

MINUTES

LONG-TERM SERVICES TASK FORCE

September 29-30, 2003
Room 313-S—Statehouse

Members Present

Representative Bob Bethell, Chairperson
Senator Larry Salmans, Vice Chairperson
Senator Janis Lee
Senator Chris Steineger
Senator Susan Wagle
Representative Nancy Kirk
Representative Patricia Barbieri-Lightner
Representative Jim Morrison
Representative Judy Showalter

Non-Legislative Members Present

Mark Baily
Evie Curtis
Janis DeBoer
Linda Lubensky
Dr. Carol Moore
Charles Moore
Bob Smith
Ray Vernon
Margaret Zillinger

Members Absent

Senator Paul Feleciano, Jr.
Sister Beth Stover

Staff

Audrey Dunkel, Kansas Legislative Research Department
Mike Heim, Kansas Legislative Research Department
Melissa Calderwood, Kansas Legislative Research Department
Lisa Montgomery, Revisor of Statutes Office
Mary Shaw, Committee Secretary

Conferees

Brian Vasquez, Program Administrator, Estate Recovery, Kansas Department of Social and Rehabilitation Services
Janine Schieferecke, Medicaid Eligibility, Kansas Department of Social and Rehabilitation

Services

Margaret Zillinger, Director, Community Supports and Services, Kansas Department of Social and Rehabilitation Services

Sandy Praeger, Commissioner, Kansas Insurance Department

Dick Cook, Commercial Multi-Peril and Casualty Supervisor, Kansas Insurance Department

John Grace, President, Kansas Association of Homes and Services for the Aging, Inc.

Pat Maben, Director, Long Term Care Division, Kansas Department on Aging

Bill McDaniel, Kansas Department on Aging

Monte Coffman, Windsor Place, Coffeyville

Steve Shields, Administrator, Meadowlark Hills, Manhattan

James Hays, Administrator, Kansas Veterans Home, Winfield

Connie Hubbell, Senior Vice President of Community Relations, Kansas Foundation for Medical Care, Inc.

Victoria Berning, Wichita County Health Center, Leoti (written testimony)

**Monday, September 29
Morning Session**

Representative Bob Bethell, Chairman, called the meeting to order at 10:05 a.m., and welcomed everyone to the meeting.

Chairman Bethell explained that later in the afternoon the Committee would hear an overview on HB 2415 which is the bill that deals with a pool for liability insurance for long-term care providers. The Chairman mentioned that he believed that after the report is heard, the Committee recommendation should be to send that issue in HB 2415 to the House and Senate Committees on Insurance.

Brian Vasquez, Program Administrator for the Estate Recovery Program, Kansas Department of Social and Rehabilitation Services (SRS), provided an update on the activities of the Estate Recovery Program ([Attachment 1](#)). Mr. Vasquez explained that he conducts a collections program that is tied to Medicaid with two groups that are overseen for collections efforts:

- Individuals 55 years of age or older when they receive the Medicaid services; and,
- Individuals regardless of age who are in long-term care, including individuals who are also in home and community-based services.

SRS conducts actions after the death of the Medicaid recipient to recover property. About 50 percent of the money SRS collects comes from probate actions, but they also engage in family agreements and direct recoveries from banks in a variety of different ways.

Mr. Vasquez explained that Medicaid, while being means tested, is also very liberal. It does allow for certain property, particularly a home, to still be available to that individual and allows that person to be able to receive Medicaid services. He mentioned that when there is a surviving spouse, a disabled child regardless of age, a child who is considered a minor under Social Security which is under the age of 21, or a child that is blind, federal and state law state that the Estate Recovery Program cannot proceed with these situations.

Mr. Vasquez provided a brief overview regarding the Estate Recovery Program. The Program was originally enacted on July 1, 1992 and there are two areas of emphasis under the state recovery program initial legislation:

1. Direct action to be taken against bank accounts, those specifically are individually-owned bank accounts that are subject to a pay on death clause. It allows the Secretary or the Secretary's agent to intercept a payout to a beneficiary.
2. The majority of Estate Recovery Program activity involves amendments to KSA 39-709e-2 includes:
 - a. Allows a claim against a beneficiary's estate when that person passes away;
 - b. Allows a claim against the spouse's estate of that beneficiary when the individual passes away;
 - c. Prohibits the estate recovery program from proceeding with the claim when there is a surviving spouse, a surviving minor child, surviving disabled child, or surviving blind child;
 - d. Claim of conservatorship or guardianship;
 - e. Credit against the estate recovery claim when that person has long-term care insurance;
 - f. Voidability: A civil action that, if a recipient of medical assistance has transferred property for inadequate consideration, then the estate recovery program can come in and through civil action set that transfer aside;
 - g. Medicaid claim was granted a first-class status. Under the probate code there are four classifications for demands:
 - i. reasonable funeral expenses;
 - ii. cost of administration and cost of last illness;
 - iii. judgements rendered during lifetime; and
 - iv. everything else.

