

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 March 16, 2000 in Room 423-S of the Capitol.

All members were present except: Representative Peggy Long, 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: Pam Scott, Kansas Funeral Directors Association
Dr. Charles DeCarli, Director, University of Kansas,
Alzheimer's Disease Center
Cynthia Teel, PhD,RN, University of Kansas, Alzheimer's
Disease Center

Others attending: See Attached Sheet

The Chairperson opened the meeting and stated there were two extra days to work bills i.e., Monday and Tuesday of next week and asked what bills the committee wished to work. The Chairperson asked if the following bills had interest of the Committee: **SB397**, yes; **Sub SB554**, no; **SB555**, no; **SB598**, no; **SubSB599**, yes; **HB2728**, no; **HB2924**, no.

The Chairperson opened the hearing on **SB 556 - Who has right to control disposition of a decedent's remains.**

Staff gave a briefing stating the bill was requested by the Kansas Funeral Directors Association whose representative testified as to the problems that can arise when there is no one person designated to authorize the disposition, to represent the decedent's wishes, or if the decedent has not given directions for disposition. The bill would create a new law that would set out by statute the order of priority of persons who may order the burial, cremation, entombment, or anatomical donation of the remains of the decedent. The funeral director, funeral establishment, or crematory is not to be subject to criminal prosecution or civil liability for carrying out the otherwise lawful instructions of the person or persons authorized by the new statute to give such instruction if the funeral director reasonably believes such person was entitled to control the final disposition of the remains of the decedent.

Pam Scott, Executive Director, Kansas Funeral Directors and Embalmers Association, Inc. testified as a proponent to **SB556** stating the issue of final disposition of the deceased's remains has become very prevalent today. It becomes a divisive issue in situations where family members can not agree over the manner or location of final disposition. Confrontations are more common today than in the past because of an increase in divorce, remarriage and situations where there is no spouse but a "significant other" of the opposite or same sex.

An amendment on page 1, lines 20 and 21 is requested striking "The individual who, at the time of death of the decedent acted as attorney in fact" and replaced with "agent" was requested (See Attachment #1).

Mack Smith, Executive Secretary, Kansas State Board of Mortuary Arts, provided written testimony supporting **SB556** and the amendment requested by the Kansas Funeral Directors and Embalmers Association, Inc. (See Attachment #2).

Representative Bethell moved and Representative Storm seconded to strike language put in by the senate and reinstate "The agent" on page 1, lines 20 and 21. The motion carried.

Representative Bethell moved and Representative Haley seconded to pass **SB556** out favorably as

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amended. The motion carried.

The Chairperson opened the hearing on **SCR 1636 - Support of Alzheimer's disease pilot program.**

Staff gave a briefing stating the University of Kansas Alzheimer's Disease Center has had some pilot studies going around the state and have looked at the rural areas of the state not diagnosed at an early stage. Sometimes physicians are unaware when it is possible to diagnose alzheimer's at a fairly early stage of the disease because that ability is relatively new and sometimes physicians are reluctant to make that diagnosis or at least put it into words for reasons of affect on the family. People are often admitted to nursing homes before they would have had to be simply because there were not facilities available in the community to assist them and the families to keep them in the home. With early diagnosis there are some drugs that can be used that delay the onset of the most pervasive manifestations of alzheimer's and through medications and treatment they can be self-sustaining and self-functioning for at least a year and perhaps longer. There is also some evidence that is not totally agreed to that the earlier that treatment is begun manifestations may be delayed for a period of time. The Center has proposed a pilot project for which they are requesting funding. The pilot project "Kansas Memory Assessment Program" would actually support a pilot that would be geared toward providing access to dementia diagnosis in specific piloted areas and the access to early treatment for alzheimers. This is to have a two prong approach. One part is to educate physicians in that area of the state and the other is to start treatment. This pilot project is patterned by a project in the state of Maine. It has been so successful it has now been extended statewide in Maine. This would be cost savings for the state and the quality of life for the individual and family. The amount of funding being requested is \$21,035 and this would be for 10 people in the Hays area.

