Chair Concannon and members of the House Committee on Children and Seniors: thank you for the opportunity to offer neutral testimony on HB 2114/Senior Services Task Force.

Kansas Advocates for Better Care supports the need for a formalized task force to review areas of concern to older adults and provide direction for senior services. Such a review of senior needs and services is long overdue, and especially with the burgeoning of the aging population in Kansas. There are serious issues that affect the hundreds of thousands of older Kansans who need, and will need in the near future, long term supports and services and specialized healthcare services. Many older adults are at risk for financial, physical and emotional abuse. Older adults and family caregivers are faced with a confusing and complicated system when they need long-term care at home or in a facility.

We appreciate that the task force as outlined recognizes the need for some inclusion of consumer concerns and persons able to speak to those concerns. Unfortunately, the task force as configured in the bill does not represent or approach any parity for consumers with those representing the concerns of providers. While the idea to address senior care needs is an excellent one, the individuals paying the cost of care and who are most impacted by care are concerningly underrepresented – underrepresented as individuals, through their family supporters, or their advocates. Additionally, while most older adults receive long term care at home, and prefer to receive care and supports at home, the bill as drafted is heavily weighted toward institutional providers.

Among the proposed 20-person membership, six consumer advocacy organizations.

- Kansas Long Term Care Ombudsman
- Area Agencies on Aging
- AARP
- Community Mental Health Centers
- Home and Community-Based Services community
- KABC

Conspicuously absent from the task force membership are older adults who are receiving, or may need, services. Also missing from the task force membership are the Alzheimer’s Association, the Silver-Haired Legislature, the PACE program, Kansas Adult Protective Services, and the Kansas Guardianship Program, just to name a few critical partners in the aging network.

This is confusing because there are several topics outlined in the charge to the task force which impact older adults who do not live in institutional settings. For example, the task force is charged with studying:

(3) the safeguards to prevent abuse, neglect and exploitation of seniors in the state of Kansas – yet there is no representation from Adult Protective Services, law enforcement, or the Attorney General’s Office;
(6) senior daycare resources in the state of Kansas — yet there is no representation from the physical or intellectual/developmentally disabled communities, families or consumers to identify gaps in the system or improvements needed.

We support the addition of a representative from the home and community-based services community but question the absence of a study topic related to avoiding or delaying nursing home care through the strengthening of long term supports and services provided in the community. We also believe there should be corresponding discussions related to supporting community transitioning of persons out of nursing homes and other congregate settings similar to the previous Money Follows the Person program.

Without parity of representation, consumers with all providers; home based with institutional; medical healthcare with long terms supports and services, then there will not be a balanced result that benefits older adults and their families, and even though they are overwhelmingly paying for the services.

Any discussion of aging service needs in the state which is not inclusive of and which does not provide parity of representation for consumers, will maintain the status quo. The COVID pandemic has shown the glaring gaps in services available for older adults and persons with disabilities such as long-standing understaffing of nursing homes, the inappropriate use of anti-psychotic drugs; the need for stronger oversight and enforcement, and an immediate need to address the spectrum of care needs for medically complex elders, persons with dementia, and intellectual/developmental disabilities, and mental health needs. These are critical issues. The discussions should adequately represent and include all stakeholders.

KABC is asking for parity on the task force by amending the list of proposed members to include additional consumer representatives who represent and can address the issues the task force is charged with studying. We also request the addition of topic areas related to long term supports and services provided in the home.

Thank you for the opportunity to testify on HB 2114 and ask that the proposed Senior Task Force directly include the voice of the consumer in the make-up of the group and the topics it discusses.

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

KABC is a not-for-profit organization whose mission is to improve the quality of long-term care for older adults in nursing and assisted facilities and in-home.