

Approved:

April 26, 2012

(Date)

MINUTES OF THE SENATE WAYS AND MEANS COMMITTEE

The meeting was called to order by Chairperson Carolyn McGinn at 10:30 AM on Monday, March 5, 2012 in 548-S of the Capitol.

All members were present except Senators Taddiken and Masterson, who were excused.

Committee staff present:

Jan Lunn, Committee Assistant
Melinda Gaul, Chief of Staff, Senator McGinn's Office
Eli Johns, Intern, Senator McGinn's Office
J. G. Scott, Chief Fiscal Analyst, Legislative Research Department
Michael Steiner, Senior Analyst, Legislative Research Department
Bobbi Mariani, Fiscal Analyst, Legislative Research Department
Jill Wolters, Office of the Revisor of Statutes
David Wiese, Office of the Revisor of Statutes
Daniel Yoza, Office of the Revisor of Statutes

Conferees appearing before the Committee:

Acting Secretary Phyllis Gilmore, Department of Social and Rehabilitation Services
Paul Beck, Ness County Commissioner, on behalf of the Kansas Legislative Policy Group

Subcommittee Report Department of Social and Rehabilitation Services—Hospitals (Attachment 1):

Senator Schodorf reported the Subcommittee concurred with the Governor's FY 2013 recommendation for the Kansas Neurological Institute (KNI) with the following notations:

1. The Subcommittee notes that at all state hospitals the number of staff positions have decreased significantly over the last several years, most recently due to the implementation of the Voluntary Retirement Incentive Program. At many hospitals the reduction of staff has caused remaining staff to work significant amounts of overtime. The Subcommittee also learned that recruitment and retention of medical staff is a problem at many of the hospitals. The agency indicates it will be studying and making a recommendation next year regarding professional medical staff retention and pay issues to insure the state is able to attract quality professional medical staff.
2. The Subcommittee notes that state hospitals are required to submit reduced resource budgets. The Department of Social and Rehabilitation Services has, for several years, absorbed the budget reductions within the Department's budget. As the administration for

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the state hospital budget transfers with the enactment of Executive Reorganization Order No. 41, the Subcommittee is concerned how the Department on Aging will be able to maintain this practice.

3. The Subcommittee notes that the Legislative Post Audit Report, completed in December, Contained a number of recommendations concerning cost savings and revenue enhancement ideas which would have little or no effect on KNI residents or services. The Superintendent stated that several of the recommendations had already been implemented. The Subcommittee requests the agency report back prior to Omnibus on the continued progress of the agency in implementing the recommendations. Further, the Subcommittee would note the Department of Social and Rehabilitation Services stated that it convened a stakeholder meeting February 1, to discuss the audit report recommendations and provided the Subcommittee a copy of the Stakeholder report.

A committee member inquired (bullet point 1) whether the medical service personnel referenced were those personnel included in the Hay Group Study, which were unfunded by the legislature in FY 2012 and for FY 2013. Senator Schodorf responded the medical staffs in the Hay Group study were registered nurses and other licensed staffs, physicians were excluded from the study. Senator Schodorf indicated additional information could be provided at Omnibus.

Senator Schodorf reported the Subcommittee concurred with the Governor's FY 2013 recommendation for the Rainbow Mental Health facility with the following notations and adjustments:

1. The Subcommittee notes that at all state hospitals the number of staff positions have decreased significantly over the last several years, most recently due to the implementation of the Voluntary Retirement Incentive Program. At many hospitals the reduction of staff has caused remaining staff to work significant amounts of overtime. The Subcommittee expresses concern about the safety of staff and patients as the staff to patient ratio is affected by these reductions. The Subcommittee also learned that recruitment and retention of medical staff is a problem at many of the hospitals. The agency indicates it will be studying and making a recommendation next year regarding professional medical staff retention and pay issues to insure the state is able to attract quality professional medical staff.
2. The Subcommittee notes that state hospitals are required to submit reduced resource budgets. The Department of Social and Rehabilitation Services has, for several years, absorbed these budget reductions within the Department's budget. As the administration for the state hospital budgets transfers with the enactment of Executive Reorganization

