

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Vice Chair Senator Schmidt at 1:30 p.m. on March 4, 2009, in Room 136-N of the Capitol.

All members were present except Senator Barnett who was excused and Senator Haley who was absent.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Conferees appearing before the Committee:

Joseph Kroll, Director, Bureau of Child Care and Health Facilities, Kansas Department of Health and Environment
Representative Bob Bethell
Martin Kennedy, Deputy Secretary, Kansas Department on Aging
Courtney Huhn, second-year medical student, University of Kansas
Bob Williams, Executive Director, Kansas Association of Osteopathic Medicine
Colonel Daryl J. Callahan, D.O., State Surgeon of the Kansas National Guard
Melissa Garber, fourth-year medical student, University of Kansas

Others attending:

See attached list.

Doug Taylor briefed committee members on **HB 2221 - Disclosure of certain child care information** and **HB 2297 - Geriatric medicine; approved postgraduate training program for KU medical school and doctor of osteopathy loan.** **HB 2221** allows the Department of Health and Environment to provide open records information more timely and efficiently. By eliminating the confidentiality provision for the name and address of a child care facility, family day care home, or maternity center, the Department can begin using technology and the Internet to provide compliance information, inspection results, and related information to parents and public. **HB 2297** would amend current law to allow fellowship training in geriatric medicine to be included in the list of approved postgraduate residency training programs required for participation in the Medical Student Loan Program or Osteopathic Medical Service Scholarship Program. Both programs require one year of service for each year of assistance provided through the programs, in a rural or medically underserved area, as defined by the enacting statute.

Senator Schmidt opened the hearing on **HB 2221 - Disclosure of certain child care information** by recognizing Joseph Kroll, Kansas Department of Health and Environment, who spoke in support of this legislation. (Attachment 1) He explained the rationale for this legislation indicating over 20 states use web-based technology to provide information regarding provider, compliance history, etc., None of the states reviewed restrict the public identity of the day care home or center-based providers. The Department's software is capable of enhancements to provide meaningful and prompt information to consumers. He encouraged favorable passage.

Senator Schmidt called members' attention to written testimony submitted by Holly Turner, public policy chair for the Kansas Association for the Education of Young Children, who supports **HB 2221**. Senator Schmidt requested that members consider her testimony during any deliberations (Attachment 2).

Senator Schmidt closed the hearing on **HB 2221** and opened the hearing on **HB 2297**.

Representative Bob Bethell testified in support of **HB 2297** indicating that Kansas is an aging State that is underserved by the geriatric medicine specialty. The passage of this legislation would encourage students to seek this specialty education (Attachment 3).

Courtney Huhn, a second-year medical student at Kansas University, was introduced. Ms. Huhn's testimony included an overview of the current available options for pursuing a geriatric fellowship

CONTINUATION SHEET

Minutes of the Senate Public Health And Welfare Committee at 1:30 p.m. on March 4, 2009, in Room 136-N of the Capitol.

(Attachment 4). She indicated the current existing options make it financially impossible to pursue a geriatric fellowship prior to repaying the Loan Program with required years of service. In addition, the state of Kansas has one geriatric fellowship with a capacity to graduate two geriatricians annually. However, due to the financial obstacles described, these spot are unfilled and the program is not graduating to capacity. She encouraged support of **HB 2297**.

Bob Williams, Kansas Association of Osteopathic Medicine, was present to address the committee in support of **HB 2297**. He indicated that as baby boomers age, there is (and will be) an increased need for primary care physicians (geriatricians) (Attachment 5). Mr. Williams offered an amendment to **HB 2297** that would include the Kansas National Guard in the definition of "state medical care facility or institution" for purposes of the medical student loan act. Mr. Williams testified that by including the National Guard additional means to fill current vacancies for health care professionals in the Guard would be provided.

Colonel Daryl J. Callahan, DO, State Surgeon of the Kansas National Guard, testified that including the Kansas National Guard in the definition could help fill vacated positions. At the current time, many medical officers are deployed further complicating shortages; recent pandemic training revealed weakness in essential medical capability; trained medical personnel are essential to care for returning soldiers; and additional trained medical personnel would greatly benefit Kansas and its tax base. Colonel Callahan's testimony is attached, and therefore becomes part of this permanent record (Attachment 6).