Mr. Vasquez responded to a question by Mr. Vernon regarding exploitation by family members that covers family misuse of funds. He explained that there is nothing in the Estate Recovery Act itself, but what it may come closest to is Voidability action where there is specific statutory requirement that the transfer has to be done by the individual that is a Medicaid recipient. Mr. Vasquez noted that there are other statutes that deal with financial exploitation of the elderly and whenever Estate Recovery hears these inquiries or comments, they usually refer those cases to the Adult Protective Services side of SRS. He noted that the only other way to deal with it is at the eligibility side. Mr. Vasquez noted that if a person is aware of what the law is concerning eligibility, there are ways to deplete a person's estate, if they wish to do so. Mr. Vasquez also mentioned that the rules regarding Medicaid are that everything you own needs to be given away more than three years before you need to go to a nursing home. He noted that the problem with that is not too many people would want to give away everything they own and people do not know if they will go to a nursing home. What you end up with are people who are caught short where they are trying to come up with some kind of arrangement to be able to deplete their resources.

Regarding a question by Mr. Vernon about pre-paid funeral expenses, and what is reasonable, Mr. Vasquez mentioned that there was legislation which was passed approximately two years ago and it only applies to individuals who are on Medicaid. If a person, as part of their Medicaid eligibility, has established a pre-arrangement that they funded either for insurance, for cash,

etc., and when it comes to the point when it is necessary to pay for the funeral when the person passes away, if there is more money there than what the funeral costs, then the refunds from that would come back to the State of Kansas and be applied against the funeral bill. He also mentioned that the funeral homes must deal with the person across the desk from them at the time of the death and that person can control what level of services they receive.

Representative Kirk requested suggestions from Mr. Vasquez about what might improve the process of estate recovery. Mr. Vasquez addressed SB 272 in the 2003 Legislative Session that had five particular proposals, but the bill was not passed. Mr. Vasquez listed those five proposals found in SB 272 as follows:

- a lien procedure along with probate;
- regarding the auction allowed under 42-USC-1392-P, suggests that a state may expand the definition of a probate estate for Medicaid recipients;
- dealing with the use of trusts and what obligations that might impose on these individuals;
- service contracts for life service contracts to provide visits, contacts with doctors, and a variety of things that normally would be done by a family member and the providers of these services would charge for the services and the individual pays up front for two years worth of care and thereby made the individual eligible for Medicaid; and
- a re-assessment of the definition of joint tenancy property.

Mr. Moore asked if the state has looked at requiring individuals that are appointed guardians and conservators to set up an irrevocable trust for final funeral arrangements. Mr. Vasquez responded that he was not aware of any statute that imposes that, but mentioned that there is a new conservatorship code.

In response to a question by Chairman Bethell regarding if a person does not make funeral arrangements and the responsibility falls upon the Medicaid system for the burial, what amount of money is allotted for the burial. Mr. Vasquez explained that if everything else is met within the parameters, the total funeral assistance per person is \$550, which does not meet the costs associated with a burial. Chairman Bethell verified with Mr. Vasquez that one of the major problems is that you cannot bury a person for \$550 and it ends up with SRS goes back to the family to pick up the balance or the funeral director ends up absorbing those costs. Mr. Vasquez noted that the issue is that \$550 is not with the Medicaid money and the present Funeral Assistance Program is 100 percent State of Kansas money.

Chairman Bethell asked for suggestions from Mr. Vasquez regarding minimum expenses that could, should, or would be shielded from an estate recovery. Mr. Vasquez mentioned that there are some structures that would already allow that, but do not mandate it. Chairman Bethell asked if Mr. Vasquez would recommend or suggest introduction of legislation to make this a mandated part of the spend down process. Ms. Janine Schieferecke, Medicaid Eligibility for SRS, explained that there is a provision within the Medicaid system for people requesting long-term care assistance regarding the transfer of property provision that would enable SRS to penalize an individual who does give away money, property, etc. She noted that it would not be allowable within the federal Medicaid rules to require an individual to set up any type of irrevocable or allowable account to purchase casket or vault or those types of things, but could look to expand the current provision and current limits to some extent. The current \$3,500 irrevocable limit is state-law based and the federal government

says it is whatever the state law is and that could be done. They cannot come in and put limits on the casket or limits on the vault because that is also federal-based.