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- Order No. 41, the Subcommittee is concerned how the Department on Aging will be able to maintain this practice.
3. The Subcommittee notes that census continues to be an issue for the state mental hospitals and that hospitals have been running above licensed capacity for increasing percentages of the year and have had to utilize overflow contracts which are extremely expensive.
 4. The Subcommittee notes its concerns about the reductions in financial support to the community mental health centers over the last several years and the ultimate effect the reduction has had on local hospitals and jails in coping with individuals who should be receiving treatment and services through the local community health centers. The Subcommittee recommends that as the revenues to the state improve, these reductions be restored as it is more cost effective to provide services in a community setting rather than in an institutional setting.
 5. The Subcommittee notes that the state mental health system is in a state of disarray and recommends that the Department on Aging begin the process of developing a strategic or long term plan for mental health care in Kansas. The agency should be as inclusive as possible in bringing stakeholders together from all aspects of mental health service care. The Subcommittee requests the agency report back to the Legislature next year with recommendations. It is essential that a long term continuum of care be established for individuals needing mental health services.
 6. The Subcommittee recommends the addition of \$300,000, all from the State General Fund, for salaries and other operating expenditures associated with the additional 14 beds which will be opened due to the renovation of the Rainbow facility. The Subcommittee was provided information by the agency that operational costs for a full year for the 14 beds are \$600,000. The Subcommittee understands the facility renovation may take six to nine months with December being the earliest patients could return from Osawatomie State Hospital to Rainbow and that expenditures would only be needed for six months. The Subcommittee notes that full funding of \$600,000 for FY 2014 will be necessary.
 7. The Committee was apprised that the evaluation/crisis unit, established at Rainbow in November when all patients were transferred to Osawatomie State Hospital due to life safety code violations, has been extremely beneficial. The unit averages four of the six beds being full 24 hours a day. The Subcommittee agrees that six to eight beds of the new 4 beds should continue to be dedicated to this use.

A committee member requested that the language be changed in bullet point five from “. . .the state mental health system is ~~in a state of disarray~~ *strained* . . .” Committee members came to consensus to include the change in the Rainbow Mental Health Facility Report as well as other state hospitals Subcommittee reports.

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Senator Schodorf reported the Subcommittee concurred with the Governor's FY 2013 recommendation for the Osawatomie State Hospital with the following notations and adjustments:

1. The Subcommittee notes that at all state hospitals the number of staff positions have decreased significantly over the last several years, most recently due to the implementation of the Voluntary Retirement Incentive Program. At many hospitals the reduction of staff has caused remaining staff to work significant amounts of overtime. The Subcommittee expresses concern about the safety of staff and patients as the staff to patient ratio is affected by these reductions. The Subcommittee also learned that recruitment and retention of medical staff is a problem at many of the hospitals. The agency indicates it will be studying and making a recommendation next year regarding professional medical staff retention and pay issues to insure the state is able to attract quality professional medical staff.
2. The Subcommittee notes that state hospitals are required to submit reduced resource budgets. The Department of Social and Rehabilitation Services has, for several years absorbed these budget reductions within the Department's budget. As the administration for the state hospital budgets transfers with the enactment of Executive Reorganization Order No. 41, the Subcommittee is concerned how the Department on Aging will be able to maintain this practice.
3. The Subcommittee notes that census continues to be an issue for the state mental hospitals and that hospitals have been running above licensed capacity for increasing percentages of the year and have had to utilize overflow contracts which are extremely expensive. While the Superintendent at Osawatomie State Hospital has not had to trigger the overflow contract, Osawatomie is over capacity 33 percent of the year.
4. The Subcommittee notes its concerns about the reductions in financial support to the Community mental health centers over the last several years and the ultimate effect the reduction has had on local hospitals and jails in coping with individuals who should be receiving treatment and services through the local community health centers. The Subcommittee recommends that as the revenues to the state improve, these reductions be restored as it is more cost effective to provide services in a community setting rather than in an institutional setting. The Subcommittee notes that 50 to 70 percent of the population at Osawatomie State Hospital has a dual diagnosis of mental illness and substance abuse issues. The partnership of the Osawatomie State Hospital and local community mental health resources is critical in keeping these individuals from readmitting once they leave the hospital. The resources must be available in the community for continued treatment.
5. The Subcommittee notes that the state mental health system is in a state of disarray and

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recommends that the Department on Aging begin the process of developing a strategic long term plan for mental health care in Kansas. The agency should be as inclusive as possible in bringing stakeholders together from all aspects of mental health service care. The Subcommittee requests the agency report back to the Legislature next year with recommendations. It is essential that a long term continuum of care be established for individuals need mental health services.

6. The Subcommittee understands the 30 bed unit at Osawatomie State Hospital will become vacant once the Rainbow patients move back to their renovated facility in December, 2012. The Subcommittee learned that it would cost \$4 million a year in operating costs to keep this unit open. The Subcommittee believes it is important to keep this unit available for use and would like to review this issue again at Omnibus.

