



March 23, 2021

Chairman Hilderbrand and members of the Senate Public Health and Welfare Committee:

Thank you for the opportunity to testify in support of HB 2151, creating elder and dependent adult multi-disciplinary teams for investigating reports of incidents of abuse, neglect and exploitation, commonly referred to collectively as “ANE”.

How many older Americans are abused? For all ANE, approximately 1 in 10 Americans aged 60+ have experienced some form of elder abuse. Some estimates range as high as 5 million elders who are abused (all types) each year. One study estimated that only 1 in 14 cases of abuse are reported to authorities.

By far most residents in Kansas adult care homes die without a physician visit or coroner’s investigation, and some of their deaths may have been of questionable causes, which could be suggested by a simple record review. We know that older adults who sustain falls resulting in head injuries are at greater risk for brain bleeds and blood clots causing disability or death. Also, older adults who suffer hip fractures have a significantly higher risk of death within one year: for women, 25% higher risk; for men, 33% higher risk. In a nursing facility, understaffing often leads to neglect, and neglect often leads to falls which can result in preventable head injuries and hip fractures. This type of institutional neglect is almost never investigated as neglect.

Perhaps local MDTs seeking to identify instances of neglect or abuse can investigate death certificates and medical records for residents of adult care homes to identify deaths due to preventable falls, or physical abuse. Sadly, rapes also occur in adult care homes; often evidence is destroyed, bed sheets are laundered; the victim is bathed. There are also inexcusable delays in seeking hospital treatment in cases of suspected rapes in adult care homes resulting in delays or complete omission of performance of rape kits.

Multi-disciplinary teams may be helpful in addressing and ultimately curbing the incidence of ANE. As the population ages, incidents of ANE are on the rise. The damage that ANE causes for older and dependent adults can be devastating and life-altering. Professionals working with older and dependent adults have long recognized the problems. What we don’t seem to have done well at all over time, is a significant reduction in the occurrence and the development of coordinated approaches across disciplines within communities. This bill seeks to create a new opportunity to improve investigative processes, case resolutions, care and aid for victims, and demonstrate new approaches. We are hopeful it will.

MDTs have been tried in various forms over the years beginning in the 1980s. Whether or not they have been proven to be effective is still an open question. However, they hold the possibilities of better outcomes especially in complex cases, better identification of hidden neglect, better victim support and treatment, multidisciplinary feedback and local and state best practice policy development and modeling in resolving and preventing widespread ANE.

Because of those hoped for outcomes, we are disappointed that all of the “documents, materials and information obtained or discussed” by the teams will not be subject to the Open Records Act. It seems much more reasonable to protect only against disclosure of identifiable and case specific protected health information, especially since the ultimate goal appears to be to implement these teams statewide, assuming they prove efficacious and cost-effective. Data collected by the MDTs may be a rich source of research and further study to support new policies and practices in identification of and prevention of ANE.

KABC supports the passage of HB 2151, and hopes MDTs will help stem the rising tide of ANE of older and dependent adults. Please support HB 2150.

Margaret Farley, Executive Director - On behalf of Board of Directors and Members

KABC is a statewide not-for-profit organization whose mission is to improve the quality of long-term care for elders in nursing and assisted facilities and in-home. KABC is not a provider of government funded services. For 46 years KABC’s role has been as a resource and advocate for older adults and families and as a resource to policy makers on aging and quality care issues. KABC provides consumer education information and tracks and reports on quality care performance issues.