



“Turnaround,” the official half-way point of the 2022 legislative session was Feb. 24. Turnaround is the deadline for bills to be passed by the full House or Senate, whichever the bill started out in. Bills “die” unless “blessed” in one of seven exempt committees or get a special exemption from the deadline by House or Senate leadership. There are however procedures to keep legislative efforts alive. We continue to watch all bills of interest until the legislature adjourns.

HB 2004 / Creating the Right for a Resident to Appeal Evictions from Assisted Living Facilities

[HB 2004](#) is KABC’s highest legislative priority this year. The bill creates the right for residents of assisted living, residential health care or home plus facilities to appeal an involuntary discharge/ eviction. After sitting dormant for a year, we appreciate the support of the [House Committee on Children and Seniors](#) in voting to move the bill to the House floor for a vote.

Also known as "Charlie's Bill," HB 2004 was introduced by Rep. Highland on behalf of Rachel Imthurn, Maple Hill. Her late husband, Charles ("Charlie") Imthurn was involuntarily evicted in 2011 from the assisted living facility he was living in. He was discharged without proper notice and with little time for the family to find an appropriate and safe place for him to get the care he needed. Charlie, who suffered from dementia, died from the trauma of being transferred nine days later. For more than 10 years, Mrs. Imthurn has been trying to make sure other families have the right to appeal involuntary evictions from assisted living facilities. [She told her story to Wichita's KAKE-TV](#) following the committee's passage of Charlie's Bill.

In Kansas, older adults like Charlie Imthurn who live in assisted residential care facilities have no right to appeal an eviction to the state’s administrative hearings court.

Older adults living in a nursing home have the right to appeal an eviction guaranteed by federal and state law. Older adults renting an apartment in the community have the right to appeal an eviction.

HB 2004 provides the same guarantee of fair, basic protection for frail older adults in assisted settings. Evictions can put older adults at grave risk and are the complaint most often heard by the Kansas Long-Term Care Ombudsman.

Charlie’s Bill still needs your help!

KABC is working in coalition with the Alzheimer’s Association, the Disability Rights Center of Kansas and AARP Kansas. All of our partners are asking advocates in their network to contact legislators, encouraging their support of HB 2004.

Please contact your state representative **and ask for their support of Charlie’s Bill and to bring it to the House floor for a vote.** Find your state representative and their email/contact information at [OpenStates](#).

Your action can help us make sure that older Kansans like Charlie can appeal a wrongful eviction.

SB 453 / Weakening Training Requirements for CNAs and CMAs Working in Nursing Homes and Assisted settings

KABC strongly opposes [SB 453](#), an attempt by the nursing home industry to weaken training requirements for Certified Nurse Aides/CNA and would also lower the qualifications of the nurses who now teach the aides who provide most of the daily hands-on care for frail elders who live in nursing homes and assisted facilities. It is wrongly being promoted as a measure to address the workforce shortage among nursing home staff.

It would change the level of education and experience of the instructors from a Registered Nurse (RN) with two years of education and additional nursing experience to a Licensed Practical Nurse (LPN) with one year of education and nursing experience. The facts don't support the industry's claim that there aren't enough RNs to provide training for CNAs and certified medication aides (CMA) who sort and pass medications that can be lifesaving or life-taking if the wrong medication is given to the wrong resident. There currently are more than 53,000 RNs in Kansas but less than 10,000 LPNs.

The bill was passed by the full Senate before the turn-around deadline. KABC is working with the Kansas State Nurses Association to oppose this harmful and dangerous piece of legislation.

Let your representatives hear from you. There is a hearing scheduled in House Health on Tuesday, March 8th at 1:30 p.m. [Here's a link to members of the committee and their contacts.](#)

HB 2463 / Prohibiting changes to the KanCare medical assistance program

The [House Committee on Health and Human Services](#) is advancing a bill that would prohibit changes to the Medicaid medical assistance program through Dec. 31, 2024. [HB 2463](#) not only freezes changes to KanCare but would also halt the renewal process required for contracting with the three managed care organizations (MCO). The current contracts expire at the end of 2023. KABC was among a number of advocates who joined the state Medicaid department, the Kansas Department of Health and Environment (KDHE) in strongly opposing HB 2463. With no supporters, the bill passed out of committee and is awaiting consideration by the full House.

