M I N U T E S

SPECIAL COMMITTEE ON PUBLIC HEALTH AND WELFARE

August 23-24, 1977
Room 532, State House

Members Present

Representative Michael G. Johnson, Chairman
Senator Wesley H. Sowers, Vice-Chairman
Senator Bert Chaney (one day)
Senator Mike Johnston
Representative Theo Cribbs
Representative Kenneth Francisco
Representative Sharon Hess
Representative Marvin Littlejohn
Representative Pascal A. Roniger
Representative Larry F. Turnquist

Staff Present

Emalene Correll, Kansas Legislative Research Department
Bill Wolff, Kansas Legislative Research Department
Sherman Parks, Jr., Revisor of Statutes Office

Others Present

Bill Kimble, Wesley Medical Center, Wichita, Kansas
Elizabeth Carlson, Board of Healing Arts, Topeka, Kansas
Jerry Slaughter, Kansas Medical Society, Topeka, Kansas
Mary J. Wiersma, Kansas Farm Bureau, Manhattan, Kansas
Jack Milligan, Kansas Optometric Association, Topeka, Kansas
Doug Johnson, Kansas Pharmaceutical Association, Topeka, Kansas
Ruth Groves, American Association of University Women and League of Women Voters, Topeka, Kansas
Gary Lausier, Marion Labs, Inc., Kansas City, Missouri
Thane Frazier, Kansas State Dental Association, Lvons, Kansas
John J. Mingenback, Kansas Dental Association, Great Bend, Kansas
Murle M. Hayden, National Retired Teachers Association and American Association of Retired Persons, Topeka, Kansas
Charles W. Mullikin, National Retired Teachers Association and American Association of Retired Persons, Wichita, Kansas
Jim Schroeder, Heumann and Associates Labs, Topeka, Kansas
M. K. Schultes, Heumann and Associates Labs, Topeka, Kansas
Carl C. Schmitthenner, Kansas State Dental Association, Topeka, Kansas
Richard Schaffer, Kaylor Dental Lab, Inc. Wichita, Kansas
Jack E. Peck, Kansas Dental Lab Association, Wichita, Kansas
Gary J. Newman, Kansas State Dental Association, Topeka, Kansas
Ronald E. Price, Kansas State Dental Association, Topeka, Kansas
George Connally, Denturists of Canada, Vancouver, British Columbia
J. R. Alexander, Denturists of Oklahoma, Oklahoma
D. W. Boyd, National Denturists Association, Denver, Colorado
R. Christensen, D.D.S., rancher, Oregon
R. Schartz, Kansas Denturists, Wichita, Kansas
S. C. Gladhart, Wichita State University Physicians Assistants Program, Wichita, Kansas
Mau T. Dicker, Wichita State Univesity Physicians Assistants Program, Wichita, Kansas
Don Goering, Kansas Academy of Family Physicians, Salina, Kansas
John Huff, Kansas Medical Society, Kansas City, Kansas
Wayne T. Stratton, Kansas Medical Society, Topeka, Kansas
Lois Webb, D.C., Stilwell, Kansas
Don L. McKelvey, D.C., Kansas Chiropractic Association, Ottawa, Kansas
Glyndon Hanson, Kansas Chiropractic Association, Topeka, Kansas
Judy Perrin, Kansas Chiropractic Association, Topeka, Kansas
James D. Mankin, Department of Health and Environment, Topeka, Kansas
Connie Tilden, Kansas Alcoholism Counselors Association, Topeka, Kansas

Carol Ring, Kansas Alcoholism Counselors Association, Topeka, Kansas
Ron Eisenbarth, Kansas Alcoholism Counselors Association, Topeka, Kansas
Robert L. Proctor, Ph.D, Kansas Psychological Association, Topeka, Kansas
Larry K. Shaffer, Kansas Hospital Association, Topeka, Kansas
George M. Penn, Kansas Psychiatric Association, Topeka, Kansas
Alan J. Amey, Institute of Logopedics, Wichita, Kansas
David H. Herring, Institute of Logopedics, Wichita, Kansas
Benjamin F. Farney, Kansas Citizens Committee on Alcoholism and Alcohol Abuse, Overland Park, Kansas
Pat Chmidling, Kansas Optometric Association, Topeka, Kansas
Larry Bradford, Kansas Speech and Hearing Association
Robert L. McCroskey, Kansas Speech and Hearing Association, Wichita, Kansas
John C. Peterson, Kansas Speech and Hearing Association, Wichita, Kansas
Dr. Revzin, Dean University of Missouri at Kansas City Dental School, Kansas City, Missouri
Andrew Hefner, Bushton, Kansas
Dr. Broadwell, Naturopath, Portland, Kansas
Sister Gertrude Bauman
Senator Elwaine Pomeroy, Topeka, Kansas
Dr. Ed Counselman, Kansas Chiropractic Association, Topeka, Kansas
Terry Watson, Kansas Chiropractic Association, Topeka, Kansas
Monte Allen, M.D., Kansas Medical Society, Salina, Kansas
Mike Clutter, Kansas Hearing Aid Association
Mr. Bigbee, Naturopath Conference
William E. Miller, Kansas Speech and Hearing Association, Wichita, Kansas

The meeting was called to order at 10:00 a.m. by the Chairman, Representative Michael Johnson.

Proposal No. 59 - Credentialing of Health Care Personnel

Staff reviewed the following bills relating to the proposal which were held in Committee at the end of the 1977 Session: S.B. 90 (chiropractic); S.B. 218 (denturists); S.B. 257 (alcoholism counselors); H.B. 2285 (speech pathologists and audiologists); H.B. 2422 (naturopaths).

In reviewing S.B. 90 the staff noted a recent Shawnee County District Court decision in which Judge McFarland included as a finding of fact that present statutes expressly provide for chiropractors to withdraw blood for diagnostic purposes. (Attachment A, No. 22 on Page 4 and No. 24 on page 5.) There is a question about the affect this decision has on the need for S. B. 90.

In answer to questions, staff stated they thought the finding of fact was based on testimony of both the chiropractors and the Board of Healing Arts. It was noted that the intent of the bill was to distinquish between taking blood samples for subsequent diagnosis from acupunture. There seems to be a consensus that chiropractors have ths skill to withdraw blood. The question raised is whether they have the knowledge and training to make a diagnosis based on the blood analysis sent to them by a laboratory.

S.B. 218 provides for the licensing of denturists and the registration of associate denturists. The language comes from a standard bill developed by the National Association of Denturists which is being introduced in various states. Maine, the only state requiring licensure of denturists, requires denturists to practice under the supervision of a licensed dentist.

S.B. 257 which comes from the Kansas Alcoholism Counselors Association, provides for the licensure of alcoholism counselors. Attention was called to the following: the wording used after the first sentence in the definition of "practice of alcoholism counseling" is not usually included in definitions and the wording of the bill makes licensure voluntary.

In answer to a question, staff stated the language setting a maximum for the fee fund and specifying what this fund can be used for was added to all fee fund bills considered last Session. Apparently this is a policy decision of the Ways and Means Committees.

H.B. 2285 provides for the licensure of speech pathologists and audiologists. In reviewing the bill, attention was called to the following:

The definition of "speech pathology aid" and "audiology aid" are probably not needed since neither term appears elsewhere in the bill. The intent of the definitions of "speech pathologist" and "audiologist" apparently is to be restrictive by including as many types of persons currently practicing as possible.

The bill seems to limit the authority of the licensing board by requiring it to use criteria established by the American Speech and Hearing Association (ASHA) for licensure and limiting the examination which can be used to the ASHA examination administered by Princeton University. The term "equivalent to" ASHA standards is used but nowhere does it state who is to determine this equivalency.

Section 3 provides that a person certified by the State Board of Education and employed by a school could continue to practice in the classroom but could not see private patients after school unless they were also licensed. Licensure would not necessarily be automatic since the courses a person took for an MA, which is required for certification, might not meet the educational requirements of ASHA.

Other points noted were: language relating to when board meetings would be open may be in conflict with the Kansas Open Meetings Law; there may be a conflict between Section 9(d) and Section 11(b); in Section 11 (c) "may" should be changed to "shall"; Section 13(5) (c) refers to "unlawful practices specified in (a) above" but Section 13 (a) uses the term "unprofessional conduct" and these may be two different things; licensure bills do not usually establish a confidential relationship between the professional and the client; there is a typographical error in lines 287 and 290. Referring to the Class A misdemeanor in Section 19, staff noted the lack of consistency in the class misdemeanor used in the various licensure statutes.

In answer to questions, staff stated Kansas University, Kansas State and Wichita State offer a masters degree in both speech pathology and audiology. Hays offers a masters in speech pathology and is in the process of qualifying to offer a masters in audiology.

H.B. 2422 provides that naturopaths meeting certain criteria would not be guilty of unlawfully practicing the healing arts of Kansas. It provides that a naturopath licensed in another state must register with the Board of Healing Arts but it is unclear what is being registered.

In answer to questions, indications were there are 13 naturopaths in Kansas some of whom are not in practice and there may or may not be a state organization.

Staff distributed a 1973 chart (Attachment B) indicating which states require licensing of specified health professions noting an update of the chart will be available as soon as it is available.

The meeting was recessed for lunch at 12:00 noon and was reconvened at 1:30 p.m.

Conferees on S.B. 218

J. R. Alexander, Ponca City, Oklahoma, stated he had worked in dental laboratories over 30 years and was now a practicing denturist. Speaking in favor of the bill, he stated indications are that an overwhelming number of dental technicians and dental laboratory owners would favor licensing of denturists. In a poll of dental laboratory owners, one-third favored denturism, one-third opposed it and one-third did not comment. However, laboratory owners and technicians find it difficult to openly support denturism since it is opposed by dentists who are their only customers. He referred to cases, including his own, in which business was lost allegedly because one supported denturism.

In answer to questions, Mr. Alexander stated a denturist takes impressions, makes removable dentures and fits them in the mouth. The advantage is a financial saving to the patient. A dentist charges $600.00 for a set of dentures. A denturist, using the same quality of material, charges $250.00 to $300.00.

Mr. Alexander, in answer to questions, stated he practices under the authority of the United States Constitution to practice one's chosen profession and to make a living for his family as long as he does not do irreparable harm to the public. He stated he was trained in a dental lab and is certified as a dental lab technician in all cetegories. Necessary courses are available to meet the educational requirements for denturists and colleges are eager to offer them. It is a question of the Legislature passing legislation recognizing denturism as a profession and requiring licensure of denturists. Those practicing now have learned on the job in a dental laboratory.

D. W. Boyd, Legal Counsel, National Denturist Association, stated legislation to license denturists has been introduced in 15 states. Legislation failed by only three votes in Oregon. Eight out of ten Canadian provinces and several foreign countries recognize denturism as a profession.

According to Mr. Boyd, additional training will enable a denturist to recognize oral diseases and deficiencies and to make proper referrals. The denturist does nothing until the mouth is ready for the appropriate denture device. He can then do all of the work required.

Denturism has worked wherever it has been tried, Mr. Boyd stated. In those provinces and countries where denturism is practiced prices have not increased and the rate of disease and mistreatment has not increased.

Mr. Boyd noted that denturism is an alternative method of meeting health care needs which are not being met by dentists. Nor can dentists be trained fast enough to meet the need. For example, estimates show there are one billion unfilled cavities in the United States and fifty million people needing dental appliances. Statistics show the needs of lower income people are not being met. A report of the Oregon Health Department states it would take 55 billion dollars to treat the backlog of dental disease in that state which has a population of two million people.

Mr. Boyd referred to a revised bill draft submitted to Committee members (Attachment C) noting particularly the section on educational requirements. Denturists want a licensure bill which will enable them to practice legally and which will protect the public.

It was noted the figures quoted for Oregon would mean a per person expediture of $27,500. Mr. Boyd stated he did not know how these figures were derived but he would forward a copy of the report to the Committee.

In answer to questions, Mr. Boyd said denturists can help lower costs because the overhead is not as much -- less education, less equipment expense, no additional help. Utilizing denturists will mean more people, including those on a marginal income, can afford dental devices.

Mr. Boyd noted denturists are required by their organization's by-laws to guarantee their dentures. This requirement and the procedure for enforcing it could be made a part of the bill. He agreed to forward a copy of the by-laws to the Committee. In comparing this guarantee with the Dental Association's Peer Review Committee, he stated Kansas' Peer Review Committee is good but it reflects the opinion of the profession involved.

George Connally, Secretary, Canadian Denturists Association, gave a history of denturism in Canada. He emphasized the importance of licensure examinations and educational programs noting both were implemented immediately after legislation was enacted in Canada. Denturists are denture specialists and do not want to expand their services beyond this specialty. He noted that provinces which originally restricted services performed by a denturist are now expanding these services.

In answer to a question, Mr. Connally stated denturism did not encourage people in Canada to get their teeth pulled. The dentist, who must do the extractions, made the final decision.

Answering a question, Mr. Connally stated he felt a denturist should be autonomous since requiring him to practice under the supervision of a dentist would not lower costs.