Melissa Garber, a fourth-year medical student, at the University of Kansas, testified in support of **HB 2297** (Attachment 7). She reported that at the current time, there is one geriatrician for every 2,500 adults over age 75 (nationally), and it is estimated that by 2030 there will be one geriatrician for every 4,254 adults. In the 2006-07 academic year, there were 468 available geriatric slots (nationally). Of that number, 91 were filled with doctors graduating from American medical schools, 184 were foreign medical graduates, leaving 40% of the slots open. She encouraged favorable passage of the legislation.

Senator Schmidt called attention to written testimony submitted by Martin Kennedy, Deputy Secretary, Kansas Department on Aging, in favorable support of **HB 2297**. (Attachment 8)

Senator Schmidt closed the hearing on **HB 2297**.

The meeting was adjourned at 1:56pm.

The next meeting is scheduled for March 5, 2009.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: March 4, 2009

NAME	REPRESENTING
Maree Carpenter	KAHP
Daryl Callahan	Kansas Nat'l Guard
Bob Williams	Ks. Assoc. Osteopathic Med
Joseph Kocak	KOHC
Mary Murphy	KDHE
Courtney Hahn	2nd Year Medical Student ^{KOSOM}
Melissa Garber	4th Year Medical Student ^{KOSOM}
Jacqueline Kiker	2nd year med student
Perle Hahn	Hahn Law Firm
Joe Ewert	KAUSA
Denny Koca	POUSINELLI LAW
Christina Ellis	WASH - graduate student
Bob Bethus	House of Rep.
Dodie Wellshear	KAPP
Lari Presley	Kearney & Assoc.
Chad Austin	KHA
Anno Spiess	American Cancer Society



*Kathleen Sebelius, Governor
Roderick L. Bremby, Secretary*

DEPARTMENT OF HEALTH
AND ENVIRONMENT

www.kdheks.gov

Division of Health

Testimony on HB 2221

**Presented to
Senate Public Health and Welfare Committee**

**By
Joseph Kroll, Director of the Bureau of Child Care and Health Facilities
Kansas Department of Health and Environment**

March 4, 2009

Chairman Barnett and members of the Committee, my name is Joseph Kroll and I am the Director of the Bureau of Child Care and Health Facilities for the Department of Health and Environment. Thank you for the opportunity to appear in support of HB 2221.

HB 2221 was introduced at the Department's request to respond to the needs of the public and especially working parents to access child care records more readily and to create more transparency and efficiency in government.

Parents wanting to know compliance history and review inspection results contact our Child Care Licensing and Registration Program regularly. In FY 2008, over 1,000 open records requests were received, mostly from parents. The Department regularly receives comments asking why child care provider compliance and licensing information is not available on the Internet. It is clear the public today expects information immediately and they are used to finding consumer information at their finger tips on the Internet. Current Department practice in order to comply with K.S.A. 65-525 involves redacting the name and address of the child care center or day care home from open records documents. This practice is cumbersome, time consuming and frustrating for parents.

In addition, child care providers want to know about professional development training opportunities in their area of the State. Organizations providing these opportunities have difficulty accessing licensees and registrants to let them know about upcoming professional development events in their areas.

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OFFICE OF THE DIRECTOR OF HEALTH
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 300, TOPEKA, KS 66612-1368

Voice 785-296-1086 Fax 785-296-1562

This bill sets the stage for enabling the Department to provide open records information more timely and efficiently. By no longer making the name and address of a child care facility, family day care home or maternity center confidential, the Department can begin using technology and the Internet to provide compliance information, inspection results and related information to parents and the public.

Internet access will allow parents or consumers to identify child care facilities, family day care homes and maternity centers by address and by individual names of licensees, applicants, and facilities.

Organizations of persons who are involved in child care will be able to access information to further education, professional development, and other interests of the vocation, in keeping with the Open Records Act.

