and its impact upon children and their families)
- Statewide Training twice a year with Technical Assistance (follow-up consulting)
- Access to curriculums and assessments specifically for this population
- Provision of information to families about hearing loss
- Provision of information to service providers about hearing loss
- Provision of unbiased information about communication/language methodologies
- Team with audiologists to maximize hearing potential for language and educational success
- Sharing of national trends in research and practices related to hearing loss
- Coordination with Kansas Hands & Voices (parent to parent organization)
- Data collection: program efficacy, child/family outcomes, EHDI data
- Advisory Committee
- Collaboration with Sound Beginnings related to loss to follow-up by identifying barriers to the 1-3-6 process and developing strategies to decrease loss to follow-up
- Serve as a resource to the community- hospitals, medical homes, clinics, and audiologists to improve the loss to follow-up
- Families and service providers have access to a variety of adults and children with hearing loss who can serve as role models

cbusch@ksd.state.ks.us

Sound START Survey, 2005

81% SURVEY RETURN RATE (29 of the 36 networks returned at least one survey)

69% (29) Speech-Language Pathologist
24% (10) Early Childhood Special Educator
10% (4) Teacher of the Deaf/Hard of Hearing

Does your network/agency provide the following?

45% (19) Sign Language Instructors
7% (3) Deaf/Hard of Hearing Role Models

More in-service training/professional development is currently needed:

50% Incorporating information about HL to modify assessment procedures. Interpreting the evaluation results w/respect to hearing loss.

60% Assessment tools appropriate for 0-36 month old children with hearing loss. Specialized terminology used in assessments of …

55% Techniques for facilitating spoken and sign language acquisition for children 0-36 month old children who are D/HH.

64% Strategies to facilitate cognitive and communicative development in children who are deaf/hard of hearing (e.g., visual saliency) consistent with program philosophy.

62% Techniques of stimulation and utilization of residual hearing in children who are deaf/hard of hearing.

60% Planning and implementing instruction for children who are deaf/hard of hearing and who have multiple disabilities and special needs.

64% Designing a home environment that maximizes opportunities for visually orientated and/or auditory learning in children who are D/HH.

52% Sources of specialized materials for children who are deaf/hard of hearing.

Anecdotal Data From Visits With 30/36 Networks

Consulting 73%
Training with Follow-up Technical Assistance 83%
Resources 73%
Support Proposal 80%

Comments During Visits with Networks

"We do not have anyone to provide these services." *tiny-k* Network Coordinator

"Access to training and follow up makes sense. We would access regional consultant for support-meetings, go on home visits." *tiny-k* Network Coordinator

"Everyone can't know everything." *tiny-k* Network Coordinator

"I had very little training in graduate school related to hearing loss." *tiny-k* Network Speech/Language Pathologist

"I think having access to the knowledge and collaborative skills of a regional hearing consultant would be great for families and providers. We would definitely want families to benefit from their expertise." *tiny-k* Network Service Provider

"Loss to follow-up is a concern." *tiny-k* Network Coordinators

"We certainly would use this service, especially if someone was available on-site to assist families and staff. Sounds great!!" *tiny-k* Network Service Provider

"It's our job to search for resources for the family, not the family's job to search for resources." *tiny-k* Early Childhood Special Educator

"When do you start?" *tiny-k* Early Childhood Special Educator

"Will there be any cost to us?"
"Where will the money come from? Who won't get money if this is funded?"
"Will this be a duplication of services?" *tiny-k* Network Coordinators

"I certainly want non-biased information for families" *tiny-k* Network Coordinator

"I agree we need technical assistance and unbiased information. I see no drawbacks; this would benefit the network." *tiny-k* Network Coordinator

"What can we do to support this?" *tiny-k* Network Coordinators

"Yes, training with follow-up; that provides practical information." *tiny-k* Network Coordinator

"Will this be available for preschoolers?" *tiny-k* Network Coordinator

"I'm open to information for families, to be informed about options, consultant help with that. It will be nice to tap into recent research, helpful to have one person with the responsibility to keep up with research Deaf /Hard of Hearing. I like the parent to parent component." *tiny-k* Network Coordinator