Bob Christiansen, D.D.S., from Oregon, stated he had become interested in denturism as an alternative method of care. There are weak points in denturism but, if the cooperation of dentists to insure quality is maintained, it can be a better and cheaper way to provide certain services. One factor in high health care costs is over-training. Dr. Christiansen recommended a two-year training program and commended the efforts of denturists to upgrade themselves.

Charles W. Mullikin, spoke in favor of the S.B. 218 noting many elderly need dentures but cannot afford them. For glasses or hearing aids they can go to a "technician" without having to pay for the device themselves. But they must go to a dentist rather than directly to a "technician" for dentures. He stated a dentist wanted $200 to $250 to rebase his dentures but a denturist did it satisfactorily for $90.

In answer to a question, Dr. Christiansen stated a denturist could work under the supervision of a dentist. However, dental technicians work in dentist's offices now but this does not necessarily mean lower costs since the overhead remains the same. Also, the technician in this situation does not get paid as much as if he were practicing independently so he may not be willing to accept the additional responsibilities he is qualified to assume. Denturists should be allowed to practice autonomously.

Carl Schmitthenner, Executive Director, Kansas State Dental Association (KSDA), introduced Ronald Price, D.D.S., and John Mingenback, D.D.S., Chairman, Council on Dental Trades and Laboratory Relations, KSDA, who presented written statements in opposition to S.B. 218.

Dr. Price (Attachment D) noted the essence of the issue at hand is access to quality dental service, which is more than the fabrication of appliances. He spoke specifically to current costs of dental services as an important factor of accessibility.

Dr. Mingenback (Attachment E) noted the excellent liaison between dentists and ethical dental technicians for the purpose of providing Kansas citizens the finest oral health care. He outlined the responsibilities of dentists and technicians showing their inter-relationship. In answer to a question, he stated that follow-up of a denture patient, which may be for several years, with at least monthly visits at first, are extremely important.

Mr. Schmitthenner then introduced Marvin E. Revzin, D.D.S., Dean, School of Dentistry, University of Missouri at Kansas City. Outlining the educational process for dentists, Dr. Revzin stated the curriculum includes biological sciences, techniques, behavorial sciences and clinical experience. At least a bachelor's degree is required for admission. He noted the importance of knowledge of biological science to the construction of appliances. The distinction between a skilled craft and a profession is that the craftsman can provide what is needed but the professional knows what is needed, why it is needed and can provide it.

Dr. Revzin stated this bill would reverse the trend toward higher quality care. If the goal is quality dental care for the less advantaged, legislation to that affect should be passed rather than legislation aimed at providing care even if it is of lesser quality. He pointed out the extended use of nurses and denturists in New Zealand is necessitated by a large widely dispersed population. In the United States, however, dentists can meet the need of ongoing quality care with the assistance of trained technicians functioning under their supervision.

Referring to an earlier question, Dr. Revzin stated his experience is that when people are offered a choice between extraction and other treatment, they choose extraction. Making this alternative more available will increase its use. Disease patterns developing from the use of technicians as professionals have been noted.

Mr. Schmitthenner introduced L. Thane Frazier, D.D.S., President, Kansas Dental Association, who presented a written statement in opposition to the bill (Attachment F).

In answer to a question, Dr. Frazier stated there may be some dentists who choose not to see Medicare and Medicaid patients, but most do see them. The Association is not aware of the drastic need to which those appearing earlier alluded. However, they have asked SRS to notify them of any person in the Medicaid program who needs care but is not receiving it.

A Committee member noted his dentist is in favor of this bill because it would free him to fill teeth and take care of diseases of the mouth. Noting dentures under Title XIX are being eliminated to contain cost, he suggested a better alternative would be to allow denturists, who provide dentures at less cost, to provide the dentures.

Dr. Frazier stated what the denturists are asking for sounds simple. However, there are many aspects to diagnosing prior to making the dentures and in follow-up care. Many provisions of S.B. 218 do not take these into account. For example, the exclusion of requiring a certificate of health. Dr. Frazier stated that in the last year he had been able to detect carcinoma because a patient complainted of a sore from his dentures. He noted he was not sure a denturist is trained sufficiently to know it is not just a sore.

In answer to a question, Dr. Mingenback stated he used the term "ethical dental technicians" since a person practicing as a denturist in Kansas is illegal and therefore unethical.

A Committee member referred to a letter from a constituent who was dissatisfied with her dentures and claimed the dentist did not seem to care since he had already been paid. Dr. Mingenback stated this case should be referred to the Association's Local Peer Review Committee. Any decision can be appealed to the State Peer Review Committee and then to court.

In answer to questions, it was noted the Association has notified Better Business Bureaus, the Attorney General's Office and some other groups of the peer review process. Dr. Frazier stated a dissatisfeid person usually goes to another dentist who will advise him of this process. However, there should be a way to get this information to the general public without overloading the Peer Review Committee with frivolous complaints. It was noted wearing dentures is not easy. People do not realize dentures are not a substitute for teeth. They are a substitute for no teeth. Experience seems to show that approximately one-fourth of those having dentures wear them with no problems; one-fourth wear them with some discomfort, about one-fourth wear them in public only, and one-fourth wear them in the top bureau drawer no matter who made them.

In answer to questions, Dr. Frazier stated he could not respond to provisions of the bill submitted to Committee members by denturists since he had not seen the bill. A copy had not been sent to the Association.

Dr. Nyle Diefenbacher, Canadian dentist, appeared in opposition to the bill. (Attachment G)

A Committee member read a letter sent to "Friends of Denturism" by Carroll W. McCune, President, Kansas Denturist Association stating he took exception to attributing such action to the Legislature, the Speaker of the House and the Chairman of the Committee. He asked the letter be made a part of the Committee record. (Attachment H)

H.B. 2422 - Andrew Hefner, practicing naturopath, explained a naturopath examines the patient and if the treatment indicated is within the scope of naturopathy, he provides the treatment. If it is not within his scope of practice, he makes a referral. A naturopath does not practice surgery or prescribe toxic drugs. He stated H.B. 2422 is needed because naturopaths are now in a gray area legally. There are a significant number of people wanting this service and it is their constitutional right to receive it.

It was noted that according to his testimony, naturopaths use ultrasonic devices and some other treatments which would seem to require licensure to use. Mr. Hefner stated they had been investigated by the Board of Healing Arts and have not had any problems in this area. In answer to a question, he stated naturopaths prescribe homopathic medicines purchased from homopathic pharmaceutical companies. He did not know if these companies were licensed in Kansas.

Mr. Bigbee, a Ford dealer in Western Kansas, stated he had spent much time in a hospital without getting better. Then he went to Dr. Hefner and he feels "good" now. He noted naturopaths use a different approach but this does not mean it is of a lower standard. He feels Dr. Hefner's standards are high and it is his understanding other practioner's standards are too. He noted that the fact people electing to go to a naturopath cannot get third party payments for their treatment is a problem.

In answer to questions, Sister Gertrude, Kansas Newman College, stated naturopathic students take their two-year basic science course at Kansas Newman and then go to the National College of Naturopathy in Portland, Oregon for two clincal years. Dr. Hefner noted that two courses, introduction of healing arts, and mechanism of disease, are taught at Portland in addition to the clinical experience. He stated there are 12 naturopaths in Kansas, eight of whom are active. Those who did not go through the National College have taken 2,500 class hours in basic science review and clinical experience.

Mr. Hefner stated he and doctors in Bushton make referrals to each other and there are no problems. He noted his education and philosophy are very similar to chiropractors who are licensed by the Board of Healing Arts.

In answer to a question, Mr. Hefner stated they want registration or licensure to qualify for third party payments and he thought this bill would accomplish that. Staff noted this bill exempts naturopaths from unlawfully practicing the healing arts but would not result in licensure.

Jerry Slaughter, Executive Director, Kansas Medical Society, spoke in opposition to the bill, noting naturopaths have not shown their background qualifies them to practice the healing arts.

Elizabeth Carlson, State Board of Healing Arts, stated the Board is on record as opposed to this bill. Answers to a questionnaire sent to licensing boards in other states in 1974 indicated only 4 states recognized naturopaths. A number of states which licensed them at one time have abolished the licensure provision. She noted two recent ads indicating it was easy to become a naturopath which raises questions about their educational background.

The meeting was adjourned at 5:00 p.m.

August 24, 1977

The meeting was called to order at 9:05 a.m. by the Chairman, Representative Michael Johnson.

S.B. 90 - Glyndon Hanson, Executive Director, Kansas Association of Chiropractice, introduced Elwaine Pomeroy, a sponsor of S.B. 90. Senator Pomeroy stated chiropractors could not withdraw blood because of an Attorney General's opinion defining any piercing of the skin for therapeutic purposes as surgery. However, findings of fact in a recent Shawnee County Court decision made a further distinction between piercing the skin for diagnostic purposes and therapeutic purposes with only the latter being considered surgery. Since the District Court of Shawnee County has jurisdiction over disciplinary matters for the Board of Healing Arts, its decision in this case would seem to be equal to the decision of an appellate level court. This would seem to negate the need for this bill.

Senator Pomeroy stated he introduced the bill because it seems illogical that a chiropractor could send a patient to a lab where a nurse or lab technician could draw a blood sample but could not perform this simple procedure himself. In metropolitan areas this is no problem. However, in rural areas there is a problem because the number of labs is limited. He noted that in giving the reasons for introducing the bill he was not suggesting it be recommended for passage since he felt it was no longer needed.

It was noted another attorney has stated that findings of fact are dicta in the case but not necessarily controlling in law. Also the case is still open to appeal and request for review of the findings of fact. Therefore, the bill may not be a moot issue.

It was pointed out the problem with the bill in the past has been the issue of diagnosis, not the withdrawing of blood. It has not been clearly shown chiropractors have the training to make a diagnosis based on the analysis of blood or that they want to.

Diagnosis is a particularly defined word unless accompanied by other definitive words. A lab reports the analysis of the blood but the diagnosis is done by a person licensed to practice medicine and surgery.

Senator Pomeroy stated he felt this was a different issue than he intended the bill to address. His only purpose was to allow chiropractors to pierce the skin to withdraw blood.

Dr. Don McKelvey, Kansas Association of Chiropractic, stated the Association concurs with Senator Pomeroy that this bill is not needed. On the question of diagnosis he made the following points: the chiropractic section of the Healing Arts Act uses the term diagnosis; there is an abundance of case law in 3 states requiring chiropractors to diagnose; Medicaid requires them to diagnose; the federal accrediting agency requires all schools of chiropractic to teach diagnosis; the State Board of Healing Arts requires all chiropractors to pass the national board examination which includes diagnosis. He noted physicians accept referral from chiropractors and report back to them and the only rational basis from such referrals is diagnosis.

In answer to questions, Dr. McKelvey stated they construe current statutes to mean a chiropractor cannot prescribe anything requiring a prescription but they can administer other things. He did not think the Board of Healing Arts had a specific policy on this because a problem had not come up. He stated chiropractors are applying for and receiving retail dealers licenses from the Board of Pharmacy. He personally did not think this was necessary but the Board of Pharmacy felt it was because chiropractors handle over-the-counter drugs and food supplements in their offices.

In response to a question, Doug Johnson, Kansas Pharmaceutical Association, stated their Board's attorney's opinion requiring chiropractors to have the retail dealers permit came because of complaints from four physicians that chiropractors were selling over-the-counter products, some not in the original container. This whole issue is under review by the Board of Pharmacy. At the Committee's request, Mr. Johnson is to report back if any legislation is needed in this area.

In answer to a question, Dr. Ed Counselman, Vice-President, Kansas Chiropractic Association, stated Medicare requires a chiropractor to diagnose before they will pay. There is a place on the form for this. Neither Medicaid or Medicare will pay a chiropractor for blood testing. Whether this bill would change that would be a decision of these programs.

In answer to questions, Dr. McKelvey stated there are indepth courses in blood chemistry and diagnosis and these are all required courses. Retesting is not required of any group, including chiropractors, licensed by the Board of Healing Arts. He stated that he is insisting that continuing education courses in this area be developed within the next 90 days because of the court decision.

Dr. McKelvey, in answer to questions, stated he thought the court decision was based on the purpose for the piercing of the skin as was the Attorney General's opinion. Although the bill does not seem to be necessary, it would be better to have it codified in the statutes. They do not object to the bill in its present form or to the original language. The phrase "as taught in accredited schools" refers to diagnosis, not withdrawing of blood.

Dr. Lois Webb, Chiropractor, stated she does not object to the bill although she would continue to send her patients to a lab. If there are questions about interpreting a blood analysis, a chiropractor can and does consult with a pathologist. She noted her patients come to her by choice, which should be their right, and would not have the blood tests done if she did not refer them.

The Chairman asked Mr. Hanson questions about an article which appeared in the Association's Journal (Attachment I) and a letter he sent to the editor of the Abilene Reflector-Chronicle and where he got the information contained in them. Mr. Hanson indicated it was from people who had attended the Committee meetings referred to but agreed he had never personally talked to the Chairman, Representative Johnson, and had not personally attending the meetings referred to. He stated Representative Johnson was welcome to submit his side for publication in their Journal.