Chairman Bethell inquired about the average cost of a funeral in Kansas and Mr. Vasquez responded that it is approximately between \$5,000 and \$6,000 but does not include the cemetery expenses. Mr. Vasquez noted that the opening and closing of a grave at this time in Wichita is running in the \$500 to \$700 range.

Chairman Bethell asked Mr. Vasquez a hypothetical question, but very real in the process, regarding an individual that has long-term care insurance and they go into a nursing facility and spend three years there. Average length of stay in a nursing home is 2.5 years so they are outliving the average length of stay and also outlived what they thought they would have to spend because they have lived three years and are still living. At this point the individual has no more assets other than the amount for which they had insurance coverage. Chairman Bethell asked, does the individual qualify for Medicaid at that point. Mr. Vasquez responded that if the individual does not have cash non-exempt resources above \$2,000, they qualify on the spot as long as their income is less than the nursing home cost and there is nothing there to prohibit the individual from qualifying for Medicaid.

Mr. Vasquez explained in response to an additional question by Chairman Bethell, for example, if there is a house involved, it is a credit against the state claim that would be applied after that individual dies to any assets in that person's probate estate. It is not a front-end thing that there is an asset disregard. There are four or five states that were able to get such laws enacted until Congress amended the law that basically put a prohibition in place keeping individuals from being able to have an asset disregard as part of an eligibility process. Kansas law passed in 1992 bypassed that entire issue. Chairman Bethell clarified with Mr. Vasquez that it goes back to the exempt issues that it has to be on those exempt issues at the end of life. Mr. Vasquez noted that the problem is that there seems to be a fairly strict prohibition against such activity found out of 42-USA-1396p that prohibits SRS from going in through an asset disregard as part of eligibility for Medicaid.

Chairman Bethell welcomed Margaret Zillinger, Director of Community Supports and Services SRS, who gave an update on the Direct Services Workforce Grant Application that SRS has submitted to the Centers for Medicare and Medicaid Services (CMS) (Attachment 2). Ms. Zillinger explained that they have not heard yet from CMS whether they have been awarded the grant. She noted that this grant program provides funding to test workforce recruitment and retention strategies. Ms. Zillinger emphasized that supervision is an issue and the training of supervisors of direct support workers can reduce turnover of direct support workers.

Ms. Zillinger also addressed the project hypothesis, possible outcomes, feasibility, monitoring plan, and products and time line. In closing, Ms. Zillinger mentioned that SRS sees the direct service workforce issues as a priority and will continue to work with community providers regarding the building of a quality workforce in their areas.

The Committee recessed at 11:20 a.m. for lunch.

Afternoon Session

The Committee reconvened at 1:30 p.m. Chairman Bethell welcomed Sandy Praeger, Commissioner, Kansas Insurance Department. She distributed additional information noting nursing home self-funded insurance may not cover the cost of potential liability down the road. Commissioner Praeger introduced Dick Cook of the Kansas Insurance Department.

Chairman Bethell welcomed Dick Cook, Commercial Multi-Peril and Casualty Supervisor, Kansas Insurance Department, who presented an overview of HB 2415 and the proposal of an adult care home group funded insurance pool (Attachment 3). Mr. Cook explained that admitted market refers to insurance companies that are regulated in the State of Kansas and the non-admitted market refers to companies just issued a Certificate of Authority in a state other than Kansas and are not regulated by the Kansas Insurance Department.

Mr. Cook mentioned that in February of 2000, the Department noted a report in an insurance trade magazine regarding skyrocketing costs of general and professional liability insurance for nursing homes in Florida, Texas, and California. He noted that the report indicated that the high rates were a result of the high cost of prosecuting and defending nursing homes. Mr. Cook explained that the Department was concerned that the litigation trends and loss experience of these and other states would begin to erode the Kansas market by restricting underwriting and increasing rates.

By mid-year 2000, the Kansas Insurance Department began receiving reports from various agents and the nursing home associations advising them that many of their clients and members were being non-renewed and were having to place their coverage in the non-admitted or excess surplus lines insurance market at much higher rates. In some cases, it was reported the resulting premium increase was in excess of 300 percent.

