

House Health and Human Services

Hearing on SB 154

Monday, March 13, 2017

Testimony of Peter Shaheed

Co-Owner of Home Instead Senior Care, Topeka and Lawrence

Mr. Chairman and Members of the Health and Human Services Committee:

My name is Peter Shaheed and I am the co-owner with my wife, Gail, of Home Instead Senior Care in Topeka and Lawrence. Our employee-caregivers provide homemaker, companion, and attendant care services to seniors in their homes so that they can age in place and maintain their dignity and independence. As additional background, we are part of a franchise network of independently owned and operated home care organizations in a dozen countries around the world, and here in Kansas in the Kansas City area, Hutchinson, Wichita, and our agency in Topeka and Lawrence.

The Senate passed SB 154 by a vote of 38-2 and we urge the House's support of this bill.

In November and December of 2015, the former Director of the Health Facilities Program at KDHE sent out "cease and desist" letters to several attendant care services providers in Shawnee and Douglas Counties. In the letters, the former Director demanded that the provider immediately cease offering attendant care services to seniors and obtain home health licensure, or face a class B misdemeanor. My wife Gail and I received such a letter. It was a shock. We serve hundreds of seniors in our communities, and the immediate termination of those services would have had a drastic impact not only on the seniors we serve but also the caregivers we employ. We relied on legal counsel and prior advice from KDHE and had determined that we did not need a home health license. We were grateful that Sen. Kelly, Sen. Francisco, and Sen. Bruce sought clarity on the issue by asking Attorney General Schmidt for his opinion. And then we were relieved in April last year to see and read the Attorney General's opinion affirming a prior Attorney General opinion and concluding that KDHE may not require a business that provides only attendant care services to be licensed as a home health agency.

I want to be clear on this point—my wife and I and we as Home Instead small business owners in Kansas are not opposed to reasonable licensure. In fact, at the end of last year, we welcomed the opportunity to sit down with leadership at the Health Facilities Program at KDHE and others in the home care field and help develop on an appropriate licensure framework for the kinds of services we provide, which will better ensure quality, safe, and accessible home care for seniors in our state.

Mr. Chairman, we are grateful for all the work KDHE and others have done on this bill. We think it's a very positive development. However, we would like to further define the activities proposed to be regulated and licensed by KDHE. To that end, at the direction of the chair, we

have worked with the revisor's office to have an amendment drafted that would simply add the contents of the document which our fellow industry mates and we worked on with KDHE last summer and fall. That amendment is attached to the back of my testimony and we ask the committee's consideration if you decided to work this bill.

The structure that KDHE has set up, and which, I think, is clearly set forth in the amendment creates new Class A, B, and C home health licenses and the duties and responsibilities for those home health agencies. The amendment also adds definitions for "supportive care services" and "supportive care worker," which is the new term and new title applicable to the services that we currently provide. The new "Supportive care services" aspect of the Class B home health licenses means that our caregivers will be able to continue to provide the elderly assistance with activities of daily living in the same manner as we and other like agencies have provided for many years. This may include but is not limited to bathing, dressing, eating, medication reminders, transferring, walking or mobility, toileting and incontinence care in the senior's temporary or permanent place of residence. This type of personal care would be mostly excluded in the current version of the home health regulation even though it only involves those normal daily routines that the elderly could perform for himself or herself were he or she still physically capable to do so. This type of assistance would allow the senior to continue to lead an independent and dignified life.

Finally, the amendment defines all the levels of Administrators and Alternate Administrators for all types of home health agencies (A,B,C).

I would urge you to support SB 154. Thank you for your consideration.