Jerry Slaughter, Kansas Medical Society, introduced John Huff, M.D., president of the Society, who presented a written statement in opposition to the Bill. (Attachment K)

After noting Dr. McKelvey's premise that this bill only clarified what chiropractors were already authorized to do, Dr. Huff was asked to explain his statement that this bill would expand their area of practice. Dr. Huff stated this was a matter of interpretation but it was his understanding that a chiropractor is not allowed to extract blood and his practice is centered in the musculo-skeletal systems. It does not include the whole human body, as would be required in diagnosis.

In answer to questions, Dr. Huff stated an M.D.'s education includes doing diagnosis for learning purposes during all four years of training.

Don Goering, M.D., Kansas Academy of Family Physicians, stated the concern of family physicians is that all citizens of Kansas have the best medical care. Withdrawing blood is a simple procedure but the interpretation of the blood analysis is fraught with many disasters. A person should have a choice and he does. If he wants someone to make a diagnosis on a total basis, he should go to an M.D. If he wants to feel better via manipulation of the spine or muscular system, he should go to a chiropractor.

In answer to questions, Dr. Goering stated in his opinion chiropractors want this bill to broaden their scope of practice. He stated he could not answer whether making a diagnosis would mean they could provide any more services than they do at the present time.

In answer to a question, Dr. McKelvey stated they would have no objection to requiring that the blood analysis be done by a commercial lab. He stated he knew of no instances of kickbacks to chiropractors by labs. Mrs. Carlson, Board of Healing Arts, stated they had had no complaints of alledged kickbacks.

S.B. 257 - George Penn, M.D., Kansas Psychiatric Association, stated his remarks were based on his experience as a staff member in the alcoholism program at the Menninger Foundation. He stated he personnaly supports licensure of alcoholism counselors which requires the establishing of standards and policing procedures. He

suggested the following standards be included: two to three years sobriety which implies growth and not just abstinence; active in AA or Al-Anon; character references; two years formal education in basic science and substance abuse; adequate experience under the supervision of a qualified person.

In answer to questions, he stated he thought most counselors were employed by a treatment facility and worked under supervision. He stated both education and experience were important and he would not want experience to substitute for education.

Ron Eisenbarth presented a written statement in support of the bill for Lynn Hutton, President, Kansas Alcoholism Counselors Association. (Attachment L) In addition he stated he had visited with Dr. Proctor who would be testifying later and they were amenable to amending the definition of alcoholism counselor and requiring professional supervision in any work setting. He also noted that the word "sociologist" page 8, line 298, should be changed to "psychologist".

Staff pointed out that SRS could set personnel standards for treatment facilities since they license these facilities. Putting licensure of alcoholism counselors in the Department of Health and Environment could cause conflict between two state departments. Mr. Eisenbarth stated they had discussed this with Mr. Metz[illegible] and Dr. Harder who indicated they did not foresee any problem.

In answer to questions, Mr. Eisenbarth stated their intent is not to exclude other professionals from providing their services to alcoholics. The intent was to bar others from doing alcoholism counseling unless they were licensed as alcoholism counselors. This would include members of AA and Al-Anon if this was their only credential but would not prevent them doing what they are now doing. It is important to separate AA from professional treatment. Staff noted this bill would seem to bar persons in AA from functioning as they now do.

Mr. Eisenbarth noted NIAAA is saying a credentialing process for alcoholism counselors needs to be developed in the near future. Many persons enter this field because of their recovery from alcohol and many of these have only a high school education. He noted it is important that they be required to fill in the gaps in their education in some areas. Some universities are developing associate arts programs for alcoholism counselors. It was noted this push for credentialing is contradictory to HEW's moratorium on credentialing.

In answer to a question about what kind of situations have occurred to demonstrate the need for licensure, Mr. Eisenbarth referred to a treatment facility in Wichita which was closed because of the ethics of the staff. Licensure would make it more difficult for a person to become a counselor and would provide a mechanism for dealing with the individual rather than shutting the facility.

In answer to a question, Carol Ring, Secretary of the Association, stated they have 275 members of which 228 are certified by their national association. The others are counselor trainees. At the request of the Committee, Mr. Eisenbarth is to submit a copy of their by-laws which include the requirements for certification.

Robert L. Proctor, Ph.D, Kansas Psychological Association, presented a written statement (Attachment M) supporting in principle the establishment of standards for alcoholism counselors but raising serious objections to certain features of S.B. 257.

In answer to questions, Dr. Proctor stated he was also concerned about any restrictions this bill might impose on AA and Al-Anon. He noted there would also be a problem with mental health technicians whose licensure an supervision requirements are more strict than those proposed for alcoholism counselors. He pointed out that possible funding for programs and mandatory coverage for alcoholism treatment under health insurance might be an impetus for licensure.

The Committee recessed at 12:35 p.m. for lunch and reconvened at 1:55 p.m.

Dr. James Mankin, Department of Health and Environment, presented a written statement including questions about some components of the bill. (Attachment N)

In answer to questions, Dr. Mankin stated it would take a fee of approximately $50.00 to make the licensing program self-supporting.

Ben Farney, President, Kansas Citizens Commission on Alcoholism and Drug Abuse, stated alcoholism is a disease, not a symptom of other diseases. The disease process needs to be properly emphasized with a highlight on prevention when legislation is considered. He stated it was his personal opinion that there is a great deal of frustration in the Alcoholism and Drug Abuse Division with SRS and he would foresee some problems if licensure of counselors is in the Department of Health and Environment. Other problems he noted were: three categories of licenses which seems to be confusing and the Association certifying who is or is not qualified for licensure.

In answer to questions, Mr. Farney stated licensure of counselors would give alcoholism treatment at least one person recognized by the state as being qualified to render that treatment. He also noted he would be concerned about any adverse affect this bill would have on the AA or Al-Anon programs.

Larry K. Shaffer, Director of Education, Kansas Hospital Association, presented a written statement in opposition to new licensure legislation. (Attachement O) In answer to a question, Mr. Shaffer stated hospitals have standards for all personnel they employ so he was certain they have standards for those employed in an alcoholism unit. He did not know how many of these employees were certified by the national association or if this certification was required for employment.

H.B. 2285 - Larry Bradford, Ph.D, American Speech and Hearing Association, presented a written statement (Attachment P) noting the extent of speech and hearing problems, the role of the American Speech and Hearing Association, and the training and functioning of hearing and speech pathologists. In answer to questions, Dr. Bradford stated probably most clients come to them via referrals. Hearing aid dealers in Kansas are licensed by the state and are qualified to test people to see if they need a hearing aid and what type they need. An audiologist is qualified to do more than this. An audiologist would have to have a license to sell hearing aids and could do so only at cost. Otherwise he would be in violation of the ethics of his profession.

Questions were raised relative to what problems exist that will be solved by licensure. John Peterson, Kansas Speech and Hearing Association, stated licensing benefits the public by requiring competence. This is important to persons being referred and ever more important for those seeking services directly.

In answer to a question, Dr. Bradford stated those persons certified by the State Department of Education would also meet licensure requirements. If they want to practice privately, they should have both.

Robert L. McCrowskey, professor, Wichita State University, presented a written statement in support of the bill. (Attachment Q)

John Peterson, Kansas Speech and Hearing Association, presented a written statement in support of this bill including suggested amendments. (Attachment R) He also recommended that on page 10, line 365, striking "unlawful" since this word is not necessary, and striking "class A" on page 13, line 460.

In answer to a question, Mr. Peterson stated the Association is aware of people, primarily in the area of speech training, who are providing services without any training. The Committee requested he furnish them with a list of those persons practicing without training.

Mr. Peterson stated, in answer to questions, that he did not think licensure would automatically raise fees or the cost of providing state mandated programs since most persons already met the requirements for licensure. He noted the Early Childhood Development Act requires testing by a qualified audiologist. The state is using a reference to certification by the American Speech and Hearing Association as a criteria for "qualified". This could be challenged in the courts because the state is using standards not those of the state.

Jerry Slaughter, Kansas Medical Society, introduced Monte Allen, M.D., who presented a written statement (Attachment S) in opposition to the bill. He noted that the proposed amendment to Section 3(a) would answer his objections to this section.

Mike Clutter, Kansas Hearing Aid Association, presented a written statement (Attachment T) summarizing their concerns about this bill and recommending certain amendments.

For the position of the Kansas Hospital Association refer to Attachment O.

Proposal No. 60 - Physician Extenders: Staff presented the bill draft relating to physician's assistants as requested by the Committee. (Attachment U)

Section 1 - By consensus the renewal fee is to be changed to "not more than $10.00" which is the way it appeared in the proposed rules and regulations. Staff raised the question of whether there should be a penalty for late filing of fees and whether those presently registered should pay an initial registration fee or just a renewal fee.

Section 2 - After a discussion of alternative time limitations for notifying the Board of Healing Arts of a change in the supervising physician, consensus was it should be as promptly as may be practicable but not to exceed ten days.

There was a discussion of whether or not a physician terminating a physician's assistant should be required to report this, including the reason for termination, to the Board of Healing Arts. Concern was expressed relative to cases in which a physician's assistant was fired because of misconduct or for exceeding the scope of practice agreed to by the employing physician. It was noted that since there is nothing in this bill about malfeasance, the Board could not take any action against the physician's assistant even if the physician reported it. The ultimate responsibility is with the physician and any Board action would be against the physician employing the physician's assistant if he acted incorrectly. Charging the physician rather than the physician's assistant with the responsibility of reporting the change in cases of termination was suggested.

The problem of possibly including hospitals such as the one at Chanute by use of the word "employing" in next to the last line of Section 2(a)(4) was noted. It was pointed out the word "employing" was probably not needed since even if the hospital was the employer in terms of pay and setting working hours, by this act, there would still have to be a supervising physician. By consensus the word "employing" is to be deleted wherever it appears in this subsection.

It was noted that the terms "responsible physician" and "supervising physician" appear to be used interchangeably in the bill draft. After discussion, consensus was to use the term "responsible physician" througout the bill.

After discussion, Section 2(a)(4) was amended further as follows: "presented to the State Board of Healing Arts the name and address of his or responsible physician. Whenever a physician's assistant changes his or her responsible physician, such responsible physician shall notify the State Board of Healing Arts of such change and the Physician's assistant shall also provide to the State Board of Healing Arts the name and address of his or her new responsible physician."

It was noted that as now written, Section 2(a)(4)(c) would exempt those presently registered from providing the name and address of their employing physician. Since this was not the intent of the Committee, consensus was to amend this section so persons whose names are now on the register would not be emempt from subsection 2(a)(4).

Staff raised the question of whether the Committee wanted to include the six-year retesting provision as recommended by the students at Wichita University.

Section 4 - Staff noted that using the term "registered physician's assistant" created a new class. This could mean a person could hold himself out to be a physician's assistant and not come under this bill. A motion was made and seconded to delete "registered" from the title wherever it appears in the bill. Motion carried.

New Section 5 - By consensus, the "healing arts" in line 4 of New Section 5 is to be changed to "medicine and surgery" to conform to wording in other statutes.

New Section 6 - Staff stated that Mr. Snyder, Drug Enforcement Agency, suggested deleting Schedule I since no one can presribe drugs in this schedule, and including "Schedule III non-narcotic controlled substances" because of abuse of some drugs in this classification. Mr. Snyder stated that with this section a physician's assistant would be given his own DEA registration number. This is the number referred to in the last line of this section.

Doug Johnson, Kansas Pharmaceutical Association, stated including part of a schedule would make it difficult for the pharmicist. He recommended deleting any reference to Schedule III or including all of Schedule III. Since splitting Schedule III would not divest the doctor of any of his responsibility, consensus was to delete "and Schedule III non-narcotic controlled substances."

Another point raised was the possible confusion of having the physician's DEA number printed on the prescription form if the physician's assistant would be using his own number. It was noted that if the physician's name, address and phone number are required to be on the prescription form used by the physician's assistant, this would not necessarily have to be the doctor's form.

A motion was made and seconded to adopt the following as New Section 6: "Prescriptions may be written by physician's assistants as provided in this section when authorized by the responsible physician except for those controlled substances that are listed on Schedule II under federal and Kansas uniform controlled substances acts. The prescription shall include the name, address and telephone number of the responsible physician. The prescription shall also bear the name and the address of the patient and the date on which the prescription was written. The physician's assistant shall sign his or her name to such prescription followed by the letters P.A. and his or her DEA registration number." Motion carried.

A motion was made and seconded to limit a responsible physician to no more than two physicians' assistants. While there was general agreement with this premise, it was noted it would be easy to circumvent because the physician could hire more but call them by a different name. It was noted this point had been discussed at each meeting of the Committee and was spoken to by all conferees. Even though it could be circumvented, it would show the intent of the Committee. Someone is going to set an arbitrary number and the feeling was expressed it should be the Legislature. The figure "2" was used because this seemed to be the number used most frequently by conferees. Alternatives suggested were leaving the number up to the Board of Healing Arts for the present, and leaving it up to the physician who should know how many he is capable of supervising.

The motion was called for and carried.

It was noted that nothing in the bill limits the number of physicians with which a physician's assistant may associate. Reference was made to the situation at the Chanute hospital. It was pointed out these physician's assistants are not performing the type of services this bill contemplates since the scope of their practice is rather limited. Consensus seemed to be that this would not be a problem so no action was taken.

Staff, at their request, was authorized to create a separate definition section if Mr. Furse felt this was preferable.