A safeguard is provided in Section (c) by authorizing the Secretary to prohibit the release of the name, address or telephone number of a child care facility, family day care home or maternity center when necessary to protect the health, safety or welfare of the public, patients or children. For example, the identity and location of family foster homes licensed by the Department should be protected as these homes offer safe havens for children who have been removed from their parental home due to abuse or neglect.

The current prohibition on releasing individual identifying information was adopted to protect not only the licensee and registrant but also the children, staff and other individuals living or working in a facility or home. However, the Department believes that the ability to release the name of the licensee, registrant, facility and location in order to make compliance information and other open records information more readily available is necessary to provide consumer protection for parents and the public and provides for efficiency and transparency in government.

Over 20 States currently use web-based technology to make available information ranging from basic provider information, compliance history including reports from routine inspections or complaint investigations to more sophisticated research capabilities. None of the states reviewed restrict the public identity of day care home or center based providers. The Department's child care software system is designed to allow enhancements to provide meaningful and prompt information to parents and consumers if the law would allow more information to be provided.

Accordingly we respectfully request the committee act favorably on HB 2221. I will now stand for questions.

March 4, 2009

Testimony on House Bill No. 2221

Holly Turner
Executive Director
Children's Learning Center, Inc
Kansas Association for the Education of Young Children
BGS in Early Education and MS in Early Childhood Special Education,
The University of Kansas

As Public Policy Chair for Kansas Association for the Education of Young Children (KAEYC) I believe Kansas can and must do a better job to create opportunities that help all children and families succeed. As Executive Director of Children's Learning Center, an Early Education Program serving 173 children, 2 weeks to 12 years of age I have seen just how important informed parent choice is for the well being of children.

- By no longer making the name and address of a child care facility, family day care home or maternity center confidential parents will be better able to make safe and healthy placement choices for their children.
- Parents would be able to access child care records **more readily**.
- Would create more transparency and efficiency in government. KDHE can begin using the internet to provide information to parents.

STATE OF KANSAS

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CHAIR: AGING AND LONG TERM CARE
MEMBER: COMMERCE AND LABOR
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TOPEKA
HB 2297

Senate Public Health and Welfare
3/4/09

Chairman Barnett and members of the Senate Public Health and Welfare Committee, I am Bob Bethell and I appear before you today in support of HB2297.

There are many facts that lead to the inclusion of Geriatric Medicine in the Kansas Medical Student Loan Program. Kansas is an aging State that is underserved by the specialty of Geriatric Medicine. HB2297 would encourage students to seek the knowledge that would provide for the aging population of Kansas.

I want to thank you for your favorable consideration of HB2297.

I will stand for questions.

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Senate Committee on Public Health and Welfare

Wednesday, March 4th, 2009

House Bill 09-2297 : Geriatric Medicine, approved post-graduate training program for KU Medical School and Doctor of Osteopathy Loan Programs

To the Representatives of the House Committee on Aging and Long-Term Care,

I am Courtney Huhn, a second year medical student at the University of Kansas School of Medicine from Lansing, Kansas and a proponent of HB 09-2297. I am the individual who contacted my local representative at the time, Representative Kenny Wilk who I knew from church, about the initiation of HB 09-2297 in October 2007 (last year HB 08-2685). Former Representative Wilk contacted Representative Bob Bethell to start working on this bill. The bill passed the House unanimously last year, was moved on to the Senate where the Legislative session ran out of time prior to the bills completion. I am very grateful for your consideration of this bill last year. Then I was unable to testify to the Senate Ways and Means Committee due to exams. However, this year I appreciate the opportunity to share some information about why I pursued the creation of this bill and why I am so passionate about the field of geriatrics. I am a Kansas Medical Student Loan (KMSL) recipient who is interested in completing a residency in family medicine and a fellowship in geriatrics. I have a long standing interest in older adults. I want to utilize that interest with my medical education to serve the geriatric population and their unique and special needs that geriatricians are trained to handle. I have always had a love for older adults and I have done many things in my life to fulfill that. I am currently the University of Kansas School of Medicine Geriatric Interest Group President and trying to promote elderly care issues throughout the medical center campus.