"We need Technical Assistance and unbiased information. I can see no drawbacks. This would benefit our network." *tiny-k* Network Coordinator

"We would benefit from getting unbiased information and getting training; a balance of training and consultation will be beneficial. It's difficult to get unbiased information. I would like many ways of getting information, like having consultant to talk to, bounce ideas around. Some families need direct contact with consultant." *tiny-k* Network Coordinator

"Seeing is believing." *tiny-k* Network Coordinator

"1-3-6 gaps, if a baby does not pass the first screen, often not taken back for second screen; hospital may or may not call us. We learn about NICU babies, not well-born babies." *tiny-k* Network Coordinator

"We have nothing around here like resources and support. We definitely support the proposal." *tiny-k* Network Coordinator

"Yes, we need training with follow-up, general and specific topics. Yes, there are 1-3-6 problems. This is excellent, really needed. I want to feel competent and know who to contact." *tiny-k* Network Coordinator

"I want non-biased information for families. This would have saved us in the past-money and relationship with family." *tiny-k* Network Coordinator

"We have very little in this area. We hear about all of the resources that populated networks have. It's nice to hear about something being offered in rural areas. We have no idea about the communication options. Our support is not adequate. Before, we had a Teacher of the Deaf for a few months." *tiny-k* Network Coordinator

Sound START of Kansas
Stakeholder Support

State:
Student Support Services, Department of Education, Coleen Riley, Director
Sound Beginnings, Newborn Hearing Screening, Kim Aeillo,
Department of Health and Environment, Linda Kenny, Director, Bureau of Family Health
Deaf-Blind Consortium
University of Kansas Medical Center, Hearing and Speech Department, Dr. John Ferraro
Sound Beginnings Advisory Committee
Legislative Joint Committee on Children's Issues

Regional:
Johnson County Mental Health-Deaf Unit
GKC-ADARA
Gallaudet University Regional Center

Professional Organizations:
Kansas Speech & Hearing Association
Kansas Instructors for the Deaf

Organizations:
Kansas Chapter of Hands & Voices
Kansas Association of the Deaf

CI Teams:
Midwest Ear Institute,
Kansas University Physicians Incorporated
Wichita Ear Clinic

6-4

Sound START of Kansas: Senate Bill 573 & House Bill 2716

Personnel	Meeting the Needs	Training/Inservice
▪ 1 Director ▪ 3 full time consultants ▪ 3 half time consultants ▪ 1 Administrative Assistant **Amount: $338,250** **Contracted Services** ▪ Provision of time-limited services unique to an individual child or family. **Amount: $48,000**	▪ Coordination with *tiny-k* networks to support and enhance current services ▪ Sound START consultants adhere to identified best practices related to early intervention and early intervention with children who have a hearing loss. ▪ Access to components of Sound START is based on network needs ▪ Networks contact the consultant and request a component ▪ Networks may choose all or any or no component	▪ Training with follow-up/ technical assistance ▪ Training provided to Consultants, Service Providers and those who may provide additional services to families. **Amount : $28,600**
Program Development	**Budget Total**	**Curriculum/Assessments**
▪ Provide information through a variety of formats (teleconferencing, brochures, website, DVD's) ▪ Purchase, develop, reproduce ▪ Disseminate information statewide **Amount: $20,000**	**$454,850** **- 86,100 (KSD's contribution)** ________ **$368,750**	▪ Purchase curriculums, assessments and additional materials specifically developed for use with families who have young children who are deaf or hard of hearing. **Amount: $20,000**

MAKE A Difference

TESTIMONY BEFORE THE HOUSE APPROPRIATIONS SUB-COMMITTEE
March 10, 2008 – HB 2716

Mr. Chairman and members of the sub-committee, thank you for the opportunity to speak today. My name is Doug Bowman, and I am here on behalf of the Kansas Interagency Coordinating Council on Early Childhood. We are an advisory body created in both state and federal law. Our focus is upon young children aged birth through five years with (or at risk of) a developmental delay or disability.