Minutes - A motion was made and seconded to approve the minutes of the July meeting as distributed. Motion carried.

Next Meeting - The amended bill draft, after it is approved by the Chairman and Vice-Chairman, is to be mailed to groups which appeared before the Committee with the request they submit their comments in writing before the next Committee meeting.

The agenda is to include review of the amended bill draft and comments submitted by interested groups; review of the final draft of the HEW report on credential if it is available, consideration of developing criteria for credentialing in Kansas, cost implications of credentialing ; and the proposed definition of nursing developed by the Kansas State Nursing Association.

It was noted that a bill relative to laetrile was being drafted. After discussion, a motion was made and seconded instructing the Chairman to ask the Legislative Coordinating Council for two extra days to hear testimony relative to laetrile. Motion carried.

Third party carriers are to be asked to appear relative to the issue of the cost implications of credentialing.

The meeting was adjourned at 4:30 p.m.

Prepared by Emalene Correll

Approved by Committee on:

_____
(Date)

Attachment A

IN THE DISTRICT COURT OF SHAWNEE COUNTY, KANSAS
FIFTH DIVISION

ACUPUNCTURE SOCIETY OF KANSAS, et al.,

Plaintiffs,

V

No. 128879

KANSAS STATE BOARD OF HEALING ARTS, et al.,

Defendants.

MEMORANDUM OF DECISION

The above case was tried to the court on May 16 and 17, 1977. Following the conclusion of the evidence it was agreed that counsel would submit briefs in lieu of closing arguments. The briefs have been received and reviewed and the case comes on now for decision.

The case was filed in 1975 and the nature and the problems presented have undergone considerable change since its onset. Initially the case was filed in Sedgewick County and subsequently the venue was transferred to Shawnee County. At that time the controversy stemmed from the fact that the 1974 Kansas Legislature had authorized the State Board of Healing Arts to make a study of the subject and practice of acupuncture. The State Board was empowered to authorize qualified persons to practice acupuncture for experimental purposes and exempted such persons from criminal or civil prosecution on licensing grounds. In accordance with such grant of authority the State Board did set up educational requirements for and authorization for the experimental practice of acupuncture. Upon meeting the requirements certain medical doctors and chiropractors became eligible. Reports on such acupuncture practice were required to be sent to the State Board. All proceeded uneventfully until the State Board set December 1, 1975 as the end

Atch. A

of the experimental study and practice. This date was set in order to affo time for the analysis of the study and preparation of a report by the State Board to the 1976 Legislature. The plaintiffs at the time of filing and no (although the names change from time to time) were and are licensed Kansas Chiropractors. The plaintiffs in late 1975 were primarily concerned with the interruption of their acupuncture practice between December 1, 1975 and the time the 1976 Legislature took action on the report. In other words, it was anticipated that the 1976 Legislature would take some action on acupuncture. If the plaintiffs were satisfied with that action, the case would be resolved. If the plaintiffs were not satisfied with the legislative action, then a challenge would be made, but it would be over the new enactment. By agreement the status quo was preserved between December 1, 1975 and the Legislative session. During the 1976 Legislative session the report was received and hearings were held. However, no laws were enacted. Due to counsel changes and other courses, little occurred in the case in 1976. Ultimately, the case underwent a metamorphosis into a fullblown declaratory judgment action seeking a declaration that no specia legislation was needed to permit chiropractors to practice acupuncture as it was not surgery and was already a permissible form of chiropractic procedure. In its new form, the case went to trial.

K.S.A. 65-2871 (1976 Supp) provides as follows:

> "Persons deemed engaged in practice of chiropractic. For the purpose of this act the following persons shall be deemed to be engaged in the practice of chiropractic: (a) Persons who examine, analyze and diagnose the human living body, and its diseases by the use of any physical, thermal or manual method and use the X-ray diagnos and analysis taught in any accredited chiropractic school or college and (b) persons who adjust any misplaced tissue of any kind or nature, manipulate or treat the human body by manual, mechanical, electrical or natural methods or by the use of physical means, psysiotherapy (including light, heat, water or exercise), or by the use of foods, food concentrates, or food extract, or who apply first aid and hygiene, but chiropractors are expressly prohibited from prescribing or administering to any person medicine or drugs in materia medica, or from performing any surgery, as hereinabove stated, or from practicing obstetrics."

The plaintiffs contend said statute does not preclude chiropractors from the practice of acupuncture. The defendants contend it does. The court finds sufficient actual controversy exists to provide a basis for this declaratory judgment action.

The court hereby makes the following findings of fact.

1. Acupuncture is a modality of treatment which is a healing art and falls within the purview of the Board of Healing Arts (by agreement of parties);

2. Acupuncture is a name ascribed to a variety of treatment procedure which are basically Chinese in origin;

3. Some forms of acupuncture do not involve the insertion of a non-hollow wire through the skin;

4. For the purposes of this case, acupuncture is considered to involv the use of such non-hollow wires or needles as this is the dominant form and the form plaintiffs are seeking to be permitted to utilize in their practices;

5. The insertion of the wires or needles through the skin is considered by defendant Attorney General to be the practice of surgery;

6. Acupuncture is a form of ancient Chinese folk medicine;

7. Prior to the communist take-over of China, acupuncture was practic by so-called "barefoot doctors" and was totally separate from and not a part of the training and practice of graduates of Chinese medical schools;

8. In the twenty plus years between the taking of power by the Chinese Communists and the thawing of relations between the U.S. and China during the Nixon administration, acupuncture gained "respectability" in the Chinese medical community and a degree of amalgamation occurred;

9. When Western eyes were permitted into China during the Nixon years, acupuncture received world-wide attention for the first time;

10. The great interest of the Western world in acupuncture is basically a phenomenon of the 1970's;

11. Acupuncture is a useful modality of treatment for a variety of health disorders and in anesthesia;

12. The reason why acupuncture works and the underlying theory of it have never been explained to the satisfaction of the scientific community;

13. The origin of acupuncture lies in antiquity and until the last few years it was solely a folk art of the Far East -- handed down from fat to son, so to speak, as opposed to acquired from traditional formal educational institutions;

14. The theory of chiropractic developed along separate lines and is very recent vintage by comparison;

15. Acupuncture methods and theories were taught in chiropractic colleges for the first time in the 1970's;

16. Such courses are not taught in all chiropractic colleges and are taken on an elective rather than a required basis;

17. Acupuncture is a separate and distinct modality of treatment and is not a part of any other modality of treatment;

18. Some risk of infection and injury is incurred by a patient receivi acupuncture and the same should be administered only by trained persons (by agreement of parties and testimony);

19. Requirements as to training must exist before a person can practi acupuncture for the safety and protection of the public (by agreement of parties and testimony);

20. Acupuncture has caught the public fancy and great interest in it exists and it is a rapidly expanding field;

21. Acupuncture, being neither "fish nor fowl" is a separate modality of treatment and is not a natural part of any other modality of treatment;

22. Chiropractors in Kansas are expressly permitted to draw blood for diagnostic purposes;

23. "Surgery" is a broad term employed to cover the work surgeons do. "Surgery" covers procedures in which no incision or entering of the skin

is involved, for example, a closed reduction of a fracture;

24. The traditional chiropractic theory involves external manipulation applying heat to the exterior, etc. The only piercing of the skin permitte is the drawing of blood for diagnostic purposes;

The court hereby concludes as follows:

1. Acupuncture is a separate modality of treatment within the purview of the Board of Healing Arts;

2. Acupuncture is not inherently a part of chiropractic theory;

3. The traditional definitions of surgery arose before the interest in acupuncture occurred;

4. Acupuncture involves the piercing of skin for treatment, not diagnostic purposes, and comes within the term "surgery" as it is now defined and commonly understood;

5. If chiropractors are to be permitted to practice acupuncture in Kansas, this authorization must come from legislation rather than by judicia decree;

6. The legislature is equipped to hold public hearings and determine if chiropractors should be expressly permitted to practice acupuncture and, if so, to direct the Board of Healing Arts to prepare appropriate regulation concerning same;

7. K.S.A. 65-2871 (1976 Supp.) does not permit chiropractors to practi acupuncture.

The defendants are requested to prepare and circulate an appropriate Journal Entry and this judgment shall be effective upon the filing thereof. Costs taxed to plaintiffs.

Dated: August 18, 1977

Kay McFarland
District Judge

CHART A

HEALTH PROFESSIONS REQUIRED TO BE LICENSED

	ADMINISTRATOR (Health Dept.)	ADMINISTRATOR (Hospital)	ADMINISTRATOR (Nursing Home)	ACUPUNCTURIST	CHIROPRACTOR	CLINICAL LAB. PERSONNEL	DENTAL HYGIENIST	DENTAL LABORATORY PERSONNEL	DENTIST	EMERGENCY PERSONNEL	ENVIRONMENTAL HEALTH ENGINEER	MASSEUR	MIDWIFE	OPTICIAN	OPTICAL TECHNICIAN	OPTOMETRIST	PHARMACIST	PHYSICAL THERAPIST	PHYSICAL THERAPIST ASS'T	PHYSICIAN (M.D.)	PHYSICIAN (D.O.)	PHYSICIAN'S ASS'T	PODIATRIST	PRACTICAL NURSE	PSYCHIATRIC AIDE	PSYCHOLOGIST	RADIOLOGIC TECHNOLOGIST	REGISTERED NURSE	RESPIRATORY THERAPIST	SANITARIAN	SANITARIAN TECHNICIAN	SOCIAL WORKER	SPEECH PATHOLOGIST & AUDIOLOGIST
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
Alabama		X	X		X		X	X	X							X	X	X	X	X	X	X	X	X		X		X		X			
Alaska					X		X		X					X		X	X	X		X	X	X	X	X		X		X					
Arizona					X		X		X			X	X[1]	X		X	X	X	X	X	X	X	X	X		X		X					
Arkansas			X		X		X		X							X	X	X		X	X	X	X	X		X		X					
California			X		X	X	X	X	X	X		X	X[1]	X		X	X	X	X	X	X	X	X	X		X		X	X	X			
Colorado			X		X	X	X		X	X			X[1]			X	X	X		X	X	X	X	X	X	X	X	X		X		X	
Connecticut			X		X	X	X		X	X			X[1]	X	X	X	X	X		X	X	X	X	X		X		X		X			
Delaware			X		X		X		X							X	X	X		X	X		X	X		X		X		X			
District of Columbia					X		X		X				X			X	X	X		X	X		X	X		X		X					
Florida			X		X	X	X		X				X	X		X	X	X	X	X	X	X	X	X		X		X		X			X
Georgia			X		X	X	X		X				X	X		X	X	X	X	X	X	X	X	X		X		X		X			
Hawaii			X		X		X		X	X			X	X		X	X	X		X	X	X	X	X		X		X		X			
Idaho			X		X		X		X		X					X	X	X		X	X		X	X		X		X		X			
Illinois			X		X	X	X		X	X			X[1]			X	X	X		X	X		X	X		X		X		X			
Indiana			X		X		X		X				X			X	X	X	X	X	X		X	X		X		X		X		X	
Iowa			X		X		X		X							X	X	X		X	X		X	X		X		X		X			
Kansas			X		X	X	X		X							X	X	X		X	X	X	X	X				X					
Kentucky			X		X	X	X		X							X	X	X		X	X		X	X		X		X					
Louisiana			X				X		X				X	X		X	X	X	X	X	X		X	X		X		X		X			X
Maine			X		X		X		X					X		X	X	X		X	X	X	X	X		X		X		X		X	X
Maryland			X		X		X		X			X	X			X	X	X	X	X	X		X	X		X		X				X	
Massachusetts			X		X		X		X	X				X		X	X	X		X	X	X	X	X		X		X		X		X	X
Michigan			X		X	X	X		X	X				X		X	X	X		X	X	X	X	X		X		X		X		X	
Minnesota		X	X		X		X	X	X	X			X			X	X	X		X	X	X	X	X	X	X		X		X			
Mississippi			X		X		X		X							X	X	X		X	X	X	X	X		X		X		X			
Missouri			X		X		X		X	X						X	X	X		X	X	X	X	X		X		X		X			

[1] New licenses no longer issued; old ones may be renewed.

Sources: NATIONAL CENTER FOR HEALTH STATISTICS: *Health Resource Statistics 1972-73.* DHEW Pub. No. (HSM) 73-1509. Public Health Service, U.S. Department of Health, Education and Welfare. Washington, U.S.G.P.O., 1973.

HEALTH LAW CENTER: *Analysis of 1973 State Health Manpower Licensure Legislation Appendix B.* DHEW Contract No. HSM 110-73-510, 1974.