Budget Issues

Rate Increases for Home and Community Based Personal Care Services

KABC supported Gov. Kelly's budget recommendations related to older adults, specifically the increase of \$23.2 million (All Funds) for a 2% increase for personal care services under KanCare. This rate increase equalizes rates across the State's seven KanCare waivers, including those providers serving persons under the Frail Elderly (FE) waiver. The services provided under the FE waiver support older Kansans in their home. With these services, older adults are able to remain in their home, often delaying and/or avoiding nursing home placement. An increase in provider rates will incentivize current community providers and encourages new providers to serve older adults.

According to recent reports from KDADS, 6,157 Kansans are served by this waiver with no current waiting list. To be eligible for FE services a person must meet three criteria:

- Be 65 years of age or older
- Meet the Medicaid nursing facility threshold score
- Be Medicaid eligible

Funding to Add New Surveyors/Inspectors to Oversee Health Safety Compliance by Long-Term Care Facilities

KABC strongly supports the addition of \$635,200 (State General Fund)/\$838,600 (All Funds) for an additional eight health facility surveyor positions. KDADS does not have the resources to fully staff this unit to meet its State and federal mandates which require inspections annually.

There continues to be a significant delay in completing the required annual inspections. A lack of surveyors has contributed to these inspections being up to and over 2 years, well beyond the 12 months mandated. In addition to the more than 300 nursing facilities, KDADS is responsible for inspecting the more than 400 state-licensed-only adult care facilities such as assisted living, residential health care, and Home Plus facilities. The needs of the people living in these facilities are increasingly more complex and numbers of older adults with dementia have increased. Facility compliance with federal and State requirements is central to the health and safety of the thousands of people living in these facilities. Surveyors also are responsible for investigating complaints of elder abuse, neglect and exploitation in facilities.

Dental Benefits for Adults under KanCare

KABC also joined Oral Health Kansas (OHK) and other advocates in recommending that \$1.4 million (SGF) \$3.4 million (All Funds) be added to the KDHE budget to provide dental coverage for adults served through KanCare. Both the House and Senate budget committees have recommended funding the request for adult dental services under KanCare.

Oral health is central to a person's overall general health, well-being and quality of life, but is often overlooked as part of their holistic health care. Not only are oral health problems painful, but they can also complicate a person's ability to speak, chew and swallow. Those difficulties often result in poor nutrition, weight loss, an increased susceptibility to infections and impact other systemic health conditions. These health problems are compounded by a loss in dignity, self-esteem, self-confidence and a poorer general quality of life.

OHK's recently released [Oral Health Report Card](#), shows one third of older adults have lost six or more teeth due to tooth decay or gum disease, the most frequent causes of tooth loss. The prevalence of gum disease increases with age with more than 40% of seniors having some form of these infections; 23% of persons 65-74 years old have severe gum disease. People with gum diseases are prescribed a daily regime of brushing and flossing which may be difficult for a senior to follow without help. Deep cleaning at a dentist's office is also required every three months which may be a difficult, if not impossible, trip for the senior to make. But preventing gum diseases among seniors should be a priority since studies are showing an association between these diseases and diabetes and cardiovascular diseases, both of which are major causes of death among seniors.

Nursing home residents have very limited, if any, access to dental care. Nursing homes don't employ dental staff and transportation is often a nearly insurmountable obstacle, especially in rural areas and has been exacerbated by the pandemic. While there may be an assumption that residents receive regular dental care, the reality is that nursing home staff is not required to be trained in areas related to geriatric dental care and don't routinely assist residents with oral hygiene and denture care. For older adults especially, dental and gum infections can result in falls, confusion, dehydration and a multitude of serious acute and chronic medical problems.

Neither Medicaid nor Medicare covers routine dental care for older adults, providing only a few, very limited services considered to be "medically necessary." According to the U.S. Centers for Disease Control and Prevention, "older persons with the poorest oral health are those who are economically disadvantaged, lack insurance, and are members of racial and ethnic minorities. Being disabled, homebound, or institutionalized also increases the risk of poor oral health."

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