HB 2716 calls for an increased appropriation to provide services that will benefit young families that include a child with hearing loss. Any increased funding made available to this service system (which has been historically under-funded) is greatly appreciated.

At the same time, we would make some suggestions that just might make this action even more beneficial. First, we would encourage consideration of offering these enhanced funds to families of children aged birth through five years. Hearing loss can often occur (or be identified) in the pre-school years. The enhanced funding proposed in HB 2716 would be of benefit to these families, also.

Finally, we would remind the sub-committee of the basic principle of "local control". The School for the Deaf does not have a monopoly on expertise in the area of hearing loss. We would prefer a system that would make these resources available to the local teams (including the family) that make individualized decisions for each child. These local teams could then choose to contract with the School for the Deaf, or anyone else who is qualified to provide these consulting services.

In almost every instance, decisions that are made at the community level are more "family-friendly" than those made in Topeka or Kansas City.

Thank you for your consideration.

Coordinating Council on Early Childhood Developmental Services
Curtis State Office Building, 1000 SW Jackson, Suite 220, Topeka, Kansas 66612-1274
TDD/TTY: (800) 332-6262 (785) 296-1294 E-Mail: dbowman@kdhe.state.ks.us fax: (785) 296-8616
Website: www.Kansasicc.org

House Social Services Budget Committee
March 10, 2008
Attachment 5

Testimony on House Bill 2893
to
The House Social Services Budget Committee
by Dave Halferty
Director, Nursing Facility and PACE Division

March 10, 2008

Chairman Bethell and members of the House Health and Human Services Committee, thank you for the opportunity to appear before you today in support of House Bill 2893, amending home health care licensure requirements for PACE providers.

The Program of All-Inclusive Care for the Elderly (PACE) is a unique managed care program available to individuals age 55 and older. It features a comprehensive service delivery system and integrated Medicare and Medicaid financing. The program is modeled on the system of acute and long-term care services developed by On Lok Senior Health Services in San Francisco, California. Most of the elders enrolled in the PACE program are dually eligible for Medicaid and Medicare, and all meet the nursing home functional eligibility criteria.

The PACE model was developed to address the needs of long-term care clients, providers, and payers. For most participants, the comprehensive service package permits them to continue living at home while receiving services rather than be institutionalized. Capitated financing allows providers to better integrate services to participants rather than be limited by the Medicare and Medicaid fee-for-service systems.

The PACE program core services include case management through an interdisciplinary team (IDT) and adult day care generally provided at the PACE center. The IDT manages the allocation of all health services. Physician, therapeutic, ancillary, and social support services are furnished at the PACE center or in the person's home. Nursing home, home health, hospital, and other specialized services are generally provided under contract. However, some PACE providers do provide some of these services themselves.

There are currently two PACE providers in the state of Kansas. Via Christi HOPE is located in Wichita and serves Sedgwick County. Midland Care Connections is located in Topeka, and serves Shawnee and the surrounding counties. A third program is being developed in Kansas City and will serve parts of Wyandotte and Johnson counties. During the month of February the PACE sites provided care for 211 Medicaid eligible participants.

Both of state's current PACE programs provide home health services themselves as well as contracting for home health services with other providers. House Bill 2893 contains an amendment to K.S.A. 65-5112 that would exempt PACE providers from maintaining separate home health licensure.

This requirement is duplicative because it requires the PACE provider to participate in two redundant provider review processes. PACE providers must pass an initial certification and then be recertified for Medicare and Medicaid at least every two years, by a joint federal and state review team. To maintain a home health license, PACE providers must also acquire an initial license and then be re-licensed every three years by the Kansas Department of Health and Environment. The additional requirement for a home health license is unnecessary since the PACE provider must already meet the Medicaid and Medicare certification requirements, which includes a review of their home health care provision.