CHART A (Continued)

HEALTH PROFESSIONS REQUIRED TO BE LICENSED

	ADMINISTRATOR (Health Dept.)	ADMINISTRATOR (Hospital)	ADMINISTRATOR (Nursing Home)	ACUPUNCTURIST	CHIROPRACTOR	CLINICAL LAB. PERSONNEL	DENTAL HYGIENIST	DENTAL LABORATORY PERSONNEL	DENTIST	EMERGENCY PERSONNEL	ENVIRONMENTAL HEALTH ENGINEER	MASSEUR	MIDWIFE	OPTICIAN	OPTICAL TECHNICIAN	OPTOMETRIST	PHARMACIST	PHYSICAL THERAPIST	PHYSICAL THERAPIST ASST	PHYSICIAN (M.D.)	PHYSICIAN (D.O.)	PHYSICIAN'S ASS'T	PODIATRIST	PRACTICAL NURSE	PSYCHIATRIC AIDE	PSYCHOLOGIST	RADIOLOGIC TECHNOLOGIST	REGISTERED NURSE	RESPIRATORY THERAPIST	SANITARIAN	SANITARIAN TECHNICIAN	SOCIAL WORKER	SPEECH PATHOLOGIST & AUDIOLOGIST
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
Montana			X		X		X		X							X	X	X		X	X	X	X	X		X		X		X			
Nebraska			X		X		X		X							X	X	X		X	X	X	X	X		X		X		X			
Nevada			X	X	X	X	X		X	X		X		X		X	X	X	X	X	X	X	X	X		X		X		X			
New Hampshire			X		X		X		X							X	X	X		X	X		X	X		X		X		X			
New Jersey	X		X		X	X	X		X	X			X	X	X	X	X	X		X	X		X	X		X		X					
New Mexico			X		X		X		X				X			X	X	X		X	X		X	X		X	X	X	X	X			
New York			X		X	X	X	X	X	X				X		X	X	X		X	X	X	X	X		X		X		X			
North Carolina			X		X		X		X				X	X		X	X	X	X	X	X		X	X		X	X	X		X		X	
North Dakota			X		X		X		X							X	X	X		X	X		X	X		X		X		X			
Ohio			X		X		X		X				X			X	X	X		X	X		X	X				X					
Oklahoma			X		X		X	X	X							X	X	X	X	X	X	X	X	X		X		X		X		X	X
Oregon			X		X		X		X							X	X	X	X	X	X	X	X	X		X		X		X			X
Pennsylvania			X		X		X	X	X							X	X	X		X	X	X	X	X		X		X		X			
Rhode Island			X		X		X		X					X		X	X	X		X	X	X	X	X		X		X		X		X	X
South Carolina			X		X		X	X	X	X	X			X		X	X	X	X	X	X	X	X	X		X		X		X	X	X	X
South Dakota			X		X		X		X							X	X	X		X	X	X	X	X		X		X		X			
Tennessee			X		X	X	X		X	X				X		X	X	X		X	X	X	X	X		X		X		X			X
Texas			X		X		X	X	X			X				X	X	X		X	X	X	X	X		X	X	X		X			
Utah			X		X		X		X			X				X	X	X		X	X		X	X		X		X		X		X	
Vermont			X		X		X		X							X	X	X		X	X	X	X	X				X					
Virginia			X		X		X		X				X	X		X	X	X	X	X	X		X	X		X		X		X		X	X
Washington			X		X		X		X	X		X	X			X	X	X		X	X		X	X		X		X		X			
West Virginia			X		X		X		X	X			X	X		X	X	X		X	X	X	X	X		X		X		X			
Wisconsin			X		X		X	X	X					X		X	X	X		X	X	X	X	X		X		X		X			
Wyoming			X		X		X		X				X	X		X	X	X		X	X	X	X	X		X		X		X		X	
Total States Licensing Profession	1	2	48	1	50	13	51	9	51	16	2	7	24	22	2	51	51	51	14	51	51	33	51	51	2	48	4	51	2	40	1	13	10

Sources: NATIONAL CENTER FOR HEALTH STATISTICS: *Health Resource Statistics 1972-73.* DHEW Pub. No. (HSM) 73-1509. Public Health Service, U.S. Department of Health, Education and Welfare. Washington, U.S.G.P.O., 1973.

HEALTH LAW CENTER: *Analysis of 1973 State Health Manpower Licensure Legislation Appendix B.* DHEW Contract No. HSM 110-73-510, 1974.

Attachment C

KANSAS DENTURIST ASSN., INC.
4815 WEST 13th
WICHITA, KANSAS 67212

August 11, 1977

Health and Welfare Interim Study Cimmittee:

Regarding Senate Bill 218.

Dear Members

The members of the Kansas Denturist association would like to recommend that Senate Bill 218 be ammended to conform with the enclosed Denturist Bill, which is being considered in several States accross the United States.

The enclosed Bill provides for definite schooling.
It sets out a denturist fee fund.
It states that a denturist shall not provide a removable partial prosthetic appliance to a person until the person has obtained and submitted a statement, signed by a dentist or dental surgeon.

We members of the Kansas Denturist Association feel these ammendments would make Senate Bill 218 a better bill.

Thank you for your consideration.

Respectfully submitted by,

The Kansas Denturist Association
4815 West 13th Street
Wichita, Kansas 67212

Atch. C

DENTURIST [illegible]LE

SENATE BILL NO.

By

AN ACT relating to dental prosthetics; providing for the license of denturists and registration of associate denturists; creating the board of examiners for denturists and providing for the powers, duties and functions thereof; creating a denturist fee fund; declaring certain acts to be unlawful and classifying the crime and the penalties therefor; amending K.S.A. 40-2,100 and 65-1423 and K.S.A. 1976 Supp. 75-3170a and repealing the existing sections.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF KANSAS:

NEW SEC. 1. As used in this act, unless the context requires otherwise:

1. "Associate denturist" means a person who has completed the education required by this chapter and is training in the practice of dental prosthetics under the direct supervision of a licensed denturist;

2. "Board" means the Board of Examiners for Denturists created by this act;

3. "Certificate of Registration" means a certificate issued by the Board authorizing a person to engage in the practice of dental prosthetics as an associate under the direct supervision of a licensed denturist;

4. "Practice of dental prosthetics" means:

(a) constructing, repairing, relining, reproducing, duplicating, supplying, fitting or altering any removable dental prosthetic appliance with respect to which a service is performed pursuant to subdivision (b) of this paragraph.

(b) the taking of impressions, bite registration, trying, and insertion in any part of the human oral cavity for any of the purposes listed in subdivision (a) of this paragraph.

5. "Denturist" means a person licensed by the Board to engage in the practice of dental prosthetics.

NEW SEC. 2. A. The Governor shall appoint a Board to be known as the Board of Examiners for Denturists, hereinafter known as the Board.

B. The Board shall be composed of five (5) members:

1. Two (2) of whom shall be representative of the public interest, only one (1) of whom may be a dentist, dental surgeon, dental technician or dental hygienist; and

2. Three (3) of whom shall be members of the profession engaged in the practice of dental prosthetics.

C. Three (3) members of the Board, one (1) of whom shall be representative of the public interest, shall constitute a quorum.

D. There shall be a Chairman of the Board, designated by members of the Board, who shall serve for a period of one (1) year at such remuneration as the Board shall determine.

E. The term of office for members of the Board shall be for five (5) years with one term to expire each year. Of the members of the Board first appointed, one shall be appointed for a term ending January 1, 1979, and one each for terms expiring one, two, three, and four years after such date. Thereafter, members shall be appointed for a full term of five years. No person may serve as a member of the Board for more than two consecutive terms.

F. For purposes of constituting the first Board following enactment of this legislation and only for that purpose, members of the Kansas Association of Denturists, Inc., shall be considered as members of the profession engaged in the practice of dental prosthetics. Any member so appointed to the Board shall obtain a license within one (1) year of the date of enactment of this act. In the event a member of the Board representing the profession fails to obtain a license within one year, he shall be replaced by a licensed member of the profession.

G. A vacany on the Board caused by the death, resignation, incapacity or refusal to act of a member of the Board may be filled by the Governor, such person so appointed to hold office for the remainder of the term of the person vacating the position on the Board.

H. Members of the Board attending meetings of such Board, or attending a subcommittee meeting thereof authorized by such Board, shall be paid amounts provided in subsection (e) of K.S.A. 1976 Supp. 75-3223 and amendments thereto.

NEW SEC. 3. The Board shall have the power and authority to promulgate rules and regulations to carry out provisions of this act as it deems necessary and proper. In addition to any other functions, the following functions are specifically conferred upon the Board:

1. To employ such staff and incur such expenses as are necessary for the administration and enforcement of this act;

2. To prescribe standards for persons engaged in the practice of dental prosthetics, provide for the discipline and control of denturists and associate denturists, including the adoption and enforcement of any reasonable rules of conduct, and define professional misconduct for the purposes of this section and the regulations;

3. To establish a uniform and reasonable standard of education requirements to be observed by schools training denturists in accordance with the provisions of subsection B of Section 9.

4. To prescribe the duties and services that may be performed by an associate denturist;

5. To administer oaths and subpoena witnesses under the authority of the Chairman or Secretary of the Board; and

6. To keep an accurate record of the proceedings of the Board and all meetings of the Board relating to the practice of dental prosthetics and the administration and enforcement of this act, including all receipts and disbursements of the Board, all prosecutions for violation of a provision of this act, all qualifying examinations with the names and qualifications of all persons that were examined in accordance with this act, the names of all persons licensed to practice

dental prosthetics or registered as associates in this state, together with the addresses of all such persons, and the names of all persons whose licenses to practice dental prosthetics have been suspended or revoked, together with the grounds for such suspension or revocations.

NEW SEC. 4. There is hereby created in the state treasury a fund to be called the denturist fee fund. The Board shall remit all moneys received by or for it from fees under this act to the state treasurer at least monthly. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount thereof in the state treasury. Twenty per cent (20%) of each such deposit shall be credited to the state general fund and the balance shall be credited to the denturist fee fund. All expenditures from the denturist fee fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the chairperson of the Board or by a person or persons designated by the chairperson.

NEW SEC. 5. No person shall practice, offer or attempt to practice dental prosthetics as herein defined or use in connection with his name the word "denturist" or any other words, letter or abbreviations or insignia tending to indicate that such person is licensed by the Board as a denturist or registered with the Board as an associate denturist.

NEW SEC. 6. Upon application accompanied by the fee established by the Board, the Board shall issue a license to practice dental prosthetics to any person who:

1. Has passed an examination prepared and conducted by the Board;

2. Is twenty-one (21) years of age;

3. Has a high school education or its equivalent in the opinion of the Board; and

4. Has produced such proof as the Board may require that he is of good moral character.

NEW SEC. 7. A. Examination of applicants for licensing under this act shall be held at least once a year at such times and places as the Board may determine. Timely and appropriate notice shall be given to each applicant.

B. The examination shall be both theoretical and practical and of such a character as to determine the qualifications, fitness, and ability of the applicant to practice dental prosthetics. It shall include a written examination on all theoretical subjects and a clinical demonstration of the skills necessary to practice dental prosthetics, and it shall cover as a minimum the subjects listed in subsection B of Section 8 of this act.

NEW SEC. 8. A. Prior to June 30, 1981, the Board shall administer the examination to any applicant who has a total of five years of formal training, practical experience, or combination of the two, and who has completed fifteen hours of instruction, in a course approved by the Board, in each of the following subjects: human anatomy, oral anatomy, oral physiology, oral pathology, bacteriology and sterilization, dental materials, complete denture construction, partial denture construction, intra-oral procedures, basic health, office emergencies and first aid, ethics and jurisprudence, and practice administration and patient management.

B. After June 30, 1981, the Board shall administer the examination to any applicant who has performed as a registered associate for a period of one year, subsequent to completing an on-campus educational program approved by the Board of not less than 60 semester hours, the curriculum of which includes as a minimum the following subjects: human anatomy, oral anatomy, oral physiology, oral pathology, bacteriology and sterilization, dental materials, complete denture construction, partial denture construction, intra-oral procedures, basic health, office emergencies and first aid, ethics and jurisprudence, and practice administration and patient management.

NEW SEC. 9. A. Upon application accompanied by the fee established by the Board, the Board shall issue a certificate of registration to any person who has completed the on-campus educational program provided for in subsection B of Section 8. The certificate of registration shall be valid for a period of three (3) years, if timely renewed.

B. No associate denturist shall operate a denture clinic in this state, but each such associate shall perform his services under the direct supervision of a licensed denturist.

C. A licensed denturist shall not have more than two registered associate under his supervision.

NEW SEC. 10. A. Upon payment of the fee established by the Board, the Board shall issue a provisional license to practice dental prosthetics to anyone who provides evidence, satisfactory to the Board, that that person, on the effective date of this act, held himself out to the public as a practicing denturist. Such provisional license shall become invalid upon the expiration of eighteen months or upon the issuance of a license issued after successful completion of the examination requirements of this act, whichever first occurs.

B. A denturist practicing under the provisional license issued pursuant to Section A shall not provide an oral prosthetic appliance to a person until the person has obtained and submitted a statement, signed by a dentist or doctor of medicine, dated within ninety (90) days of the date of submission, that the person's mouth is free from disease and mechanically sufficient to receive an appropriate prosthetic appliance.

NEW SEC. 11. A. A denturist shall not provide a removable partial prosthetic appliance to a person until the person has obtained and submitted a statement, signed by a dentist or dental surgeon, dated within thirty (30) days of the date of submission, which includes an assessment and prognosis of the health and condition of the teeth to which the partial appliance is to be attached.