Dr. Charles DeCarli, Director, University of Kansas, Alzheimer's Disease Center, stated a pilot project of the Kansas memory Assessment Program (MAP) is proposed herein. Project staff at the University of Kansas Alzheimer's Disease Center, in collaboration with colleagues in northwest Kansas, would participate in pilot testing, MAP. The purpose of the MAP is to support the diagnosis and treatment of persons with dementia and their families who live in rural areas of Kansas. Overall, the MAP is designed improve access to dementia services and to enhance the expertise of local health care providers in the management of persons with dementia. It was found that the people most vulnerable to alzheimer's is in the midwest with the exception of 2 small East coast states. Kansas is in the middle of the aging belt, but also has its own particular issues and has to do with the combination of demographics and the rural location. There are 41,832 people in Kansas who are 85 years of age and older. That is expected to double in the next 10 years. The majority of these people live in rural areas, 3/4 of them are women and most of them live alone and most of them live in poverty as defined by their income levels; however, some of them have resources. Why is this important? The people that are 85 years or older; 1/2 of them are at high risk for alzheimer's if they don't have alzheimer's disease and this translates into about 20,000 people who are either at the very early stage of alzheimer's, may have alzheimer's are currently living in these rural areas. That is not the only problem in Kansas. Currently there are 64,000 affected by alzheimer's disease and this is again predicted to double in the next two decades. It is important to know this is a terminal illness that lasts about 7 years but assistance is usually required about 1/2 of the time. This has direct impact on some of our current support services. For example, at the present time about 30,000 nursing beds are available with about an 87% occupancy rate. On a per capita basis, in Kansas, the number of people that have been admitted to nursing facilities has doubled than the national average. 92% of these residents are 65 years of age or older and about 80% have dementia. Of those who have dementia, alzheimer's is currently the most common dementia. Estimates based on these statistics for the state of Kansas estimate that the cost for taking care of these individuals is about \$200M in 1998 and \$80M comes from the state general fund and the remainder comes from the Medicaid Titlement IXX. The diagnosis of alzheimer's can be made early and have treatment. Implementation of treatment are known to be cost effective because they keep the person independent and allow the person to stay at home, can use less resources, and improves the quality of life for both the patient and the caregiver.

Project goals will be accomplished through partnerships with the Northwest Area Agency on Aging and the Northwest Area Health Education Center, both located in Hays, Kansas. The executive directors of both agencies have offered enthusiastic support for the pilot.

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Cynthia Teel, PhD, RN, Director, Education and Information Transfer, University of Kansas, Alzheimer's Disease Center, spoke how they have arrived at this being a reasonable solution for the issues we are facing. When we discovered there was such a high rate of older adults who are in nursing homes, many of whom were in nursing homes with very little disability compared to some of the older adults in institutional settings in other states, we asked ourselves why? What is going on here and what is the problem? As a part of the strategy in trying to find the answer, I traveled the state and visited with family members asking them about the problems they had in trying to get the diagnosis of alzheimer's disease for their loved ones, what were the challenges they faced and the barriers, not only to the diagnostic section, but also getting care and treatment after diagnosis had been made. From that a lot was learned and we started looking for solutions that had been effective in other states and came across a program that had been implemented for a number of years in Maine and putting those pieces together and are proposing today that implementation of a pilot project for Kansas is warranted at this time. The purpose of Kansas MAP is to support the diagnosis and treatment of persons with dementia living in rural Kansas and hope that by implementation of this pilot project we can identify and begin treatment for patients with dementia earlier than is currently happening. Education is a very strong component of this program, education for physicians, care providers and family. We currently have commitments for program partnerships with the Northwest Area on Aging in Hays and also the Northwest Area Education Center in Hays. There are physicians in the rural area who are responsible for diagnosing and treating their patients and many times that works out fine but could be improved. In the project, a physician in a rural area would refer a client who he or she was suspicious of having dementia and wanting assistance in working up the patient with a diagnosis so the patient would be referred to the Kansas MAP project. At that point and time a nurse - social worker team from the Area on Aging who had already been trained by the KU Medical Alzheimer's Center could go out and do an assessment of the patient and family in the home setting. The nurse-social worker assessment team would then go to an Area Health Education Center in Hays and communicate those findings to the dementia consultants at KU. We would deliberate about those findings and communicate with the primary care provider in the rural community and at that point the local physician would make the diagnosis and then implement treatment for the patient in a rural setting using the resources of the assessment team to help carry out and implement that treatment. The patients would benefit because there would be access to earlier diagnosis and that means earlier treatment which means better chance for prolonged independence in the home. The families benefit because when patient gets into the system earlier the families then can also get earlier access to knowledge and education about treating the disease and behavior management in the home (See Attachment #3).

Representative Morrison moved and Representative Toelkes seconded moving **SCR1636** out favorably. The motion carried.

The Chairperson asked the Committee what their wishes were on **SB513 - Concerning cosmetology.**

Representative Bethell moved and Representative Lightner seconded to move **SB513** out favorably.

Representative Landwehr stated that Senator Praeger had a concern with the sanitation issue as it has to be addressed and would like to have the authority moved from the Cosmetology to the Behavioral Sciences Regulatory Board.

Representative Lightner moved a Substitute Motion and Representative Storm seconded amending **SB513** with **HB2875** which allows 49% of total services per week in a residence or office of the person receiving services. There would be a \$15.00 application fee to provide this service

Representative Morrison stated he opposed the Substitute Motion.

The Chair stated if **SB513** was taken up again this year, would start at the point of Representative Lightner's Substitute Motion. Might continue after talking to the Board of Cosmetology.

The Chairperson stated hearings had not been concluded on **HB 2728**, but had ran out of time so would not be able to continue today.

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The Chairperson again asked the Committee which bills they wished to consider.

Representative Showalter moved and Representative Bethell seconded approval of the minutes of March 6, 7, 8, 13 and 14. The motion carried.

The meeting adjourned at 3:10 p.m. Meetings for next week are on call.