Senator Schodorf reported the Subcommittee concurred with the Governor's FY 2013 recommendation for the Larned State Hospital with the following notations and adjustments:

1. The Subcommittee notes that at all state hospitals the number of staff positions have decreased significantly over the last several years, most recently due to the implementation of the Voluntary Retirement Incentive Program. At many hospitals the reduction of staff has caused remaining staff to work significant amounts of overtime. The Subcommittee expresses concern about the safety of staff and patients as the staff to patient ratio is affected by these reductions. The Subcommittee learned that at Larned State Hospital the vacancy rate for positions was at 38 percent in November, 2011. The Superintendent provided that the agency had worked diligently to fill positions and that the vacancy rate is now at 10 percent. The Subcommittee notes the Governor recommended \$70,000 for pay parity for hospital workers in competition with the other institutions located on the Larned campus. The Subcommittee also learned that recruitment and retention of medical staff is a problem at many of the hospitals. The agency indicates it will be studying and making a recommendation next year regarding professional medical staff retention and pay issues to insure the state is able to attract quality professional medical staff.
2. The Subcommittee notes that state hospitals are required to submit reduced resource these budget reductions within the Department's budget. As the administration for the state hospital budgets transfers with the enactment of Executive Reorganization Order No 41, he Subcommittee is concerned how the Department on Aging budgets. The Department of Social and Rehabilitation Services has, for several years, absorbed will be able to maintain this practice.
3. The Subcommittee notes that census continues to be an issue for the state mental hospitals and that hospitals have been running above licensed capacity for increasing

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- percentages of the year and have had to utilize overflow contracts which are extremely expensive.
4. The Subcommittee notes its concerns about the reductions in financial support to the community mental health centers over the last several years and the ultimate effect the reduction has had on local hospitals and jails in coping with individuals who should be receiving treatment and services through the local community health centers. The Subcommittee recommends that as the revenues to the state improve, these reductions be restored as it is more cost effective to provide services in a community setting rather than in an institutional setting.
 5. The Subcommittee notes that the state mental health system is in a state of disarray and recommends that the Department on Aging begin the process of developing a strategic or long term plan for mental health care in Kansas. The agency should be as inclusive as possible in bringing stakeholders together from all aspects of mental health service care. The Subcommittee requests the agency report back to the Legislature next year with recommendations. It is essential that a long term continuum of care be established for individuals needing mental health services.
 6. The Subcommittee supports the recommendation of the Governor to spend \$202,000, all from the State Institutions Building Fund, for a new Sexual Predator Treatment Program transition house to be located in Maple Cottage on the grounds of Parsons State Hospital and Training Center. Maple Cottage was selected for a variety of reasons and will need only minor building modifications for use. Further, the Subcommittee supports the recommendation of \$951,203, all from the State General Fund and 11.0 FTE positions to staff this eight bed transition house. The Subcommittee notes that state law (KSA 59-29a11) provides that no more than eight transition patients be housed in a county.
 7. The Subcommittee notes the Sexual Predator Treatment Program is 40 residents over census and the growth is approximately 18 new residents each year. Overcrowding has become a serious issue and the safety of the public, staff, and residents is of concern as the staff to resident ratios decrease. The over census has been managed by conversion of staff offices to resident rooms and the occupation of modular housing is considered temporary and once the new beds are ready, these facilities will not be used. The Governor's recommendation for the Sexual Predator Treatment Program provides the following:
 - 30 bed secure unit in Isaac Ray building open May 2012;
 - 30 bed secure unit in Isaac Ray building open August 2012;
 - 8 bed transition house (Maple Cottage at PSH&TC) open fall 2012; and
 - 34 bed unit in Meyer Building open August 2013The agency estimates these new beds will be full June of 2015.
 8. The Subcommittee expresses concern that only 3 residents have graduated from the

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Sexual Predator Treatment Program since 1994. The Subcommittee recommends a Legislative Post Audit be conducted on the Sexual Predator Treatment Program because of the estimates that the population is continuing to increase eighteen each year and a concern whether the treatment offered is effective.

Senator Schodorf responded to questions and commented as follows:

- The Subcommittee discussed the loss of staffing at the Larned State Hospital. Concern exists with the difficulty in hiring qualified staff, out-of-state personnel are being hired when
- With regard to the Governor's recommendation to provide \$70,000 to create pay parity for hospital workers, the targeted population is entry-level hospital workers in classified positions. A committee member volunteered to research whether this population was included in the original, up-to-market proposal five years ago and provide additional information to the Committee.