B. A denturist may obtain the cast frame of a removable partial prosthetic device by issuing an authorization, the form of which is to be prescribed by the Board, to a dental laboratory technician who shall cast such frame pursuant to said authorization and return it to the denturist.

NEW SEC. 12. The Board shall establish and collect fees, not to exceed the following amounts:

1. For examination of an applicant, $200.00;

2. For licensing a denturist, $200.00;

3. For timely renewal of the license of denturist, $150.00;

4. For certification of registered associate denturist, $150.00;

5. For timely renewal of certificate of registration, $100.00;

6. For replacement or duplicate certificate of registration or license, $50.00 for each such certificate or license.

NEW SEC. 13. On or before June 30th of each year, every denturist and every registered associate shall pay an annual renewal fee as determined by the Board. Failure to pay the annual renewal fee shall cause a forfeiture of the license or certificate of registration, as the case may be. A license or certificate of registration may be reinstated in the fiscal year in which it is forfeited by submitting a written application with payment of the annual renewal fee plus $10.00 delinquent registration fee. During the second fiscal year following forfeiture, reinstatement may be effected by submitting a written application and payment of the cumulative annual renewal fees and delinquent registration fees. If a person fails to pay the cumulative fees for reinstatement prior to the beginning of the third fiscal year, following a forfeiture of a denturist license, the Board shall require that such person successfully complete the regular examination prior to reinstatement of the license. Whenever issued, such reinstatement shall be as of the date of application, and shall entitle the applicant to an annual renewal receipt only for such fiscal year.

NEW SEC. 14. No denturist shall hold himself out or advertise himself under any name or designation other than denturist, but a denturist may advertise his place of business under the designation of a denture clinic.

NEW SEC. 15. No corporation shall operate a denture clinic or practice dental prosthetics, unless said corporation has been formed pursuant to the professional corporation law of Kansas.

NEW SEC. 16. The Board shall have the power, after a hearing, to discipline by probation or reprimand, public or private, and to suspend or revoke any license or certificate of registration issued pursuant to this chapter upon the following grounds:

1. Conviction of a crime involving moral turpitude, where such crime bears a demonstrable relationship to the practice of dental prosthetics;

2. Gross incompetence or gross negligence in the practice of dental prosthetics;

3. Willful fraud or misrepresentation in the practice of dental prosthetics or in the admission to such practice;

4. Use of any narcotics or dangerous drug or intoxicating liquor to an extent that such use impairs the ability to conduct safely the practice of dental prosthetics; and

5. The willful violation of any provision of this act or any of the rules or regulations adopted by the Board hereunder.

B. The Board shall have the power to require the re-examination of any licensed denturist when the Board has reasonable grounds to believe that the holder of the said license is now incompetent in the practice of dental prosthetics.

NEW SEC. 17. A. Any person aggrieved by a decision of the Board under Section 16 may appeal such decision to the District Court as provided by K.S.A. 60-2101.

B. A party to any such review proceedings in a District Court may appeal the final decision rendered by the District Court in such proceedings to the Court of Appeals as provided by K.S.A. 60-2103.

NEW SEC. 18. Upon application therefor, accompanied by the fee established by the Board, the Board may issue a license, without examination, to any applicant who furnishes evidence satisfactory to the Board that such applicant satisfies the other requirements of Section 6 of this act and, as of the date of his application, he is licensed under the laws of any other state or territory of the United States or any foreign country to practice dental prosthetics, if the requirements for such license, including the examination, are equal to or higher than the requirements for the license under this act.

NEW SEC. 19. Notwithstanding any provision of any individual, group or blanket policy of accident and sickness, medical, dental or surgical expense insurance coverage or any provision of a policy, contract, plan or agreement for dental service, issued on or after the effective date of this act, whenever such policy, contract, plan or agreement provides for reimbursement or indemnity for any service which is within the lawful scope of practice of a licensed dentist, reimbursement or indemnification under such policy, contract, plan or agreement shall not be denied when such services are performed by a denturist acting within the lawful scope of his or her license.

NEW SEC. 20. Nothing in this act shall prohibit a dentist, dental surgeon, dental student, medical practitioner, dental technician, dental hygienist, student denturist or associate denturist from performing work or services which they are otherwise authorized by law to do, which work or services are ordinarily performed by a denturist.

NEW SEC. 21. A. The following acts are unlawful:

(1) The practice of dental prosthetics without a license or certificate of registration by a person who is not otherwise authorized to do so under Section 18;

(2) The practice of dental prosthetics by a person whose license or certificate of registration is suspended, revoked or void;

(3) Permitting any person in one's employ, supervision or control to practice as an associate denturist unless that person has been issued a certificate of registration;

(4) Obtaining or attempting to obtain a license or certificate of registration for money, other than the required fee, or any other thing of value or by fraudulent misrepresentation;

(5) Practicing or attempting to practice by fraudulent misrepresentations;

(6) The willful violation of the rules and regulations adopted by the Board for the conduct of denturists and associate denturists.

B. A person violating any provision of this section shall be guilty of a class A misdemeanor.

NEW SEC. 22. Sections 1 to 22 of this act shall be known and may be cited as the denturist law.

NEW SEC. 23. K.S.A. 40-2, 100 is hereby amended to read as follows: 40-2, 100. Notwithstanding any provision of any individual, group or blanket policy of accident and sickness, medical or surgical expense insurance coverage or any provision of a policy, contract, plan or agreement for medical service, issued on or after the effective date of this act, whenever such policy, contract, plan or agreement provides for reimbursement or indemnity for any service which is within the lawful scope of practice of any practitioner licensed under the healing arts act of this state, reimbursement or indemnification under such policy contract, plan or agreement shall not be denied when such services are performed by an optometrist, dentist, denturist or podiatrist acting within the lawful scope of their license.

NEW SEC. 24. K.S.A. 65-1423 is hereby amended to read as follows: 65-1423. Nothing in this act shall apply to the following practices, acts, and operations:

(a) To the practice of his or her profession by a physician ~~or surgeon licensed as such~~ person licensed to practice medicine and surgery under the laws of this state, unless he or she practices dentistry as a specialty; or

(b) To the giving by a qualified anaesthetist or registered nurse of an anaesthetic for a dental operation under the direct supervision of a licensed dentist or physician person licensed to practice medicine and surgery;

(c) The practice of dentistry in the discharge of their official duties by graduate dentists or dental surgeons in the United States army, navy, public health service, coast guard, or veterans' bureau; or

(d) The practice of dentistry by a licensed dentist of other states or countries at meetings of the Kansas state dental association or components thereof, or other like dental organizations approved by the Board, while appearing as clinicians;

(e) To the ~~filling of prescriptions of a licensed and registered dentist as hereinafter provided by any person or persons, association, corporation, or other entity, for the construction, reproduction, or repair of prosthetic dentures, bridges, plates, or appliances to be used or worn as substitutes for natural teeth, provided that such person or persons, associations, corporation, or other entity, shall not solicit or advertise, directly or indirectly by mail, card, newspaper, pamphlet, radio, or otherwise, to the general public to construct, reproduce, or repair prosthetic dentures, bridges, plates, or other appliances to be used or worn as substitutes for natural teeth~~ practice of dental prosthetics, as defined in the denturist law, by a licensed denturist or registered associate denturist.

(f) To the use of roentgen or x-ray machines or other rays for making radiograms or similar records, of dental or oral tissues under the supervision of a licensed dentist or physician: ~~Provided, however~~ except that such service shall not be advertised by any name whatever as an aid or inducement to secure dental patronage, and no person shall advertise that he has, leases, owns or operates a roentgen or x-ray machine for the purpose of making dental radiograms of the human teeth or tissues or the oral cavity, or administering treatment thereto for any disease thereof;

(g) Except as hereinafter limited to the performance of any dental service of any kind by any person who is not licensed under this act, if such service is performed under the superivision of a dentist licensed under this act at the office of such licensed dentist~~;~~ ~~Provided, however,~~ except that such nonlicensed person shall not be allowed to perform or attempt to perform the following dental operations or services:

(1) Any and all removal of or addition to the hard or soft tissue of the oral cavity.

(2) Any and all diagnosis of or prescription for treatment for disease, pain, deformity, deficiency, injury or physical condition of the human teeth or jaws, or adjacent structure.

(3) Any and all correction of malformation of teeth or of the jaws.

(4) Any and all administration of general or local anaesthesia of any nature in connection with a dental operation.

(5) A prophylaxis.

NEW SEC. 25. K.S.A. 1976 Supp. 75-3170a is hereby amended to read as follows: 75-3170a. (a) The twenty per cent (20%) credit to the state general fund required by section 4 and ~~K.S.A. 1976 Supp. 75-1119b, 65-4610, 74-7009, 34-102b, 36-512, 55-609 and 66-1503, and K.S.A. 1-204, 9-1703, 16-609, 17-1271, 17-2236, 17-5609, 17-5610, 17-5701, 47-820, 55-128a, 55-131, 55-711, 65-1718, 65-1817a, 65-2418, 65-2855, 65-2911, 74-715, 74-1108, 74-1405, 74-1503, 74-1609, 74-2704, 74-2902a, 74-3903, 74-5346, 74-5805 and 75-1509~~ 17-5612, 23-110, 34-102b, 36-512, 65-1718, 65-1817a, 65-2418, 65-2855, 65-2911, 65-4610, 66-1503, 74-715, 74-1108, 74-1405, 74-1503, 74-1609, 74-2704, 74-2902a, 74-3903, 74-5346, 74-5805, 74-7009, 75-1119b and 75-1509 and K.S.A. 1-204, 9-1703, 16-609, 17-1271, 17-2236, 17-5609, 17-5610, 17-5701, 47-820, 55-128a, 55-131, 55-609 and 55-711 and act amendatory of any of the foregoing including amendments by other sections of this act is to reimburse the state general fund for accounting, auditing, budgeting, legal, payroll, personnel and purchasing services, and any and all other

state governmental services, which are performed on behalf of the state agency involved by other state agencies which receive appropriations from the state general fund to provide such services.

(b) Nothing in this act or in the sections amended by this act shall be deemed to authorize remittances to be made less frequently than is authorized under K.S.A. 1976 Supp. 75-4215.

(c) Notwithstanding any provision of any section referred to in or amended by this act, whenever in any fiscal year such twenty per cent (20%) credit to the state general fund in relation to any particular fee fund is two hundred thousand dollars ($200,000.00), in that fiscal year the twenty per cent (20%) credit shall no longer apply to moneys received from sources applicable to such fee fund and for the remainder of such year the full one hundred per cent (100%) so received shall be credited to such fee fund.

NEW SEC. 26. K.S.A. 40-2, 100 and 65-1423 and K.S.A. 1976 Supp. 75-3170a are hereby repealed.

NEW SEC. 27. This act shall take effect and be in force from and after its publication in the statute book.

Attachment D

RONALD E. PRICE, D.D.S.

TESTIMONY

SENATE BILL NO. 218
(DENTURISM)

INTERIM COMMITTEE ON PUBLIC HEALTH & WELFARE

August 23, 1977

Mr. Chairman and Members of the Committee:

Quality health care, quality dental care - We are all concerned with the adequacy of health service Kansans receive. There is little question of the importance of denture care or trained professional treatment. Quality denture care clearly requires the multi-disciplined training of a licensed dentist.

Denture care is more than fabrication of appliances. It is a health service. As Dr. Nyle Diefenbacher points out in the testimony you have before you, if a person is educated to deliver health care there is no need for the certificate of oral health. Dr. Diefenbacher, who is a past president of Ontario, Canada's equivalent to our State Board of Dental Examiners, goes on to point out that considering the malpractice liability a health professional assumes in the certificate of oral health...it is only natural that a dentist would try to avoid being involved in something over which he has not complete control.

However the essence of the issue at hand is access to dental services. More specifically, the cost of dental care. We must answer the question, "is dental care available at reasonable cost to those who need it?" I would further caution this Committee against being led into the trap of concerning themselves only with denture care. The Kansas State Dental Association feels that reaching a joint solution to the comprehensive dental needs of our State's citizens a far more worthy goal. Patients without teeth are an ever decreasing portion of our population and the KSDA is unwilling to ignore the needs of the majority of our patients or subject our patients without teeth to inadequate dental treatment.

The cost of dental care, including denture care, has not risen excessively. Dental care represents six tenths of one percent of consumer total expenditures and is an ever decreasing portion of health care dollars. Figures from the National Center for Health statistics show the average American spent only $41 for dental care in 1975. According to the U. S. Bureau of Labor Statistics dental fees have risen only 2.3 percent more than prices in the overall economy over the last ten years. Dental fees have risen less than all services and far less than medical services.

Denture care, when given closer scrutiny, increased at an annual rate of 5.3 percent, a rate 8.27 below the CPI for the same 1967 - 1975 period. The experience of priviate insurors as well as the Kansas Medicaid Program shows that during 1975 the most recent period available, more than half of the denture care provided cost less than $155.

1200 WEST 10TH TOPEKA, KANSAS 66604 A/C 913 233-3248

Atch. D

Dentists have clearly exercised surprising restraint in the face of strong inflationary trends in health care costs.

