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Kansas House of Representatives
Children and Seniors Committee
Thursday, January 28, 2021

Testimony given by: Mark Schulte
Mark Schulte, Legislative Committee Co-Chair
Kansas Adult Care Executives Association

Chairwoman Concannon and Members of the Committee:

Thank you for the opportunity to share our concerns regarding HB2004.

The Kansas Adult Care Executives (KACE) is a non-partisan, non-profit professional association serving nursing home administrators and assisted living operators in Kansas. Our membership includes 300 individual administrators and operators from both the non-profit and for-profit adult care sectors. Our members are located throughout the state of Kansas and several members serve as both the administrator and owner of their facilities.

The Role of Assisted Living Facilities, Residential Healthcare Facilities, and Home Pluses

The virtue of aging in place for seniors is universally recognized by everyone. Our goal as consumers, family members, and caregivers should always be to provide care in the least restrictive setting. That goal is why these State licensed facility options were created. They were created for the senior who has fewer medical and service needs than someone who needs long term care or skilled nursing services. As these providers are serving seniors with different needs, the menu of services provided or even allowed by State licensure is very different than in Skilled Nursing Facilities.

A decline in functional capacity for a person is a normal part of the aging process that we will all experience. When someone is admitted to a State licensed facility it is almost certain that person will experience a decline over time. When that decline is significant enough is will require care and services that are delivered in health care settings intended for seniors with more acute care needs.

It is always unfortunate when it has been clinically determined that a senior is no longer appropriately cared for in State licensed facility and is asked to leave what has become their home. When it happens residents, their families, and the staff members must accept a change that is not desired. For this reason, these decisions are only made when it is absolutely necessary to protect the health of the resident. Prior to discharge there must always be communication with the resident and families

about the resident’s decline, interventions that a facility appropriate are explored, and third-party clinicians such as the resident’s primary care physician must agree that a change is necessary.

Conclusion:

If the process is challenged for because a family member desires that the resident remain in that setting, there a risk of harm to the resident, the provider may be asked to practice beyond the scope of their license, and the finite resources that are available to provide care to other residents are stretched thinner and put other residents at risk. The regulations provide for a process that assures these decisions are made with clinical objectivity. Forcing a State licensed provider to care for a resident who is no longer appropriate is analogous to someone walking into a minor emergency clinic with chest pains and refusing to leave until that clinic provides the coronary bypass surgery to correct the problem.