An example of the duplication this requirement creates involves documentation of care. PACE providers are required to maintain comprehensive care records for each enrollee. As home health providers, PACE organizations are also required to maintain a separate home health care specific record. This amendment would eliminate redundant requirements that are only necessary for a PACE provider to maintain a separate home health license.

We ask that Sec 1 (e) be added to K.S.A. 65-5112, adding PACE providers to the list of entities that are exempt from home health care licensure requirements.

I encourage you to support House Bill 2893. Thank you again for the opportunity to appear before you.

Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH
AND ENVIRONMENT
Division of Health

www.kdheks.gov

House Bill 2893

Written Testimony
To
House Social Service Budget Committee

By
Joseph F. Kroll
Director, Bureau of Child Care and Health Facilities
March 10, 2008

Chairman Bethell and members of the committee, my name is Joseph Kroll and I am the Director of the Bureau of Child Care and Health Facilities. This is the bureau in the department which regulates home health agencies. Thank you for the opportunity to provide written testimony in support of House Bill 2893.

HB 2893 would exempt PACE programs (program for all inclusive care for the elderly) from the provisions of the home health agency licensing act. To be exempt the program must provide services only to PACE participants.

PACE was authorized by the balanced budget act of 1997 and enables states to provide services to Medicaid beneficiaries as a state option. Participants must be 55 years of age and eligible for nursing home care. The PACE program becomes the sole source of services which are provided in a nursing home, personal home or inpatient setting.

Licensing as a home health agency is not required by federal law and is not necessary to assure quality of care or services. Exempting such programs from licensing removes a requirement that is not necessary. There are only a small number of such programs and KDHE supports HB 2893.

Thank you for the opportunity to provide comment in support of HB 2893.

BUREAU OF CHILD CARE AND HEALTH FACILITIES
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 200, TOPEKA, KS 66612-1368
Voice 785-296-1270 Fax 785-296-3075

House Social Services Budget Committee
March 10, 2008
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To: Chairman Bob Bethell and Members
Social Service Budget Committee

From: Debra Harmon Zehr, President

Date: March 10, 2008

Testimony in Support of House Bill 2893

Thank you, Chairman Bethell and Members of the Committee, for this opportunity to offer written testimony on House Bill 2893.

The Kansas Association of Homes and Services for the Aging represents 160 not-for-profit aging service providers throughout the state, including both Kansas PACE providers, Midland Care Connection and Via Christi HOPE.

KAHSA supports House Bill 2893. The bill will exempt PACE programs from the current requirement to have a state home health license. PACE programs are required by the federal Centers for Medicare and Medicaid Services to be Medicare home health certified. The Medicare certification requirements far exceed the state's requirements for home health licensure. House Bill 2893 will not impact the quality of services to PACE clients and will increase efficiency by cutting down on duplicative paperwork and unnecessary administrative time.

We ask for speedy deliberation and favorable consideration of House Bill 2893.

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Attachment 8

Tom Hawk
RESENTATIVE, 67TH DISTRICT

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STATE OF KANSAS

TOPEKA

HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS

MEMBER: FEDERAL AND STATE AFFAIRS
ENERGY AND UTILITIES
SOCIAL SERVICE BUDGET

Testimony for Riley County on HB 2773—March 10, 2008

Thank you Mr. Chairman for the opportunity to share the thinking of my County Commissioners on HB2773 and the charges that they feel are unfair to county and perhaps state government. In reading some of the opponents testimony, I can see how this bill may be drafted in too broad of a way. I do want to share the letter I received from Court Services that outlines the specific problem with mental health evaluations and the charges from the local mental health center. I will stand for questions and try to convey Riley County's position. I am sorry that I did not notice this bill would be heard this afternoon and was unable to get a representative here to testify for our committee.

The written testimony below is from Becky Topliff, Riley County Court Administrator, and is in reference to my question about HB2893 that was passed two years ago that delt with charges made for inmates at the County Jail and their medical charges.