Mr. Cook explained that in July of 2002, the Department met with representatives of the two Kansas nursing home associations to discuss forming the Long Term Care Liability Insurance Task Force. He mentioned that the task force would be made up of the two associations, agents, Kansas Department of Health and Environment, Kansas Department on Aging, and the Kansas Insurance Department. He mentioned that it is anticipated that this group will hold additional meetings in the future to discuss availability and affordability insurance problems facing the long-term care facilities and seek possible solutions to these problems.

Chairman Bethell mentioned that the Task Force will probably make a recommendation in its Committee report that the House Insurance Committee, the Senate Financial Institutions and Insurance Committee, and the House and Senate Health Care Group take a look at the issue of liability insurance for long-term care facilities.

Chairman Bethell welcomed John Grace, President/CEO, Kansas Association of Homes and Services for the Aging (KAHSA) who gave a presentation on the Greenhouse Project (Attachment 4). Mr. Grace explained that the nursing facility of the past 50 years is not the model of the future. He mentioned four fundamental principles of new models:

1. The elder is the decision-maker.
2. Front-line caregivers are empowered to be responsive to elders and each other.
3. An attitude and atmosphere of home prevails.
4. The organization, residents, and staff are an integral and vital part of their local community.

Mr. Grace explained the characteristics of the Greenhouse model which are found in his written testimony and gave a comparison from the traditional nursing home and the Greenhouse.

Chairman Bethell mentioned that one of the issues that has been attributed to the increased cost in liability insurance is adverse findings on the nursing home surveys, and he feels that there is a need to stretch out the surveys for facilities that provide good care and let the surveyors go into the facilities that are troubled or have poor records and help them get back on their feet and moving in the right direction. The Chairman felt the Task Force should encourage others to do this in its Committee report, to look at how the time can be expanded in between surveys for facilities that are in good shape and doing the right things, but also need oversight on surveys.

The Chairman distributed copies of additional information to the Task Force including the Greenhouse Project.

The Committee recessed at 3:20 p.m.

Tuesday, September 30 Morning Session

The Committee reconvened at 9:00 a.m. Chairman Bethell welcomed Pat Maben, Director, Long Term Care Division, Kansas Department on Aging ([Attachment 5](#)). Ms. Maben explained that the 2002 Kansas Legislature increased the resident capacity in Home Plus facilities from five residents to eight residents. This change was recommended by the Task Force on Long-Term Care Services.

Ms. Maben explained that eight new facilities were licensed as Home Plus in the past year. The number of Home Plus facilities as of September 2, 2003, was 47, with a resident capacity of 263.

Chairman Bethell welcomed Bill McDaniel, Kansas Department on Aging, who presented a report on what other states are doing with their Civil Monetary Penalty (CMP) funds for cultural change in nursing facilities ([Attachment 6](#)). Mr. McDaniel presented information on the states of North Carolina, South Carolina, Michigan, and New Jersey which is detailed in his written testimony.

Mr. McDaniel mentioned that the three states that used CMP funds for culture change (North Carolina, South Carolina, and New Jersey) did not have a problem obtaining approval from the Center for Medicare and Medicaid Services.

The Chairman mentioned that he felt that the CMP funds, just as the Centers for Medicare and Medicaid Services has said, should go back to improving the problems that created the fines. Chairman Bethell suggested, that as part of the Task Force on Long-Term Care Services Committee report, to encourage the Kansas Department on Aging to look into opportunities to improve care in Kansas by using the CMP dollars. He asked for any ideas from Task Force members.

Mr. Vernon noted that in addition to the staff and environmental changes, a lot of these organizations have no funds for capital improvement changes. He inquired about setting up a low-interest loan program or capitalization for these changes through the CMP funds. Chairman Bethell mentioned that since Centers for Medicare and Medicaid Services has said that we need to be flexible, it would be something good to place in the Task Force on Long-Term Care Services Committee report and find out about it.

Senator Salmans inquired about the state surveys and the University of Kansas study. Mr. McDaniel explained that the study by the University of Kansas is to validate with findings, the survey conducted with the Kansas Department on Aging. The federal look-behind surveyors come in after the state surveyors and there is concern in the timing difference. The second piece is looking at characteristics of nursing homes. Senator Salmans requested information regarding the University of Kansas study regarding the funding transition and if it is in the budget for the University of Kansas or in the budget someplace else. Mr. McDaniel mentioned that he will check it.