This bill originated at the first meeting of the Geriatric Interest Group last academic year (when I was a first year medical student). I asked Dr. Mary McDonald, the group's advisor, if an interested KMSL recipient could complete a geriatric fellowship prior to paying back the KMSL with years of service as a physician to the state of Kansas since geriatrics is a primary care field. I was told that with the current policy a KMSL recipient who is interested in completing a geriatric fellowship has two options. The first option is to complete their three year family medicine residency and then serve four years as a physician prior to receiving the specialized training of a geriatric fellowship and then come back to complete that fellowship. The second option is to pay the KMSL back in monetary form which is about \$40,000 with the interest of 15%. This takes the total to nearly \$50,000 for one year while completing your geriatric fellowship which is more than the annual salary of that position. As you can see this truly makes it an impossible choice financially. Then one would have to pay back the remaining three years of the KMSL with service as a physician. After hearing this, I decided to see what could be done since geriatrics is considered a primary care field of medicine and a field I am a very interested in pursuing.

Not only is the geriatric population ever growing nationwide but it continues to be underserved. This is also the trend in Kansas. There are about 25 geriatricians serving approximately 400,000 people over the age of 65 in Kansas, according to the US Census Bureau. Most geriatricians are located in urban areas throughout the state. The number of older adults in Kansas is steadily increasing with the baby boomers reaching the age of 65 over the next 20 years. Kansas already has a higher percentage of older adults than the national average. Kansas is at 12.9 percent compared to

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12.4 percent for the United States. This percentage increases to about 20-25 percent in the rural Kansas where there are very few geriatricians, if any.

At this time, the state of Kansas has one geriatric fellowship that has the capacity to graduate two geriatricians annually. However, these spots are not being filled and the program is not able to graduate to capacity. With the passage of this bill, KMSL recipients interested in geriatrics can complete the fellowship and serve this population. This will help give rural Kansas more geriatricians, which they desperately need. Since KMSL recipients must repay their loan with service in rural parts of Kansas, there would be more geriatricians in these areas which would lead to better care for the ever growing rural geriatric population.

The medical education system nationwide has recognized this need for physicians with an awareness about geriatric medicine and has altered curriculum accordingly. For example, the University of Kansas School of Medicine now teaches numerous lectures and web modules on geriatric specific issues and awareness. Additionally, the clinical curriculum is undergoing a change starting in June 2009 that adds additional geriatric training, making the clerkship a 4 week geriatric clerkship instead of 2 weeks of geriatrics in a combined clerkship. These are just some examples of the expansion of the medical school curriculum to include better training and awareness in geriatrics.

With the current state of the economy, I understand the hesitation to pass any bill that could potentially increase spending. However, I do not believe that the addition of this fellowship to the KMSL program would increase the cost to the State of Kansas. Of the currently accepted residency programs for the KMSL some already require four years to complete, such as emergency medicine. Therefore, the completion of a three year family medicine or internal medicine residency followed by a one year geriatric fellowship would take the same amount of time as an emergency medicine residency. The years of service (4 for most students, depending on how many years they chose to take) would not be affected with this bill. The repayment of the service would just be postponed by one year while the student completes the fellowship.

I am now available for any questions you may have on why I pursued this bill or about the field of geriatrics itself. If I am unable to answer your questions I will find the answers from some of my mentors who are already in the field. Feel free to contact me via e-mail (chuhn@kumc.edu) or phone (913) 306-4383.

Thank you for considering this bill,

Courtney Huhn, MS2



Kansas Association of Osteopathic Medicine
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KansasDO@aol.com

TESTIMONY
March 4, 2007
Senate Public Health and Welfare Committee
HB 2297

My name is Bob Williams, Executive Director of the Kansas Association of Osteopathic Medicine. Thank you for this opportunity to address the Committee regarding HB 2297.

HB 2297 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.

Additionally, KAOM would like to add an amendment to HB 2297.