After reading the existing statute, K.S.A. 22-4612, it does not address the problem I cited at all. This statute talks about **"in custody"** individuals. That certainly does not apply to the concern the Court has with providers charging us top dollar. We are talking about Child in Need of Care cases, domestic cases, some criminal cases, etc. where the Court is ordering psychological evaluations, parenting evaluations, etc. These individuals are not in jail or any type of custody. The Judge is trying to obtain information on these individuals to assist in sentencing, adjudication and custody of children. In order to do so, the Court routinely orders parenting evaluations, psychological evaluations, etc. on individuals through Pawnee Mental Health. The Court receives invoices for these services at top dollar prices. Last week one psych evaluation was billed to us for $900.00. This $900.00 bill is being paid for by the County, since the County is responsible for operating expenses of the District Court. They are billing at a rate of $100.00 an hour. This is not an indigent rate. At the every least PMH should be servicing these individuals on a sliding scale, but they continue to bill us (District Court and ultimately Riley County) top fees. They bill the Court because the Court ordered the evaluation. I hope this addresses my concerns. Please let me know if you need anything else from me. Thanks

Becky J. Topliff
Court Administrator
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Kansas Society of
Certified Public Accountants

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TESTIMONY

Tony A. Scott, JD, CPA
Executive Director

To: Representative Bob Bethell, Chairperson
Members, House Committee on Social Services Budget

From: Tony A. Scott

Re: Opposition to HB 2773

Date: March 10, 2008

Ladies and Gentlemen of the Committee:

Approximately 2,600 members strong, the Kansas Society of Certified Public Accountants is the statewide professional association of CPAs *dedicated to implementing strategies that enhance the well-being of our members, the accounting profession and the general public.* My name is Tony A. Scott and I am Executive Director of the KSCPA. **Today I am testifying in opposition to HB 2773.**

In order to provide competent professional services to a county or to the state of Kansas, a CPA must comply with standards promulgated by the American Institute of CPAs, Governmental Accounting Standards Board, Government Accountability Office, Office of Management and Budget, Department of Labor, Department of Housing and Urban Development, Office of Inspector General, Kansas Department of Administration Division of Accounts and Reports, and various other entities. As a result of intense regulation, governmental accounting and auditing work is complex and requires a specialized level of knowledge and professional competence for CPAs providing such services.

The majority of Kansas CPAs who provide professional services to counties and/or to the state of Kansas also provide accounting and auditing services to non-profit and commercial clients in and around their respective communities. Certainly professional and regulatory principles apply to non-profit and commercial clients. When pricing services to these types of entities, however, CPAs often discount their fees as a community service (in the case of non-profits) or because of the high volume of overall services they provide (in the case of commercial clients).

Kansas CPAs take into consideration many factors when determining fair and appropriate fees for professional services they provide to governmental entities and other clients. To limit professional fees charged for governmental work to an amount no greater than the least amount charged for less complex work ignores the reality of the professional regulatory environment and risk associated with performing those services. **Based upon the foregoing we respectfully oppose HB 2773 and encourage members of the Committee to do the same.**

It is my honor and privilege to appear before you today. I will be pleased to stand for questions.

Respectfully Submitted,

Tony A. Scott

TAS/mmi

House Social Services Budget Committee
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GACHES, BRADEN, BARBEE & ASSOCIATES

Public Affairs & Association Management

825 S. Kansas Avenue, Suite 500 • Topeka, Kansas 66612 • Phone: (785) 233-4512 • Fax: (785) 233-2206

Testimony of Ron Gaches
Regarding HB 2773: Services to Counties and State
Presented to House Social Services Budget Committee
Monday, March 10, 2007

Thank you Chairman Bethell for this opportunity to comment on behalf of a few of my clients regarding the unintended and possible negative impact of HB 2773. My firm represents many private sector interests, including a number of professional and service firms or individuals that might provide services to the State of Kansas or local counties.

