

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES/SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on January 23, 2002 in Room 210 Memorial Hall

All members were present except: Representative Nancy Kirk, Excused
Representative Jonathan Wells, Excused
Representative Gwen Welshimer, Excused

Committee staff present: Emalene Correll, Kansas Legislative Research Department
Lisa Montgomery, Revisor of Statute's Office
Renaë Jefferies, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Mercedes Bern-Klug, ElderCount Project
Kansas University Center on Aging
Sam Markello, Kansas Foundation for Medical Care
Rosemary Chapin, Professor, Kansas University Social Welfare
Debra Zehr, Vice President, Kansas Association of Homes and Services for the Aging

Others attending: See Attached Sheet

Chairperson Boston asked for Bill Introductions:

Lawrence T. Buening, Jr., Executive Director, Kansas Board of Healing Arts, requested two bill introductions to be started in the Senate. (1) Amend two statutes under the Healing Arts Act and one statute under the Podiatry Act. (2) Amends the definition of medicine and surgery and also adds another category of individuals who are not to be construed to be engaged in the practice of the healing arts.

Representative Morrison moved and Representative Showalter seconded the two requests be accepted. The motion carried.

Representative Patterson requested two bill introductions: (1) Establish a prevention program at KDOA to lend regulatory and best practices expertise to long term care providers (previously contained in **HB 2229**.)

Representative Long moved and Representative Palmer seconded introduction of bill request. The motion carried.

(2) Establish a process by which an independent review panel, consisting of individuals not employed by the state survey agency, makes informal dispute resolution determinations.

Representative Showalter moved and Representative Palmer seconded introduction of the bill request. The motion carried.

Representative DeCastro requested two bill introductions: (1) Direct KDHE to examine reasons for inconsistencies in the average number of nursing facility citations among survey regions. Develop and implement a plan to identify and correct factors originating within the department that contributes to such inconsistencies and reports their findings, progress and outcomes to the Kansas Legislature by 2003 (2) Include as part of new surveyor orientation, within the first 30 days of employment and before survey duties begin, a 10-day full-time assignment to a nursing facility to observe actual operations outside the survey process. Thereafter, each surveyor will be provided, at a minimum, two days of onsite observation in a nursing facility every two years to observe actual observations outside the survey process.

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Representative Long moved and Representative Morrisson seconded to accept the bill requests. The motion carried.

Gary Robbins requested a bill on patient contact lense prescription release.

Representative Morrison moved and Representative Showalter seconded to accept the bill request. The motion carried.

Mercedes Bern-Klug, MSW, Director, Kansas ElderCount, Center of Aging, University of Kansas gave an overview of ElderCount. The purpose of Kansas ElderCount is to design and produce a chart book describing key measures of older adult well-being, at the county level. Eldercount was inspired by Kids Count, a project of Kansas Action for Children and a national-state partnership tracking the well-being of children. The focus is on county-level data. They will report some state data on community mental health centers service to 65+, basic abuse and neglect data, LTC insurance holders, distribution of home health agencies, mental health shortage areas and maybe population projection data.

ElderCount is going to emphasize mapping. The plan is to publish every five years (Attachment 1).

Sam Markello, Kansas Foundation for Medical Care, gave an overview of the health variables. The charge of the Health Sub-Committee was to identify indicators of health and well being among the elderly (age 65+) of Kansas. Indicators had to be: (1) Valid measures of the health domain (physical, mental, social, access to healthcare and support services (2) Reliable – quality data (3) Data representative of all age groups, gender, (4) reportable at the county level and (5) geographic variability in the insurance.

Two indicators reflect serious health conditions and can adversely impact the quality of life, increase levels of disability, lead to increase burden of care on the family and community, increase the need for nursing home care, as well as give rise to premature morbidity and mortality. They are: (1) Hospitalization for cardiovascular care and (2) hip fractures.

Two indicators reflect utilization of preventive care measures, both of which are covered services under Medicare: (1) mammography and (2) flu immunization (Attachment 2).

Rosemary Chapin, Professor, Kansas University Social Welfare, gave an overview of Community Living Variables. The Community Living indicator monitors status of the vast majority of elders who continue to live in the community even when they have long term care needs. Availability of necessary services, housing options, and an elder-ready community infrastructure make this possible. Most elders want to remain in their homes even if they have the need for long term care. Kansas elders contribute significant amounts of their incomes and assets to our communities. The Eldercount Advisory Committee is working to develop future indicators to highlight their financial contributions and participation in volunteer activities as well as in the work force.

The first indicator is the percent of seniors living alone. The second indicator is the number of older adults receiving public state administered in-home services. The third indicator is the number of Client Assessment Referral and Evaluation (CARE). The fourth indicator is the number of Kansans diverted on the 30th day from Kansas nursing homes. The fifth indicator is the number of people receiving Medicaid Home and Community Based Services (HCBS/FE) in 2000. The sixth indicator monitors number of people 65 and over with self-care or mobility disability.

As seniors increasingly have their long term care needs met in the community, it is important that we also monitor elder abuse and neglect, and quality of life both in the community and in nursing facilities (Attachment 3).

Debra Zehr, Vice President, Kansas Association of Homes and Services for the Aging, spoke on the nursing home data collection group.

CONTINUATION SHEET

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The meeting adjourned at 2:40 p.m. and the next meeting will be January 24th.