We encourage the Committee to support HB 2297. On page 3, line 22 of HB 2297 we request the Kansas National Guard be included in the definition of "state medical care facility or institution" for purposes of the medical student loan act. The Kansas National Guard is having a difficult time obtaining and retaining qualified medical personnel. Trained medical personnel are essential to care for returning Soldiers. Although, the Veteran's Administration does provide treatment, having trained personnel at National Guard locations is essential for suicide prevention and monitoring Post-Traumatic Stress Disorder. Including the National Guard in the definition of "state medical care facility or institution" will provide the National Guard with an additional means to fill the current vacancies for health care professionals in the National Guard.

Thank you.

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*Bob Williams
Proposed Amendment*

**Proposed Amendment
HB 2297
Page 3, Line 22**

- (a) "Act" means the medical student loan act;
- (b) "approved postgraduate residency training program" means a residency training program in general pediatrics, general internal medicine, family medicine, family practice or emergency medicine;
- (c) "service commitment area" means (1) any community within any county in Kansas other than Douglas, Johnson, Sedgwick, Shawnee or Wyandotte county, (2) any state medical care facility or institution, (3) any medical center operated by the veterans administration of the United States, or (4) the full-time faculty of the university of Kansas school of medicine in family medicine or family practice; or (5) any community within Wyandotte county for purposes of any practice obligation under an agreement entered into by a person who is enrolled for the first time after July 1, 2004, in a course of study leading to the medical degree; and
- (d) "state medical care facility or institution" includes, but is not limited to, **the Kansas National Guard**, the Kansas state school for the visually handicapped, the Kansas state school for the deaf, any institution under the secretary of social and rehabilitation services, as defined by subsection (b) of K.S.A. 76-12a01 and amendments thereto, any institution under the commissioner of juvenile justice as defined by K.S.A. 2007 Supp. 38-2302, and amendments thereto, the Kansas soldiers' home, the Kansas veterans' home and any correctional institution under the secretary of corrections, as defined by subsection (d) of K.S.A. 75-5202 and amendments thereto, but shall not include any state educational institution under the state board of regents, as defined by subsection (a) of K.S.A. 76-711 and amendments thereto, except as specifically provided by statute.

History: L. 1992, ch. 243, § 2; L. 1996, ch. 229, § 137; L. 1999, ch. 149, § 12; L. 2002, ch. 103, § 7; L. 2004, ch. 146, § 5; L. 2006, ch. 169, § 134; Jan. 1, 2007.

TESTIMONY
March 4, 2007
Senate Public Health and Welfare Committee
HB 2297

My name is COL Daryl J. Callahan, D.O., State Surgeon of the Kansas National Guard and the immediate Past President of the Kansas Association of Osteopathic Medicine. Thank you for this opportunity to address the Committee regarding HB 2297. I support the testimony of Mr. Bob Williams and appreciate the efforts he has made on behalf of the Kansas National Guard.

It is my request that the Kansas National Guard be included in the definition of "state medical care facility or institution" for purposes of the medical student loan act. The Kansas National Guard is having a difficult time obtaining and retaining qualified medical personnel. Trained medical personnel are essential to care of Soldiers and Airmen. The operation tempo of the National Guard since 11 Sept 01 has increased and evaluation of these Military Members is essential. Including the National Guard in the definition of "state medical care facility or institution" will provide the National Guard with an additional means to fill the current vacancies for health care professionals in the National Guard. I have included an attachment and stand ready to answer any questions.

Thank you.

Kansas National Guard Medical Incentive Proposal for Testimony

1. Problem: The Kansas National Guard is having difficulty obtaining and retaining qualified medical personnel.

2. Recommendation: Kansas National Guard is included in the definition of state medical care facility or institution in KSA 76-381.

3. Facts:

a. Nationwide 36% of all medical service officers in the Guard were lost in 2005.

b. The National Guard is short 75% of authorized physicians, and 80% of dentists.

c. Kansas shortages:

<u>Position</u>	<u>Authorized</u>	<u>Filled</u>	<u>Percent</u>	<u>Deployed</u>
Physician	27	7	25%	2
Dentist	5	1	20%	0
Nurse	32	26	81%	1
Behavior Science	2	1	50%	0
Physician Assist	20	10	50%	2

d. Medical Officers by Service (as of 23 July 08)

