



KHA's Capitol Comments

October 2, 2025

Special Committee of Health and Human Services Holds Two Days of Discussion

The Special Committee on Health and Human Services, chaired by Representative Will Carpenter, met on Wednesday, Oct. 1 and Thursday, Oct. 2.

Oct. 1 Recap:

The committee heard from Kansas Department for Aging and Disability Services Deputy Secretary Lacey Hunter about the survey, certification, credentialing and licensure processes and the number of findings in the state.

Next, the committee heard testimony from Haely Ordoyne with the Kansas Ombudsman office about its complaints and remedy processes. Then, the committee heard from the long-term care industry about the process and some of the complications associated with running a facility and handling the licensure and survey procedure, including dealing with fines, navigating the processes and addressing public perception issues related to the survey and remedy processes in both findings and self-reporting. Appearing before the committee on behalf of the industry were:

- Kylee Childs, LeadingAge Kansas
- Linda Mowbray, Kansas Health Care Association
- Ricky Turley, Lakeview Village
- Cheyenne Strunk, GraceTeam Services

Legislators on the committee expressed frustration about some of the inconsistencies in the processes, the seemingly punitive approaches and an overly focused attention on individual instances rather than the overall processes and procedures.

During the afternoon discussion, the committee heard from LeadingAge Iowa about its survey processes and from LeadingAge National regarding other successful state approaches.

Oct. 2 Recap:

The committee heard from staff at KDADS and the Kansas Legislative Research Department regarding some of their questions related to the August meeting, specifically regarding contract staffing expenses.

The committee heard from Larry Van Der Wege, director of regulatory affairs and preparedness at the Kansas Hospital Association, about the community hospital system's capacity to care for additional patients with behavioral health needs. Van Der Wege cautioned the committee that significant investments over multiple years would be necessary to avoid negative impacts on health care and community safety factors statewide.

The committee learned about the clubhouse model in Kansas and explored the role of community crisis stabilization centers within the continuum of care.

The committee made final recommendations that will go before the 2026 legislature, including:

- To develop a plan to use cost-effective alternatives to the current model to improve staffed bed capacity and minimize contract nursing, for implementation no later than 2027
- Create a comprehensive list of services provided
- Consider ways to incentivize the State Institutional Alternative program
- Consider changing the cap on lottery vending machines
- Consider changing the pay structure to incentivize nurse instructors
- Study nursing programs to address waiting lists
- Consider changing sentencing guidelines for sexually violent crimes
- Allow residents to use their own pharmacy with no additional fees
- Consider the outsourcing of the Informal Dispute Resolution/Independent Informal Dispute Resolution processes
- Consider the adoption of multidisciplinary survey teams
- Consider a scorecard for providers to give feedback on surveys
- Consider changing how the Civil Money Penalty Reinvestment Fund is used to fund training programs
- Consider the KDADS secretary's regulation waiver authority
- Consider raising the salary of nurse surveyors
- Consider providing relief for self-reporting of violations
- Consider changing the standard for what constitutes immediate jeopardy
- Consider increasing the personal needs allowance
- Get a definite project timeline for the community support waiver application
- Consider increasing the day service limit from 25 hours to 40 hours and get a fiscal note on this
- Consider upgrading the waitlist portal to provide more information and active management
- Evaluate the effect of non-conflicted/unbundled transaction cost management and consider only the willing provider exemption in rural areas