A couple of examples are engineering consulting firms that are members of the American Council of Engineering Companies and the individually licensed Professional Engineers that are members of the Kansas Society of Professional Engineers. The State of Kansas and most cities and counties across Kansas contract for consulting engineering services utilizing a process called Qualifications Based Selection (QBS). QBS is intended to insure that units of government obtain the high quality of services and established technical expertise necessary to provide essential public infrastructure design services.

Because working with public entities like the State, counties and cities involves additional work when compared to similar work provided for private entities that are not responsible to elected officials or voters, there is always pressure on public sector fees. Examples of the added work includes appearance and presentations at public forums, completing additional and ancillary environmental assessments associated with public works projects, and coordinating with multiple levels of government agencies. Further, many engineering firms chose to offer design or inspection services to not-for-profit, community organizations at preferential rates.

Clearly, HB 2773 would require consulting engineers to offer services to the state and counties at the rates matching the lowest fees they charge any private sector client. We do not believe this would result in lower quality services for units of government (compliance with the Professional Engineers Code of Ethics and licensure standards would prevent that), but it might require private sector work to subsidize public sector work, or it might prevent the consulting engineers with the highest expertise and greatest experience from submitting proposals for public sector design work.

Another of our clients is the Kansas Independent Pharmacy Service Corporation, which functions as the Kansas trade association for locally owned pharmacies. Pharmacists are generally not allowed to set their own prices for the prescription drugs they sell under various Pharmacy Benefit Management Plans. Each PBM plan has its own set of prices that a pharmacy may charge the plan for various drugs. Comparing the prices from plan to plan, the prices the pharmacist is allowed to charge for any particular drug may vary widely. Hopefully, for the pharmacy they are able to make sufficient profit on the drugs within the plan that they make money on to offset the prices they have to accept for drugs they lose money on within that same plan.

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HB 2773 as drafted would require Pharmacies participating in the State Employee Health Care Plan or in Kansas Medicaid to offer the State the lowest price they accept on every drug they sell, basically guaranteeing that they would lose money on every prescription they fill for the State. That would be a total loser for all Pharmacists and no Pharmacy would want to offer services to those covered by the State Employee Plan or Medicaid. In many rural areas of the State, Medicaid is 30% or more of the local Pharmacy's business. Losing that business or taking a loss of every drug sold under Medicaid or the State Plan would cause many rural Pharmacies to close up shop.

Because of the very broad application of this bill and adverse implications to the ability of the State and counties to contract for important services we recommend that you take no favorable action on this bill.

Thank you for your consideration and I'm available to answer questions at any time.

Thomas L. Bell
President

TO: House Social Services Budget Committee

FROM: Chad Austin
Vice President, Government Relations

DATE: March 10, 2008

RE: House Bill 2773

The Kansas Hospital Association appreciates the opportunity to provide comments on House Bill 2773. The proposed legislation would mandate that any provider of service to a county or to the State of Kansas could not demand payment greater than the least amount that the health care provider charges private citizens for the same services.

It is our understanding that this legislation is directed towards psychiatric evaluations ordered by district courts. However, we believe the language included in the proposed legislation potentially could be construed to cover all types of health care services provided when a county or the State of Kansas is responsible for payment. The legislation states that the provider of such services would only receive the *"lesser of the actual amount billed, the Medicaid rate for such service or the least amount the provider charges any paying entity for such service"*. This would result in every health care provider receiving the Medicaid rate for all services provided to a county or the State of Kansas, which could potentially include the State Employee's Health Plan and Worker's Compensation.

This would become an issue for hospitals because federal Medicaid rules prohibit states from paying for services in excess of costs. Medicaid rates in Kansas, which fall well below the costs incurred to deliver care to Medicaid recipients, should not be used as a base for paying for all types of services. To do so would cause financial hardship on providers that ultimately other payers would have to absorb.

KHA recommends an amendment to HB 2773 that strikes certain language from lines 15-17. Our proposed amendment would restate the beginning of the sentence to state *"With regard to psychiatric evaluations ordered by a district court"* rather than health care services or other evaluations.

Thank you for your consideration of our comments.

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Kansas Hospital Association
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