Chairman Bethell welcomed Monte Coffman, Windsor Place, Coffeyville ([Attachment 7](#)) who presented information regarding their Promote Excellent Alternatives in Kansas Nursing Homes (PEAK) award. Mr. Coffman explained their operating philosophies and emphasized the following:

- No one wants to go to a nursing home . . . so we must not be one.
- Our most important customer is our employees.
- There is a one-to-one correlation between the manner in which the employee perceives they are being treated by their supervisor and the company, and the manner in which the employee will treat their customers.

Mr. Coffman addressed their PEAK Nursing Home Award Application. He noted that they introduced new technology to Windsor Place in the form of interactive television which had the capacity to:

- Improve access to outside health care providers who can conduct resident consultations with medical specialists without having to leave the facility.
- Conduct employee development programs on-site.
- Provide education programs to the Coffeyville and entire Southeast Kansas community.

Mr. Coffman mentioned that they have a lot of community involvement and partnerships, which lead to new relationships for the residents as well as sustain their long-term relationships and have been an integral part of their mission. There have been a number of changes in their model of care delivery in the past 12 months. The changes have incorporated elements of resident control, staff empowerment, and home environment. The specific areas of change included food service/dining, bathing, and am/pm routines. Their food service program has moved to a buffet style offering with multiple choices available for each resident.

Mr. Coffman mentioned that regarding their staff, they have experienced a reduction in employee turnover and the corresponding employee retention has improved. They gave people meaningful work.

The Committee viewed a portion of a video titled, "Pioneer Network, Innovations in Quality of Life."

Chairman Bethell welcomed Steve Shields, Executive Director, Meadowlark Hills, Manhattan ([Attachment 8](#)). Mr. Shields mentioned that it is significant that the video was produced by the federal government and the language clearly notes times have changed. The video is about providers taking responsibility. He noted that no one wants to be in a nursing home. Their challenge is to continue "home" and that is what their challenge is to create.

Mr. Shields explained the four-year culture change at Meadowlark Hills. Among their major accomplishments are:

- a large, sterile institution has been transformed into several small, warm households;
- cross-trained teams of dedicated workers are building friendships and community with residents and family members;
- elders are exerting their new found freedom of choice; and
- worker turnover continues to drop while census and resident satisfaction have gone up.

Mr. Shields explained that there is a need to define the model of the foundational base of resident-directed services model with the family organizational design and the operating systems have to complement it. Policies and procedures, quality improvement systems, and human flow systems all need to be designed and someone has to sponsor that at some point. He believes that this needs to happen through demonstration projects. It is needed to find models that can be designed and duplicated in Kansas for a demonstration project and reinforce it so that others can access it. Mr. Grace mentioned that there needs to be physical design elements and there are some very basic factors in physical design that you would be educating designers about common elements that are successful. Regarding the business model, for example, the Greenhouse Project has tremendous potential for duplication around the country. He noted that what is needed is looking at leadership training with curriculum design regarding administrators and the content needs to be specific with programs sanctioned by the State of Kansas.

In closing, Mr. Shields emphasized that regarding culture change in nursing homes, the following two major areas that need continued thought are: demonstration project; and curriculum and licensing requirements for administrators.

The meeting recessed at 11:45 a.m. for lunch.

Afternoon Session

The meeting reconvened at 1:30 p.m. Chairman Bethell welcomed Jim Hays, Administrator, Kansas Veterans' Home, Winfield ([Attachment 9](#)). Mr. Hays explained that the Kansas Veterans' Home applied for the PEAK award last spring based on the community involvement they have

incorporated into the operations of their facility. He addressed the following aspects of community involvement:

- formalized volunteer programs;
- intergenerational programs; and
- opportunities for residents to participate in the community.

Mr. Hays mentioned that they are further developing their formal volunteer program and until now this has been accomplished through a committee approach. In the coming months, they plan to hire a Volunteer Services Coordinator for the facility.

Mr. Hays explained that one of the unique differences about a state veterans' home and a community nursing home is that they get surveyed twice annually: by the Kansas Department on Aging and the federal government. Senator Salmans suggested to have the Task Force take a look at these surveys and look into just having the federal government do the survey since the two surveys are so similar.

Regarding some of the ideas presented, Senator Salmans requested information, roughly by the beginning of the 2004 Session before consideration of the budget, regarding an approximate idea of whether or not is feasible to move into the culture changes regarding nursing homes or locked in the institutionalization for the state regarding funding.

