Approved: ______________________________
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on January 20, 2000 in Room 423-S of the Capitol.

All members were present except: Representative Geraldine Flaharty, excused
Representative Ray Merrick, excused
Representative Dale Swenson, excused

Committee staff present: Emalene Correll, Kansas Legislative Research Department
Norman Furse, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Laura Howard, Chief of Staff, Kansas Department of Social and Rehabilitation Services
Ellen Piekalkieicz, Director of Policy and Planning, Association of Community Mental Health Centers of Kansas
Melvin Goering, CEO, Prairie View, Inc., Newton, KS
Kermit George, Executive Director, High Plains Mental Health Center, Hays, Kansas

Others attending: See Attached Sheet

The Chairperson briefed the committee on the next week's agenda.

Representative Gary Hayzlett requested bill introduction concerning school districts; relating to persons authorized to sign certifications of health of employees and striking "signed by a person licensed to practice medicine and surgery under the laws of any state" and adding "and signed by a person licensed to practice medicine and surgery under the laws of any state or by a person holding a certificate of qualification to practice as an advanced registered nurse practitioner under the laws of this state."

Representative Storm moved and Representative Bethell seconded to accept bill introduction. The motion carried.

Representative Bob Bethell requested three bill introductions: (1) concerning the emergency medical services relating to the certificates being on a per application basis rather than a calendar basis and also certification for a an emergency medical technician to be a two year certification rather than a one year certification. (2) relating to emergency medical technician felony background checks revoking the license of an individual who is convicted of committing a crime against persons (abuse, assault, neglect, battery, rape). (3) correcting bill that has been in effect since 1998 regarding background checks for individuals working in long term care institutions and home health institutions convicted of a crime against persons is prohibited from working in a long term health care facilities but a person who is convicted of conspiracy to commit that crime or convicted on attempt to commit that crime is not prohibited and the Board would like that corrected. It is also requested the background checks should be completed by the KBI rather than Health and Environment.

Representative Geringer moved and Representative Lightner seconded to accept all three requests for bill introduction. The motion carried.

Staff briefed the committee on the deadlines and gave a review of the 1990 Mental Health Reform Act. Staff stated that Topeka State Hospital was mentioned many times in the statutes, K.S.A.39-1601 thru 39-1613 and that language should possible by addressed.

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.

Laura Howard, Chief of Staff, Department of Social and Rehabilitation Services, briefed the committee on mental health reform, state hospital closure and diagnostic related groups. There was reduction in the number of available beds in state hospitals was mandated and in FY 1990 there were 1,003 psychiatric hospital beds and by the end of FY 1999, this had been reduced to 375. The average length of stay has decreased for children and adolescents from 220 days in FY 1990, to 119 days at the end of FY 1999. A similar decrease is seen for adults with 108 days in FY 1990, and 57 days in FY 1999.

SGF expenditures for community-based services increased from $12.7 million in FY 1990, to $45.4 million in FY 2000.

Kansas Medicaid began using the Diagnostic Related Group (DRG) payment system in 1989 as a means of paying reasonable costs and controlling hospital cost increased. There currently are more than 500 DRGs. There is considerable variation in the portion of days at hospitals for Medicaid beneficiaries. From 1994 to 1999, the average percentage of Medicaid days to all inpatient days has declined from 15.3 percent to 12 percent. In general, urban hospitals tend to serve a higher percentage of Medicaid. For example, general hospitals in Wichita have had between 12 percentage of Medicaid. For example, general hospitals in Wichita have had between 12 percent and 20 percent utilization for this same time period. It is not uncommon for many fural hospitals to have less than five percent Medicaid beneficiaries (See Attachments 1&2).

Ellen Piekalkiewicz, Director of Policy and Planning, Association of Community Mental Health Centers of Kansas, Inc., stated the system prior to mental health reform there were admissions were around 4,000 annually to state hospitals. There were no restrictions about who could refer an individual to a state hospital. Many people in the state hospitals did not need to be there. Most state dollars were in the state hospitals. The state was constantly struggling with HCFA decertification of the state hospitals.

A post audit report in 1988 stated the current system is not sufficiently coordinated or integrated. Legislative concerns have again been raised that the system for providing mental health programs and services in Kansas is not integrated, and that clients are being sent to State institutions who could be treated within their communities.

Mental Health Reform and the closure of Topeka State Hospital provided additional state funds to mental health centers to offset hospital bed reduction. The gatekeeping/screening and community based services to adults and children must be covered by the funding. The total amount of funding under mental health Reform is $18 million from the State General Fund. An appropriation of $8.0 million from the State General Fund was made to support the closure of 231 beds and the entire Topeka State Hospital Facility. There were already some state dollars being provided to CMHCs in 1990 such as $10 million in basic state aid and special purpose grants for case managers (See Attachment 3).

Melvin Goering, CEO, Prairie View, Inc., Newton, Kansas, stated Mental Health Reform established procedures to decrease the number of persons with mental illness who are treated in state hospitals and to increase community services by using the Community Mental Health Centers as gatekeepers and service providers. It worked. State hospital beds have been reduced dramatically. Community-based services have increased, though the promise of state hospital savings being redirected to community services has not been fully realized and normal inflationary increases for those services have not been provided.

Mental Health Reform requires local hospitals to remain open to serve persons in the community setting. Equitable payment systems are needed to avoid having the state spend excess money and to assure that some hospitals, such as Prairie view, will not be driven from the Medicaid market due to the unfair payment system that strengthens its competition. A level playing field is needed (See Attachment 4).

Kermit George, Executive Director of High Plains Mental Health Center, Hays, Kansas, stated be believed the 1990 Mental Health Reform Act was one of the most carefully considered public policy transformations in Kansas. Kansas is seen as a leader in mental health policy. All hospitalized persons are first screened by mental health center staff to determine whether or not the individual can be safely and appropriately served in the

community (See Attachment 5).

The committee adjourned at 3:15 p.m. The next meeting will be January 27.