	<u>Air Guard</u>	<u>Army Guard</u>
Physicians	4	3
PA's	1	8
NP's	0	2
Dentists	1	0

4. Discussion:

a. Many medical officers are being deployed for the third time due to shortages described above. Some of them are not able to maintain a practice with this deployment schedule. This is a problem at the state and national levels.

b. The Kansas National Guard has increased demands for physicians. More trained medical professionals would add a robust capability when responding to natural or any state disaster. Recent Pandemic Training revealed weakness in essential medical capability.

c. Trained medical personnel are essential to care for returning Soldiers. Although, the Veteran's Administration does provide treatment, having trained personnel at our locations for suicide prevention and monitoring Post Traumatic Stress Disorder and other diagnoses is essential.

d. Additional trained medical personnel would greatly benefit all Kansans. These professionals would also generate income and pay taxes to offset much of the cost.

Field Surgeon (62B).

Description of duties. Examines, diagnoses, and treats or prescribes course of treatment for the initial phase of battlefield disease and injury. Provides resuscitative and definitive care for injured and wounded soldiers within the capability of the unit's medical element.

Special qualifications. Must have specialty training in this field at a level that is recognized by the OTSG.

(a) Have a Doctor of Medicine Degree or a Doctor of Osteopathy Degree from a school acceptable to DA.

(b) Have had adequate training and professional experience in this specialty in order to meet minimum requirements established by DA.

Special grading of positions.

(a) Treatment Squad of Medical Treatment Detachment (one MAJ; others CPT).

(b) Treatment Squad, FSB (CPT).

(c) Treatment Platoon, FSB (MAJ).

Unique duty positions. Battalion Division and Brigade Surgeon, Medical Platoon Leader.

My name is Melissa Garber, and I'm here to testify in support of Senate bill 2297. I'm currently a fourth year medical student at KU, a KMS loan recipient, and I have a passion for geriatrics. You could even say that I knew I wanted to be a geriatrician before I knew I wanted to be a physician.

Growing up, my favorite school celebration was "Special Persons Day" where I could invite my great-grandma to be my lunch-date or when we would go caroling at the senior center. In high school one of my first jobs was as a nurses aide in a local care facility, and in college I volunteered with Douglas County Senior Services helping patients apply for prescription drug assistance.

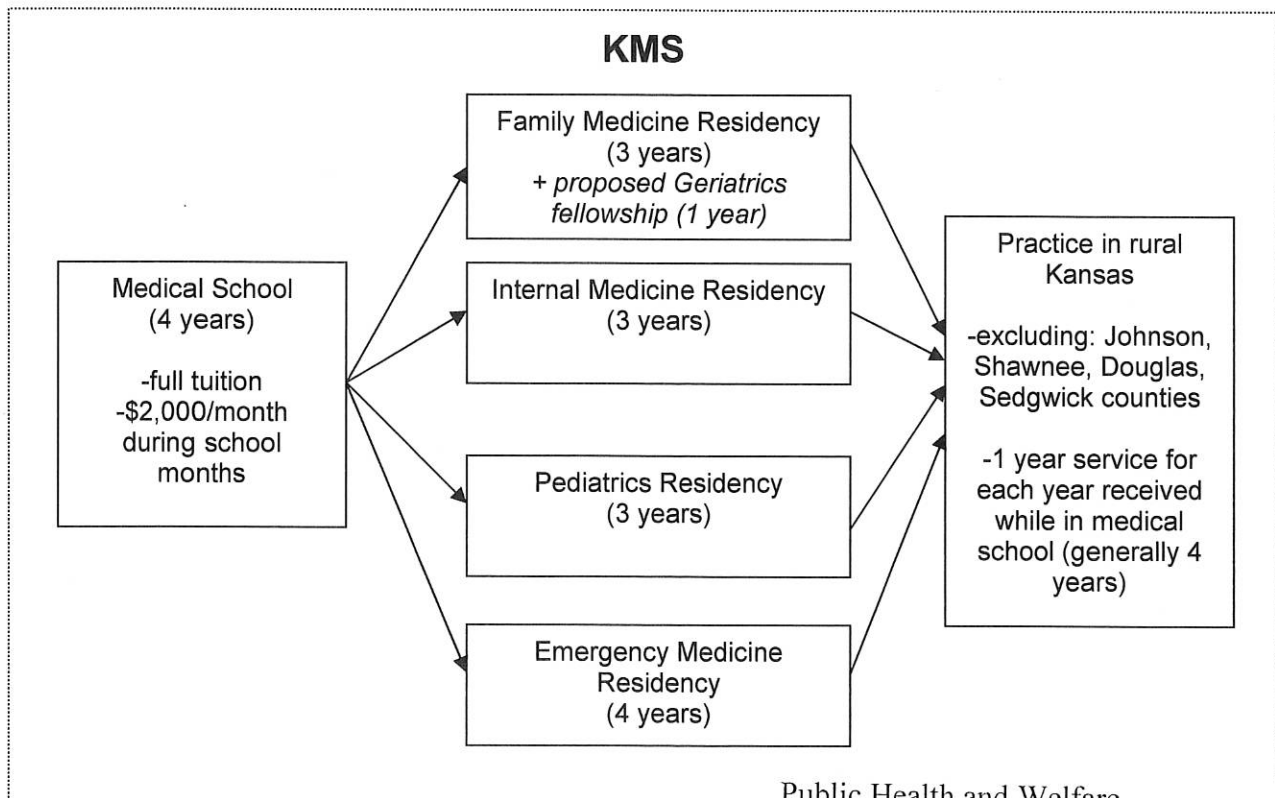
This year I had the opportunity to go back to my hometown of Hutchinson, Kansas and work with the city's geriatrician. That's right, 1 geriatrician serving a town with a population of just over 40,000. According to the 2000 census, 6,900 of Hutchinson's citizens are over the age of 65. This is too much need for just one doctor to meet.