Senator Schodorf reported the Subcommittee concurred with the Governor's FY 2013 recommendation for the Parsons State Hospital and Training Center with the following notations and adjustments:

1. The Subcommittee notes that at all state hospitals the number of staff positions has decreased significantly over the last several years, most recently due to the implementation of the Voluntary Retirement Incentive Program. At many hospitals the reduction of staff has caused remaining staff to work significant amounts of overtime. The Subcommittee expresses concern about the safety of staff and patients as the staff to patient ratio is affected by these reductions.
The Subcommittee also learned that recruitment and retention of medical staff is a problem at many of the hospitals. The agency indicates it will be studying and making a recommendation next year regarding professional medical staff retention and pay issues to insure the state is able to attract quality professional medical staff.
2. The Subcommittee notes that state hospitals are required to submit reduced resource budgets. The Department of Social and Rehabilitation Services has, for several years, absorbed these budget reductions within the Department's budget. As the administration for the state hospital budgets transfers with the enactment of Executive Reorganization Order No 41, the Subcommittee is concerned how the Department on Aging will be able to maintain this practice.
3. The Subcommittee concurs with the Governor's recommendation to establish a second transition house on the Parsons State Hospital campus and commends the effort by the superintendent and staff at Parsons State Hospital in working with city officials, law

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enforcement, concerned parents of residents and Medicaid reviewers on this endeavor.

4. The Subcommittee acknowledges the research based treatment program operated by Parsons State Hospital for individuals with a dual diagnosis of developmental disabilities and severe mental illness. With seven staff located around the state, the Dual Diagnosis Treatment and Training Services provides on-site delivery of psychological services to individuals and training to parents, community service providers, and others. Of the 148 individuals served in 46 counties, only three percent required admission to Parsons State Hospital for treatment.

A committee member requested further information concerning the Rainbow \$300,000 recommendation; Senator Schodorf indicated the funding source ultimately would come from the Title XIX State Hospital Medicaid Fund; it should be noted that in FY 2014, the need would increase to \$600,000.

Senator Schodorf moved approval of the Department of Social and Rehabilitation Services – State Hospitals Subcommittee reports, as amended; Senator Umbarger seconded the motion, which carried on a voice vote.

Hearing on HB 2624–Procedure for distribution of oil and gas valuation depletion trust fund moneys

Matt Sterling, Office of the Revisor of Statutes briefed committee members on the bill, which would change the process for holding money in trust for individual counties in the Oil and Gas Valuation Depletion Trust Fund. (Attachment 2) Under current law, money credited to those trust accounts is held in the State Treasury until a county meets the statutory criteria for a distribution from its trust account. **HB 2624** would annually transfer to each affected county the funds held in its trust account in the State Treasury. The bill would require each county that is to receive moneys from the Oil and Gas Valuation Depletion Trust Fund to establish a county oil and gas valuation depletion trust fund, to be administered by the county treasurer. On October 1 of each year, the Director of Taxation, Kansas Department of Revenue, would certify the amount in each county's trust account within the State Treasury, and the State Treasurer would issue a warrant to the county for deposit by the County Treasurer in the county's oil and gas valuation depletion trust fund. The statutory criteria for a county to receive a distribution from the trust fund would not change. The Director of Taxation would be directed to impose and collect an administrative fee equal to two percent of the amount credited to the Oil and Gas Valuation Depletion Trust Fund, prior to crediting any amounts to the individual trust accounts in the Fund.

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Paul Beck, Ness County Commissioner, on behalf of the Kansas Legislative Policy Group, testified in support of **HB 2624**, indicating the bill prepares communities to transition away from the reliance on mineral valuations for county budgets as the mineral resources in their areas deplete. (Attachment 3) If a county's mineral valuation has fallen 50 percent for two succeeding years, a 20 percent distribution from the trust fund account is triggered. The focus of the bill is to protect and reserve the funds for their intended purpose and to separate them from potential fee fund sweeps. He encouraged favorable passage of **HB 2624**.

Written testimony in support of **HB 2624** was submitted by:
Melissa A. Wangemann, General Counsel and Director of Legislative Services, Kansas Association of Counties (Attachment 4).

Chairperson McGinn closed the hearing on **HB 2624**.