Written testimony was submitted by Vicki Berning, Administrator, Wichita County Health Center, Leoti, regarding being a recipient of the PEAK award ([Attachment 10](#)).

Chairman Bethell welcomed Connie Hubbell, Senior Vice President of Community Relations, Kansas Foundation for Medical Care, Inc. (KFMC), who presented responses to questions that were raised at the last meeting of the Task Force on Long-Term Care Services ([Attachment 11](#)). Ms. Hubbell introduced Sam Markello, Ph.D, Senior Vice President of Quality Improvement, Kansas Foundation for Medical Care, Inc.

Ms. Hubbell presented a brief explanation of the Kansas Foundation for Medical Care, Inc. She explained that KFMC contracts with the federal government, specifically CMS's to insure quality healthcare for Medicare Beneficiaries. Their mission is to "Facilitate the Improvement of Healthcare." Ms. Hubbell noted that under the current contract, KFMC is working to improve four major areas of healthcare including: hospitals, physician offices, nursing homes, and home health providers.

Ms. Hubbell mentioned that the first request was for additional information on data that KFMC collects with regard to nursing home quality. She provided in her Attachment B some of the data elements that KFMC collects on a number of quality measures that are used to compare Kansas nursing homes to national data as well as the states surrounding Kansas. She presented data on eight quality measures regarding the percentage of residents with:

1. Loss of Ability in Basic Daily Tasks (ADL);
2. Pressure Sores (PU);
3. Pain;
4. Physical Restraints;
5. Infections;
6. Short Stay Residents with Delirium;
7. Short Stay Residents with Pain; and
8. Short Stay Residents Who Walk as Well or Better.

Ms. Hubbell explained that KFMC can provide this kind of data and information on any of the eight measures they do for CMS. Dr. Markello noted that all measures are based on Minimum Data Set (MDS) assessment. In response to what KFMC does specifically to improve the quality of care in Kansas nursing homes, they currently do monthly on-site visits to 91 nursing homes in Kansas. During these visits, their staff works with a team from the nursing home to assist them in their quality improvement activities.

Ms. Hubbell mentioned that KFMC has experience in "Peer Review" as well as in "Collaboratives." Collaboratives are a proven quality improvement measurement strategy designed to yield rapid cycle change and breakthroughs in delivery of care. She also offered KFMC's availability to do collaboratives or peer reviews for some type of quality improvement in Kansas nursing homes, possibly a demonstration program.

Chairman Bethell explained that since the 91 nursing homes work with voluntary participation with KFMC, he felt that it should be included in the Task Force on Long-Term Care Services Committee report to encourage the involvement of this and see how the state can encourage that in the individual facilities. He also noted that knowing that getting consultants in the field knowing that federal dollars are available, he feels that it becomes the state's responsibility to encourage individual nursing facility involvement.

Senator Steineger moved, with a second by Representative Barbieri-Lightner, to approve the minutes of the August 25-26, 2003, meeting as presented. Motion carried.

Chairman Bethell mentioned that the next meeting of the Task Force is scheduled for October 23-24, 2003, and requested issues from the panel to address at the next meeting.

Senator Salmans requested study of the duplication of work regarding nursing home surveys and requested that the information by Mr. McDaniel be referred back to the Committee. Chairman Bethell mentioned that regarding HB 2415 and liability insurance pools needs to be referred to the House and Senate Insurance Committees, and Senator Steineger suggested that the Task Force could encourage a bill regarding pools concerning liability insurance. Ms. Lubensky suggested looking at the President's Task Force Issues including pharmaceuticals and Chairman Bethell mentioned concern about fake medications being produced in off-shore companies and the medications are not effective and to take a look at this issue. Senator Salmans asked to look at alternative/homeopathic medicines regarding physicians not knowing patients are on these alternative medications and things being carried into nursing homes by family members, etc. Representative Showalter requested looking at the availability of pharmaceuticals and suggested the director of the program currently in Wichita where low-income people get medications, come to a meeting. Senator Salmans expressed concern regarding a veteran in a community home who used to pay \$3.00 per month for medications in the veterans home and now due to packaging, he pays approximately \$60.00 a month. It was noted that the Veterans Administration will not bubble pack medications.

The meeting adjourned at 2:45 p.m.

Prepared by Mary Shaw
Edited by Audrey Dunkel

Approved by Task Force on:

October 23, 2003
(date)