



To: Senate Public Health and Welfare Committee

From: Jerry Slaughter
Executive Director

Date: March 17, 2015

Subject: SB 285; concerning the Healing Arts and Physician Assistant Licensure Acts

The Kansas Medical Society appreciates the opportunity to submit the following comments in support of SB 285, which amends the Healing Arts and Physician Assistant Licensure Acts. This bill is non-controversial and contains some necessary additional changes to provisions that were amended last year when the comprehensive Healing Arts Act modernization bill, HB 2673, was enacted. That bill was the result of numerous meetings over several months involving all of the affected professions, and it was largely intended to make uniform the administrative and regulatory structures for the thirteen professions licensed by the Board. Although we support the entirety of SB 285, for the purposes of the hearing today, we will confine our remarks to a few specific provisions in the bill, and leave the balance for the Board and PA association to comment upon.

SB 285 includes a provision for a “resident active license,” on page 37, New Section 15, which is being created to address changes in postgraduate, or “residency training” requirements. Today’s physician residency training programs are from three to seven years in length, depending on specialty and subspecialty interests of the physician. This new licensure category would be available to physicians who have completed the first year of a fulltime graduate medical education (residency) program, to obtain additional clinical experiences working as a “*locum tenens*” (temporary) physician, in rural hospitals and clinics, so long as they have the approval of their supervising residency program director.

This bill also addresses a growing problem brought on by the growth in medical school class sizes, including here in Kansas. This amendment is found on page 15, section 3 of the bill. The problem is this: the number of 1st year positions in accredited residency programs has not kept pace with the growth in medical school graduates. In 2014 there were 26,678 first year U.S. residency positions offered for medical school graduates, but 40,394 applicants. The applicant pool includes graduates of U.S. medical schools as well as foreign-trained physicians that want to complete their training in a U.S. based residency program. In each of the past two years KU Medical School has had five graduating senior medical students out of a graduating class of 190 who did not secure a first year position in a residency, even though they were very qualified, competitive

candidates. Although the number is relatively small now, it is expected to grow as medical school class sizes continue to expand faster than available residency positions.

A number of states are beginning to look at ways to provide a supervised clinical experience for these medical school graduates while they await placement in a residency program. Missouri was the first state to enact such a law. It allows a medical school graduate who is unable to enter a residency program to practice in a medically underserved area under the supervision of a licensed physician. After conferring with officials at KU Medical School, we drafted an amendment to the Healing Arts Act which would create a similar supervised clinical practice opportunity in Kansas.

In our research on this issue we found that the 1978 legislature enacted a provision that created a “special permit” for those medical students who graduated mid-year, or “out-of-phase”, and were forced to wait several months before beginning their residency program. Although that provision was created to address a slightly different problem, the “out-of-phase” permit, with some minor changes, will work very nicely to address the problem discussed here.

Our amendment would provide that a graduate of the KU School of Medicine or the Kansas City University of Medicine and Biosciences College of Osteopathic Medicine who has not yet been accepted into an accredited residency program could obtain a special permit to practice under the supervision of a licensed physician in a medically underserved area of the state for a period of up to two years. The permit holder would be able to prescribe drugs under supervision, except controlled substances.

We believe this approach benefits both the medical student awaiting residency, as well as the state of Kansas. It will allow these students to obtain valuable clinical experience in a supervised environment, and make additional medical manpower available to our rural and underserved areas of the state.

Finally, this bill also reinserts language into the Healing Arts Act that provides guidance to licensees of the Board as it relates to providing copies of medical records upon the request of patients or their authorized representatives. Sections 17 (page 38) and New Section 19 (page 40 and 41) together, re-enact some language that was stricken from the Healing Arts Act a couple of years ago in conjunction with some amendments to the Kansas Health Information Technology Act, but also makes certain that the provision is consistent with the guidance that is contained in the HIPAA privacy rule and its related provisions. New Section 19 directs the Healing Arts Board to establish by rule and regulation a schedule of copying fees which shall be updated every two years.

We urge your support of the bill. Thank you for the opportunity to offer these comments.