Equal in importance to containing dental care costs is budgeting these expenses. Without means to finance necessary dental care, those who cannot meet the costs of their care can take little solace in these modest fee increases. To this end, organized dentistry has been actively involved in developing dental insurance plans that meet the needs of our patients. Between 1965 and 1974 there has been more than a ten-fold increase in persons covered under group dental prepayment plans.

Today more than 450,000 Kansans are covered by dental benefit programs. This is an increase of 400% in the last five years. Even more significant is the fact more than one-third of those covered are persons who meet U.S. Government criteria as needing financial aid for medical care. The Kansas State Dental Association has worked with the Kansas Department of Social and Rehabilitative Services for the last eleven years on a medicaid program that provided care to the medically needy. Over 4,000 dentures were made under this program last year alone.

Dentistry has led the way in helping groups select plans that promote the highest standards of dental care, including preventive services, that promote patients' health and keep premiums affordable. These prepaid plans extend dental care, including denture care, to many who could not, or perhaps would not, afford the care they need. The KSDA welcomes the opportunity to seek means of extending care to more of our State's citizens in concert with the Legislature. We are proud of the role we have played in meeting the needs of the overwhelming majority of Kansans. We are not satisfied that some persons can't afford the care they need and the KSDA will continue to seek methods to provide that care. Denturism is not a solution to the problem. Denturism allows care of our most disadvantaged patients by unqualified practitioners. The true solution to this issue will be found in identifying means by which our patients without teeth can afford quality care from trained licensed dentists.

Attachment E

TESTIMONY

SENATE BILL NO. 218
(DENTURISM)

INTERIM COMMITTEE ON PUBLIC HEALTH & WELFARE
August 23, 1977

Mr. Chairman and Members of the Committee:

As a dental practitioner and as Chairman of the Kansas State Dental Association's Council on Dental Laboratory Relations, I am here to oppose Senate Bill 218.

The purpose of the Council on Dental Laboratory Relations is to establish liaison between the dental profession and the dental laboratory and individual technicians. Periodic meetings between the officers of the Kansas Dental Laboratory Association and this Council are held for the purpose of discussing problems of mutual interest. Some of the topics of concern to both groups center around methods and means of continuing education, work authorization forms and procedures involving the fabrication of dental prosthesis. The liaison between these two groups is only for the purpose of providing the finest in oral health care for the citizens of our State.

In providing prosthetic appliances to the citizens of this state the dental profession recommends that certain procedures be strictly adhered to in order to insure the most desirable results in function and appearance.

Dentist	Dental Technician
The primary provider of care is the dentist whose knowledge and skills enable him to carry out the intraoral procedures, the most important aspects in the dental team's delivery of dental services to the public.	The mechanical aspects of denture construction are delegated to the dental laboratory technician in order to provide more time for the dentist to deliver those health services for which he is especially trained.
1. Examine, diagnose and prepare treatment plan. Treat existing conditions.	
2. Make preliminary impression.	2a. Make cast and construct impression tray.
3. Make master impression.	3a. Make master cast and temporary bases with occlusion rims.
4. Establish interocclusal record and select artificial teeth.	4a. Arrange and wax teeth for try-in.
5. "Try-in" dentures to confirm accuracy.	5a. Process and finish dentures to completion as requested by dentist's work order.

Dentist	Dental Technician
6. Insert dentures. Make functional and esthetic adjustments to include a harmonious occlusion.	
7. Make post-insertion adjustments and follow-up patient.	

Gentlemen, this is merely a brief outline of one important phase of dental science. The rapport between the ethical technicians and the dentists in this state is presently on an excellent level. I feel very strongly that Senate Bill 218 will deprive our technical manpower of livelihood and will also result in inferior dental care for the public.

Respectfully Submitted,

John Mingenback, D.D.S.
Chairman
Council on Dental Trades and
Laboratory Relations KSDA

Attachment F

Kansas State Dental Association

TESTIMONY
SENATE BILL NO. 218
(DENTURISM)

INTERIM COMMITTEE ON PUBLIC HEALTH & WELFARE
August 23, 1977

Mr. Chairman and Members of the Committee·

After listening to testimony from both the proponents and the opponents of Senate Bill 218. it would appear that the Interim Study Committee is facing the unpleasant task of determining the credibility of these individuals and their statements.

You have heard from a prominent dental educator, Dean Revzin from the School of Dentistry in Kansas City, of his concerns relative to this bill. You have also heard from Mr. Jack Peck of the Kansas Dental Laboratory Association who has called your attention to the fact that ethical laboratory technicians are opposed to this legislation, and recognize the need for the dentists' education and experience to meet the physiological and psychological aspects of successful denture service. These ethical technicians have provided their services to the dentist in the mechanical phase of denture construction, whereas the denturist has been practicing dentistry illegally - in direct violation of the law.

Just who can we believe?

First of all, let me mention that the members of the dental profession are licensed by the Kansas Dental Board and subject to the Rules and Regulations of the State Dental Law. This law was written, amended and strengthened through the years by the Legislature with the express purpose of protecting the health of the citizens of Kansas. It not only empowers the Board to prosecute those individuals who would set themselves "above the law" and practice dentistry without a license, but also instructs them to revoke or suspend the license of a dentist who may violate the law. In both instances such violations are considered to be detrimental to the public health, safety and welfare.

The proponents of Senate Bill 218 would have you believe that the delivery system they suggest would not endanger the public health. As well meaning as they may be, the provisions outlined in this bill make it obvious that they have no conception of the problems and conditions which the dentist faces daily in the diagnosis and treatment of patients.

4301 Huntoon, Topeka, Kansas 66604 • 913-272-7360

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Proponents of this bill claim they will be able to deliver dentures to the poor at greatly reduced fees. There is no evidence that this will be true if this bill is passed and, to risk the patient's health could very well be an expensive mistake. It is common knowledge that the denturist movement in the United States stems from Canada where experience in British Columbia has shown that after a few years of legalized denturism their fees rapidly escalated until the difference in fees between denturists and the average dentist is now negligible. Allow me to quote from the testimony of Dr. Nyle Diefenbacher, a practicing dentist from Ontario, Canada, and Past President of the Royal College of Dental Surgeons.

"Once legalized, this noble virtue takes on a new dimension. In Ontario the previously advertised fee immediately rose by 66 2/3%, and even though a specific fee is advertised, many times there are additional fees and charges by way of merchandising. They may advertise a fee of $250 in Ontario, but it is not uncommon to have people pay $350-$400 for their dentures. ~~Partial dentures are advertised at a cost of $145, which they are not allowed to provide unless they are working under the supervision of a dentist. And still, there are fees of $225 to $250 being charged for these appliances provided by these practitioners.~~"

The people of the United States undeniably receive the finest dental care in the world and I question whether we are ready to substitute the Canadian health system for our own.

The denturists indicate that the dentists of our state are insensitive to the needs of the poor and that our objections to this bill relate to the loss of income we might realize. This is a rather harsh accusation against a profession which has worked diligently for more than 100 years to put itself out of business. Let us look at the record.

Six years ago the Kansas State Dental Association celebrated its 100th anniversary here in the City of Topeka. Letters of congratulations and thanks were received from many prominent citizens and politicians alike. In the words of Governor Docking, "For one hundred years the Kansas State Dental Association has made significant contributions not only to the dental profession in our state, but also to the people of Kansas. The Association's dedication to the profession and to the people not only has made our state better, but also has been responsible for the high respect the citizens of our state have in the dental profession."

Resolutions in the House and Senate stated, "The Association has supported and promoted programs over its 100 years that have widely benefited the citizens of Kansas" and "The Association has consistently supported all health preventive measures that would result in better dental health for citizens of Kansas".

The dentists of this state have supported fluoridation programs and promoted oral hygiene instruction both in their offices and in the schools. In conjunction with Blue Cross-Blue Shield, a five-year study of preventive dental care was conducted in Pratt County which supported our premise that dental costs can be reduced drastically with proper home care and preventive measures. These programs were developed to <u>reduce</u> the need for treatment, <u>not</u> to increase our income.

Realizing the importance of expanding our knowledge and subsequently providing better service to our patients, our Association established continuing education requirements for its members long before mandatory legislation was enacted last year. The development of our peer review system throughout the state demonstrates publicly our concern for appropriateness of care, quality of treatment and reasonable fees.

In the years prior to the development of the Title XIX welfare program, many dentists in our state provided care for the needy and elderly poor at reduced fees, or for gratis, and under the Title XIX program accepted a discounted fee for their services. Likewise a number of our members have contributed many months of volunteer mission service to the underprivileged in Guatemala, Puerto Rico, Haiti, Honduras, and on Indian reservations of the Great Southwest. To me, this does not demonstrate an insensitivity to the poor.

It is my contention that there are members of our State Association who can and will meet the dental requirements of the poor just as they have in the past. As the need becomes known to us from social, religious, or consumer agencies, we can develop programs with reduced fee structures until greater assistance becomes available to these individuals through federal or state programs. By so doing, we can maintain the high quality of oral health services to all patients without the risk of a lower standard of care and treatment.

I admit our opposition to Senate Bill 218 is based on our education, our training, our years of experience in treating and observing patients, and our dedication to improve the public health.

This is how I perceive the "truth" of Senate Bill 218, but then I believe in the professional integrity of Kansas dentists.

Whom do you believe?

Respectfully Submitted,

L. Thane Frazier, D.D.S.
President
Kansas State Dental Association

Attachment G

WRITTEN TESTIMONY SUBMITTED IN OPPOSITION TO
SENATE BILL NO. 218
THE STATE OF KANSAS, INTERIM COMMITTEE
AUGUST 23, 1977 DR. NYLE DIEFENBACHER

My name is Dr. Nyle Diefenbacher. I graduated from the Faculty of Dentistry, University of Toronto in 1953 and have carried on a general practice of dentistry in Kitchner, Ontario, since graduation. Along with numerous specific involvements in organized dentistry since early 1960, I was President of the Royal College of Dental Surgeons of Ontario which equates with your State Board of Dental Examiners during the years of 1971-1972. This occurred at the time that the denturist controversy was at its peak in Ontario. I have observed, among other things, that there have been representatives from Canada and specifically, British Columbia, giving testimony on the Canadian situation. I find there are areas that could possibly be considered as misrepresentations. I would feel that the public in Kansas would suffer a grave injustice if your final determination is based on the Canadian experience as an idealistic example.

I would like to recommend that before you embark on a program of poor dental care for poor people, please investigate thoroughly the experience gained in other jurisdictions. Please do not rely on testimony and opinions provided by a few protagonists without supporting material and evidence, any more than you rely on my testimony without the same criteria. All of the independent studies that have ever been undertaken in this area of provision of dentures, to my knowledge, have one thing in common. That is, they all agree that the ultimate responsibility for the provision of these services should remain in the sole purview of the dentist, and that any auxiliary providing these services should be under the direct supervision of a dentist. When I refer to independent studies, I am referring to those conducted by lay people appointed by a government agency. In Canada these include provincial studies as well as Canadian federal studies conducted by the National Department of Health and Welfare under the chairmanship of The Honorable Dalton C. Wells, Chief Justice of the High Court of Ontario. I would also like to draw to your attention a report that I considered to be above reproach or criticism, the report of the World Health Organization which strongly opposes denturism. And yet, because of political expediency, provinces in Canada have chosen to ignore studies that they themselves have

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commissioned, as well as other studies and reports, and have accepted dental mechanics.

I have certain observations and comments.

(a) The subject is money. This argument is totally predictable as it is obviously the most appealing to the public and has been, and no doubt will continue to be, the major area of propaganda to alert the public and legislators to this specific cause. I can provide the committee with innumerable advertisements showing the emphasis placed on this area. Let me assure you that once legalized, this noble virtue takes on a new dimension. In Ontario the previously advertised fee immediately rose by 66 2/3%, and even though a specific fee is advertised, many times there are additional fees and charges by way of merchandising. They may advertise a fee of $250 in Ontario, but it is not uncommon to have people pay $350-$400 for their dentures. Partial dentures are advertised at a cost of $145, which they are not allowed to provide unless they are working under the supervision of a dentist. And still, there are fees of $225 to $250 being charged for these appliances provided by these practitioners.

I have been advised by the British Columbia Dental Association that the fees charged by denture clinics operated by dentists in British Columbia are essentially the same as the fees of the dental mechanics. That is, $154 per denture. It may also be of interest to the committee that the most recent fee schedule of the dental mechanics in Quebec, where they are called "denturologists," is identical to the fees that are suggested for the dentists to charge in the Province of Quebec. I have not, as yet, received my copy of their fee schedule, but it can be obtained from Dr. Claude Chicoine, Executive Director of the Quebec Dental Association. If any doubt remains in the mind of any of the committee members of the integrity of the concern respecting the fees, I quote from the document used in Nova Scotia to attract dental technicians into the illegal practice of dentistry: "We visualize a fee comparable to that now being charged by the dental profession." To summarize, that is coast to coast, British Columbia to Nova Scotia.