Many 65 year olds are fit as a fiddle and may not need geriatric care. However, looking at those over the age of 75, nationally there is 1 geriatrician for every 2,500 adults and by 2030 it is estimated that there will be only 1 geriatrician for every 4,254 adults, representing over a 50% decline.

Geriatric patients need competent caring physicians with skills in managing multi-system chronic conditions over an extended period of time. Of the current Medicare population, 20% has at least 5 chronic conditions. Geriatrics fellowships provide comprehensive training in coordinating care to improve quality of life and maintain function.

In the 2006-2007 academic year there were 468 geriatric fellowship slots available. Of these, 91 were filled with doctors graduating from American medical schools, 184 of these were filled with foreign medical graduates, leaving 40% of the spots open. These national statistics hold true for Kansas, where year after year only 1 of the 2 slots are being filled.

In just over 3 years I would like to fill one of these spots, as would Courtney here with me today. The heart of KMS is about primary care and serving underserved Kansans. A geriatrics fellowship will not change this mission. Instead, it will give me the skills necessary to provide the best primary care to a fast-growing and dramatically underserved population.



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**Senate Public Health and Welfare
March 4, 2009**

**HB 2297/Geriatric medicine,
approved KU postgraduate residency training program
Martin Kennedy, Deputy Secretary**

Chairman Barnett and members of the committee, the Kansas Department on Aging appreciates the opportunity to express its written support of HB 2297. This bill would expand the list of approved postgraduate residency training programs to include fellowship training in geriatric medicine.

The need for doctors trained in geriatric medicine or geriatric mental health grows greater every year. While the U.S. population age 55 is growing rapidly, according to a 2005 census report, the number of medical school graduates going into geriatrics has been slow to keep up.

The focus of geriatric care is somewhat different than that of specialists in other areas of health care. The particular focus of caring for frail elders includes an understanding of how to assess and determine the individual's ability to function which is often as important as understanding their diseases. Geriatric medicine coordinates long-term care for chronic conditions; managing, not curing, a collection of overlapping chronic conditions, and balancing the risks and benefits of multiple medications.

There are 323 licensed nursing facilities in Kansas and each is required to have a medical director on staff. Because of already low numbers of physicians, particularly in rural areas, many find it difficult to fill this position. We believe the passage of HB 2297 would help lessen this problem.

The Kansas Department on Aging supports the passage of HB 2297.