*Senator Vratil moved favorable passage of **HB 2624**, and due to its non-controversial nature recommended the bill be placed on the consent calendar; Senator Kelly seconded the motion, which passed on a voice vote.*

Phyllis Gilmore, confirmation hearing for appointment to Secretary, Kansas Department of Social and Rehabilitation Services (SRS)

Acting Secretary Gilmore opened with comments concerning her past professional and personal experiences, education, and her leadership goals for the Department of Social and Rehabilitation Services (Attachment 5).

Committee members were distributed Acting Secretary Gilmore's application prior to the confirmation hearing. Ms. Gilmore responded to committee members' questions as follows:

Concerning question #14 on the application, "*Do you know of any person or group who might take overt or covert steps to attack, even unfairly your appointment,*" Acting Secretary Gilmore indicated that it is possible the Kansas Chapter of National Association of Social Workers (Kansas Chapter NASW) may take issue with her appointment due to her conservative views. She elaborated as Executive Director of the Kansas Behavioral Sciences Regulatory Board (BSRB); there were differences around regulations, which may have resulted in heated discussions.

Concerning question #16, "*Are you or your spouse or other close family members related to any state governmental official or employee,*" Acting Secretary Gilmore clarified her answer as

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“self” referred to herself as being an employee of the state. In addition, she explained the addendum to her application which clarified question #17, which related to past compensation as an employee of the state.

Concerning question #24, *“How would you resolve any potential conflicts of interest that, while may be unforeseen at this point in time, could arise.”* Acting Secretary Gilmore responded that she sees her role as Secretary of SRS to be one of working with the Governor in fulfilling his vision (and hers). She indicated she was unsure whether the question meant her own conflicts of interest or others’ conflicts. Ms. Gilmore elaborated she had ceased working on private adoptions in June (when she became the Kansas City Regional SRS Director) to ensure there were no conflicts of interest; if the question related to others’ conflicts, she would work to caution them or encourage action (in personal or professional environment) that would dispel any conflict or an appearance of one.

Concerning question #25, *“Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group.”* Acting Secretary Gilmore answered “no” to the question. A committee member indicated that several Senators had received e-mails citing unprofessional conduct being investigated in other parts of the country. Acting Secretary Gilmore responded she had no knowledge of these allegations or investigations.

A committee member noted the Statement of Substantial Interests form (SSI) which Acting Secretary Gilmore had submitted with her application was almost a year old. An updated SSI was requested.

A committee member noted that Acting Secretary Gilmore’s resume indicated she was still employed at the BSRB; Ms. Gilmore indicated she would update her resume and send it to committee members. Acting Secretary Gilmore went to work as the SRS Kansas City Regional Director in May 2011.

A committee member inquired about Acting Secretary Gilmore’s view concerning SRS facility access for individuals with challenges such as time, hours of operation, etc. Acting Secretary Gilmore commented she supports access for all individuals and elaborated there are many available avenues for individuals requiring access.

A committee member noted that Acting Secretary Gilmore had referred, on several occasions during the hearing, to her role of working with the Governor to fulfill his (and her) vision for children and families. Ms. Gilmore was asked if she had any imagination on where she might

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differ from the Governor's vision; Acting Secretary Gilmore stated she did not differ with the Governor and indicated the Governor has asked that she begin discussion groups across the state to work collaboratively with stakeholders, and she agrees with that suggestion. Ms. Gilmore indicated she is enthusiastic to hear the views of others.

With regard to a question whether or not there is any intent to repeal the Governor's direction on the Supplemental Nutrition Assistance Program (SNAP), Acting Secretary Gilmore responded she has no intention of revisiting the program that was implemented in October 2011.

A committee member referenced the e-mails received concerning prior decisions on the BSRB, and offered Acting Secretary Gilmore the opportunity to explain those issues in a public forum. Ms. Gilmore indicated that as she was not a decision maker as it related to the Board. The Board was comprised of 11 members; Ms. Gilmore carried out the Board's decisions, and she worked with licensees. There were concerns (in the past) regarding SRS and certain Board decisions related to complaints surrounding custody of children, placement of children, or children taken from the home resulting from social workers' decisions. Ms. Gilmore clarified the court makes placement decisions; the Board made decisions concerning social workers' licenses.

With regard to the Acting Secretary's previous response and question #14, a committee member requested clarification whether there was something else to which the Kansas Chapter of NASW would object or undermine her appointment. Acting Secretary Gilmore indicated she might have been viewed as not being supportive enough of social workers and others might have viewed her as being too supportive. Neither is true---in Ms. Gilmore's opinion, the problems were related to policy issues as evidenced by the regulation related to distance learning for social workers. The Board wanted to protect the integrity of social work professionals and desired to maintain some degree of residency requirement as it related to education. The KNSW opposed that position and felt that a residency requirement was unnecessary. She offered several other examples of differences between Kansas Chapter of NASW and the BSRB.

