

SESSION OF 2011

SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2147

As Amended by Senate Committee of the Whole

Brief*

HB 2147, as amended, would amend the “home plus” definition in current law to increase from eight to twelve the number of individuals who could be cared for in a home plus facility. Adult care homes converting a portion of one wing of a facility to a home plus facility, which is separate from and contiguous with the adult care home, would be allowed to have not less than a five-bed and not more than a twelve-bed home plus facility. (The current maximum is eight beds.)

The bill would require home plus facilities providing care for more than eight individuals, after the effective date of the act, increase staffing personnel and resources to meet the increased need in order to maintain the current level of nursing standards. The bill also would require that personnel of any home plus who provide services for residents with dementia to take dementia care training. Technical amendments to the current law also were made.

Background

HB 2147 was introduced by the House Committee on Aging and Long Term Care at the request of Representative Ron Worley. Proponents of the bill before the Committee included a private citizen operator and owner of a home plus facility, testifying in person, and written testimonies provided by a private citizen operator of a home plus facility, a consumer, and a representative of the Kansas Association of

*Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at <http://www.kslegislature.org>

Homes and Services for the Aging (KAHSA). Proponents stated that home plus facilities are good long-term care alternatives for the elderly, but the financial feasibility of home plus facilities is an issue. The proponents indicate the bill would make it more efficient and financially feasible to stay in business and provide resident services.

A representative of Kansas Advocates for Better Care (KABC) testified in opposition to the bill before the House Committee. The representative stated raising the number of residents in a home plus facility should be done only if there is a concurrent required increase in daily nurse staffing and in specific licensed nurse categories.

A representative of the Kansas Health Care Association provided neutral testimony on the bill before the House Committee. The representative stated the current limits in the number of residents in home plus facilities pose financial difficulties on providers. Among the concerns expressed by this representative was the need for specific staffing requirements in regulations to ensure consistent quality care.

Proponents appearing at the Senate Committee on Public Health and Welfare hearing included Representative Bob Bethell and an owner of two home plus facilities. Written testimony in support of the bill was provided by the KAHSA. A representative of the Kansas Health Care Association provided neutral testimony and requested further time to study the proposal (concerns included staffing requirements and consistent quality care). A representative of the KABC provided testimony in opposition to the bill, noting a concern that the legislation could result in serving more adults with greater care needs in a setting not designed or staffed to meet their needs. One area of concern cited by the KABC was that home plus residential facilities serve persons with Alzheimer's but the staff is not required to have dementia care training, as is required for Assisted Living and Residential Health Care Facilities (testimony indicated that 13 homes have special care units for Alzheimer's and dementia).

The Senate Committee on Public Health and Welfare amendment inserted a dementia care training requirement for home plus personnel who provide services for residents with dementia.

The Senate Committee of the Whole amendment inserted a requirement to increase staffing and resources for home plus facilities that provide care for eight or more individuals.

The fiscal note prepared by the Division of the Budget on the original bill states that both the Kansas Department on Aging and the Kansas Department of Health and Environment indicated the bill would have no fiscal effect on their operations.