In the addendum to Acting Secretary's application, a committee member noted that business travel paid to Acting Secretary Gilmore had tripled in January 2012; an explanation was requested. Ms. Gilmore responded travel was for business purposes to various SRS offices within the state. She has not been reimbursed for travel from her home in Johnson County to Topeka.

A committee member inquired whether Acting Secretary Gilmore had reflected on her responsibilities should **ERO 41** not go forward. Acting Secretary Gilmore confirmed her focus

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had been on the children and families population; however, she is prepared and is aware of other populations that would be served under SRS if the agency realignment is not achieved.

A committee member asked Acting Secretary Gilmore to describe her vision for children's mental health services in Kansas and particularly, her vision for children requiring treatment in psychiatric residential treatment facilities (PRTFs). Acting Secretary Gilmore indicated it is a complex issue for which she has grave concerns for the children with severe mental illness requiring treatment in an inpatient environment as well as those with less severe needs. She indicated she was hopeful appropriate access methods could be developed for Kansans not in severe need for services; she elaborated that in economic times when families are stressed the need exists to provide services for a small period of time and transition out of those services. In follow-up, Ms. Gilmore was asked about her vision for funding mental health centers, which would be the most equipped environment for treating children and families with short-term needs, especially since mental health centers have experienced the majority of funding reductions. Acting Secretary Gilmore indicated she could not provide a good answer to that question.

With regard to a question concerning the investment in mental health centers funding and whether or not they provide long-term savings, Acting Secretary Gilmore responded she agreed with the statement: investing in mental health services creates long-term savings for the state, and provides access to services in local communities.

A committee member referenced the state's SNAP program and inquired how Acting Secretary Gilmore could explain the change and the rationale for the change for SNAP. Acting Secretary Gilmore explained the concern with the previous formula showed a disequalization to households with all-citizen families; the implemented formula has caused some families with non-citizen children to lose benefits. She indicated it was a grave disservice to the citizens of the state in the use of the previous formula. These children (under the previous formula) were living at 130 percent of federal poverty income, which (according to Acting Secretary Gilmore) is a fair income especially since those families received information from SRS as to where food pantries and other access points were located. In addition, she explained some of those families have since presented paperwork, which allowed those families to receive benefits. Lastly, she indicated her hope is that the authorities providing the State with the regulations would develop a remedy to the situation. Acting Secretary Gilmore indicated her willingness to talk (without commitment) with any of the groups to develop a strategy that restores some of the funding to these U. S. citizen children as long as it does not disequalize and provide more funding for families in which there is someone who is a non-citizen.

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A committee member indicated she had previously brought to Acting Secretary Gilmore's attention an existing issue with social workers where some have experienced difficulty, if not impossible in getting reimbursement through Medicaid for substance abuse treatment, while other social workers are receiving Medicaid reimbursement. The committee member requested a current update on the issue. Acting Secretary Gilmore responded she had not addressed the issue nor did she feel that she had been fully briefed on the issue; she indicated it was on her list and her intent to become fully aware of the situation. Another committee member responded that work with Acting Secretary Gilmore's staff had been performed regarding the substance abuse issue; it was felt a potential resolution was pending. In addition, the committee member indicated the collaboration with SRS staff began prior to Ms. Gilmore being named as Acting Secretary.

Senator McGinn indicated e-mails had been received from constituents requesting delay of Ms. Gilmore's confirmation. Particularly, the Republican Pachyderm Club in Sedgwick County had requested a delay until representatives from that organization had an opportunity to meet with the Acting Secretary. Chairperson McGinn emphasized that confirmation is a bipartisan Senate confirmation process and not a political process; therefore, the reason to move forward. Acting Secretary Gilmore could not provide information as to what is causing concern in Sedgwick County concerning her confirmation other than what had already been discussed. Ms. Gilmore stated she was unaware of any specific incident in Sedgwick County that could have provoked the intensive concerns from that county.

Another Senator confirmed concerns had been voiced by the Kansas Republican Assembly in Sedgwick County; Acting Secretary Gilmore responded there is no specific incident of which she was aware other than decisions made by the Behavioral Sciences Regulatory Board during her tenure as Executive Director of that agency.

The meeting was adjourned at 12:03 p.m.