The Canadian experience is not able to support the contention that the public, underprivileged or not, would enjoy a reduced fee as presented to the committee. The Wells Committee Report to the federal government, to which I alluded previously and which took over two years to complete, states: "The committee has been perturbed by the manner whereby the decision was made to license dental mechanics in British Columbia and Alberta. It considers that it was most inappropriate for those provinces to license persons with dubious qualifications and a record of illegal practice, to perform their services directly for the public. The committee members submit that the claims that this step would reduce the cost of prosthetic services and would increase service in rural areas, are largely unsupported. There is evidence that after this legal decision was made, the great majority of dental mechanics practiced in the large cities and the cost of their services rose." Let me remind the committee that this report was completed 12 years after British Columbia dental mechanics were officially recognized.

(b) Referring to education and training. It has been stated that there are two provinces with training facilities in Canada for dental mechanics. This, in my opinion, requires clarification. First of all, Alberta has a training program at the Northern Institute Vocational School located in Edmonton, that can graduate two students per year. Ontario has started a program at George Brown Community College - has not, as yet, any graduates that have completed the program.

With the exception of a handfull of graduates from Alberta, in Canada you will not be able to find graduates of any formal professionally and scientifically acceptable program from a responsible institution. Their patient skills have been acquired by either practicing illegally or by apprenticing with someone whose chief claim is illegal practice. Is there any other individual health practitioner in the United States or in Canada with this degree of health responsibility that is accepted in this manner today?

There must be a very significant reason why a country such as Germany, legalized these people in 1914 as you are

being asked to do today, and in 1952, as a result of public pressure, passed legislation that permits only a qualified dentist to provide these intra-oral services. Other European countries, as well as the United Kingdom, have passed similar legislation prohibiting anyone but a dentist from doing this work. You might also be interested to note that in British Columbia and in Alberta, the dental mechanic in those provinces are licensed, not under the Department of Health but under the Department of Labor, as are the bricklayers, carpenters, electricians, plumbers, etc.

(c) Certificate of oral health. I have been advised by the British Columbia Dental Association that even though this is a part of the statute, the requirement of an oral health certificate is almost completely ignored and the Board that governs the dental mechanics does not exert itself in enforcing this regulation.

Initially the dental mechanics accused the dentists of boycotting this requirement. The British Columbia Dental Association has advised me that to nullify this accusation, they provided a list of names of dentists in every community in British Columbia of significant size, who would agree to properly examine a patient's oral condition and sign the appropriate certificate enabling the patient to have the service rendered by a mechanic. Amazingly, these dentists saw very few patients requesting this service, and it has been suggested that perhaps the mechanic was concerned that the patient would remain with the dentist to have all the necessary treatment performed instead of returning to the mechanic. As a result, of the certificates that are signed, almost all are signed by medical doctors. You might be interested to know, that the College of Physicians and Surgeons of Ontario, the governing body and the licensing body for all physicians in Ontario, advised their membership by letter that "It is not a part of the practice of medicine for a physician to certify that a patient's mouth is in a fit condition to receive a removable dental prosthesis."

In Ontario, the dental profession strongly rejected the proposal of the certificate of oral health. The conviction was that if our government was prepared to delegate

the provision of denture services to untrained and unqualified personnel operating independently, then the government must be prepared to accept the total responsibility on behalf of the public for all consequences. The dental profession in Ontario was not prepared to lend any degree of acceptance and respectability to the endeavors proposed by self-styled mechanics. In reality, it is a situation that when problems occur, as they always will, at some point, "the buck stops here," which obviously must be the dentist because of his greater education and training. Dentists are prepared to accept this total responsibility if they have control of all the services from beginning to completion. Incidentally, the cost of this responsibility is normally included in the provision of the services that are required if they are provided by a dentist. However, this would be an additional fee for the services provided by a mechanic.

While, in theory, the certificate of oral health seems to answer a serious area of concern, it simply does not and will not work. A British Columbia spokesman stated that if a person is educated to deliver health care there is no need for this certificate. Unfortunately, only a very few in Canada qualify for the proposed term "educated."

This responsibility, were it to be accepted by dentists, could involve areas of negligence or malpractice. With the public attitudes we are experiencing today in the area of malpractice settlements, it is only natural that a dentist would try to avoid being involved in something over which he has not complete control.

(d) Other claims:

1) Manpower need. The number of dental mechanics in British Columbia have not shown a significant increase since their inception over 15 years ago, and some who hold a registration are following other lines of endeavor. To compare, the number

of dentists in British Columbia have increased from 900 in 1969 to over 1,500 in 1976.

2) Rising costs from competition. It has been suggested that because of competion from technicians, the cost for services could rise. I would like to point out that this is exactly what happened in Ontario, and people I know in the laboratory industry confirm this situation. This cost, of course, is passed on to the patient, requiring services involving laboratory work.

3) Money back guarantee. Mechanics promise a money back guarantee. I can show you countless advertisements in Ontario that promise the same thing. I do not think that it is coincidence that as soon as these people become legalized, this reassuring province, as well as the low fee, seems to be disbanded simultaneously.

4) It has been stated by opponents to the proposed legislation that people who have had a history of deliberately ignoring the laws, will continue to do so. I certainly cannot comment on this in a generalized manner. However, I can assure you that in Ontario, where it is illegal for them to make partial dentures without supervision, the law continues to be ignored. This also applies to the restriction prohibiting advertising.

5) Some claim that "denturists do not deal with live teeth." This simply is not true. They will fabricate a complete denture opposing natural teeth. They propose to fabricate partial dentures that cannot avoid dealing with natural teeth. In addition, there are significant numbers of documented cases in Ontario where they have become involved in other dental procedures such as orthodontics, surgery and crowns.

6) When seeking legal recognition, the dental mechanics propose very impressive educational requirements for future students. It is interesting that no doubt only a small percentage could possibly qualify under the criteria proposed. Also, please

> take note of the following. Once their goal has been achieved, i.e. legalization, their interest and participation in promoting the establishment of proper programs appear to vanish. This has been the apparent situation in Canada and, particularly in British Columbia, where after 19 years, there is as yet no formal program for complete training, certainly not as they had proposed originally.

Lastly, let me state that this special interest group seeking unearned status is not supported by one single independent study that has been done, including the World Health Organization, and this movement has received no official endorsement or support by organizations that have thoroughly researched the area. The result has really been one of political expediency. In spite of recommendations by government appointed commissions that advised against the legalization of these self-trained mechanics, it has only been as a result of intensive lobbying that legislators have succumbed.

Attachment H

Dear Friends of Denturism;

The Senate Bill for Denturism has been placed in an interim study for the summer of 1977, to be reported on by the Health Committee at the 1978 Legislature.

We need all the help we can get from the citizens of Kansas to get this bill through the Legislature next year.

Naturally the dental association is fighting for all they are worth, which is quite a bit. The American Dental Association has allocated 1.1 million dollars to fight Denturism in the United States. They will quickly make this back with the exhorbitant prices the dentists are charging for dentures and partials, which they don't even make.

With their money and politics the Dental Association of Kansas managed to get the only dentist in the Legislature appointed as chairman of the Health Committee. We do have several friends on this committee though who are willing to work with us, but they want to know how you as a citizen feel about denturism.

We are enclosing a list of the committee members and their addresses. Please write to them and voice your views on why denturism should be legalized in Kansas. Ask all your friends to do the same. WRITE OFTEN! Write or call all your friends across the State and have them contact the committee members.

We also need to find people who can devote some time to our new organization "Citizens Committee for Denturism". If you have some time or know someone who does, please let us know by writting to P.O. Box 756, Wichita, Kansas 67021.

Thank you for your support.

Yours truly,

Carroll W. McCune

Carroll W. McCune
President
Kansas Denturist Association
P. O. Box 756
Wichita, Kansas 67021

[redacted]

KANSAS CITIZENS FOR DENTURISM
P.O. BOX 756
WICHITA, KANSAS 67201

JUN 1 1977

Names and addresses of Senators and Representatives who are serving on the Health Committee for this summer.

Rep(D)	Michael G. Johnson(dentist) RR 4, Abilene	67410
Rep(D)	Theo Cribbs, 1551 Minnesota, Wichita	67214
Rep(D)	Larry Turnquist, 522 Iron, Salina	67401
Rep(D)	Kenneth Francisco, 212 Victory, Maize	67101
Rep(R)	Sharon Hess, 816 Estelle, Wichita	67211
Rep(R)	Marvin L. Littlejohn, 14 SW 2nd, Phillipsburg	67661
Rep(R)	Pascal A. Roniger, RR 1, Burdick	66838
Sen(R)	Wes Sowers, 234 S. Brookside, Wichita	67218
Sen(R)	John Chandler, 105 Lincoln, Holton	66436
Sen(D)	Bert Chaney, 915 E. 13th, Hutchinson,	67501
Sen(D)	Mike Johnston, 1703 Chess, Parsons	67357

OUTLINE FOR LETTER TO SENATORS AND REPRESENTATIVES:

Remind the senators and representatives of the following points.

1. High cost of medical and dental care.
2. Poor and low-income people cannot afford regular denture care - most, not at all.
3. Denturists will save everyone up to 50% on dentures and they guarantee their work.
4. Cite Personal experiences.
5. Urge them to vote "YES" on the Kansas Denturist Bill and request a personal reply.

Attachment I

There's a dentist in the House, and extracting a bill impacted in his committee is like pulling teeth

An Abilene dentist, who blames the KCA for the defeat of a fluoridation bill he sponsored a few years ago, used his position as chairman of the House Public Health and Welfare Committee to block action on KCA legislative initiatives during the 1977 session.

Dr. Mike Johnson, a Democrat, assured the KCA that despite his personal opposition to Senate Bill 90 (venipuncture), the measure would get a fair hearing in committee.

What he didn't promise was that the committee would be allowed to vote on the bill.

The saga began with Dr. Don McKelvey, Ottawa, chairman of the chiropractic division of the Kansas State Board of Healing Arts, appearing before the committee to present the views of the KCA.

State Representative Marvin Littlejohn, R-Phillipsburg, whose links to hospitals in northwest Kansas are not incompatible with his hostility to chiropractic, tried to turn the hearing into an inquisition.

Dr. McKelvey, with an enviable sense of timing, allowed Littlejohn to pursue his abusive questioning long enough for the committee to grow weary of it, then challenged Littlejohn's attack. Littlejohn retreated.

In the days immediately after the hearing, the

KCA lobbyist, Judy Perrin, began pressing for a vote on the bill. But Dr. Johnson was adamant: "I don't like it (SB 90)!"

It appeared that members of the committee favorable to the bill would take the initiative in moving for a vote, but there were disconcerting rumors circulating among senators that the bill was in trouble.

Senator Paul Hess, for example, remarked one day that he understood the bill lacked the votes to get out of committee. Since his wife, Rep. Sharon Hess, serves on the committee, that was disturbing.

Then Senator Ross Doyen said House Speaker John Carlin had indicated that the bill wouldn't make it out of committee.

That sent the KCA staff scampering to do another head count in the committee, with the results the same as before: At the worst, the vote on the bill would be 10-8; at the best, it would be 16-2; the most likely result was 14-4.

When supporters of the bill in committee failed to initiate a vote, as they had indicated they would, Judy contacted one of the original sponsors of the measure, Senator James Francisco.

Francisco was still angry over the treatment he received from Johnson the day the hearing was held on the bill. It is legislative custom that when a hearing is being held, and the author of the bill enters the hearing room, the committee chairman interrupts the proceedings to allow the author of the bill to be heard.

Francisco sat in the hearing room for half an hour, while Johnson pointedly ignored him.

Puzzled over the failure of supporters of the bill to initiate a vote, Francisco began calling legislators identified by Judy as those likely to vote for it.

Francisco learned that Johnson had deceived committee members, not to mention Speaker Carlin.

Johnson approached each member of the committee who might be inclined to vote for SB 90 and told them that he had surveyed the committee, finding only seven votes for the bill. If you want to do the chiropractors a favor, he told them, don't force the bill up for a vote because if you do, it'll be killed.

When committee members learned what Johnson had done to them on SB 90, and also on a bill sought by Kansas pharmacists, they were outraged.

Rep. Anita Niles began circulating a petition, which ended up with 10 signatures, most of them Democrats. The petition called for a vote on SB 90.

At a stormy meeting of the committee, Johnson fumed over the rebellion among Democrats on the committee, in particular concentrating his fire on Mrs. Niles. Johnson cited Roberts Rules of Order in declining to have a vote on the bill that day, and ended up throwing the book across the committee table.

Johnson said the committee could consider the petition in 48 hours, if anyone was interested in attending a committee meeting on a Saturday afternoon at 3:30. He reminded the committee that all that would be required would be a vote on the petition, not a vote on SB 90 itself. Besides, the deadline for committee action in this session of the legislature was only 24 hours away, so the issue was moot.

Rep. Norman Justice, a Democrat, moved to overrule the chair and force a vote on SB 90, and the committee appeared ready to support that action, except for a plea by Rep. Tom Slattery, a Republican, that overruling the chairman was a very serious action which virtually threatened the whole committee system.

Slattery, a close personal friend of Johnson, said he personally favored SB 90, wanted to vote for it, would vote for it, and disagreed with the methods of the chairman. But out of loyalty to the legislative system, he could not support a motion to overrule the chair.

The commmittee relented, but the pressure for some kind of action continued to build.

The following day, Johnson called an emergency meeting of the committee at which he pledged that a vote on SB 90 would be held during the 1978 session provided the committee would endorse his request for an interim study of the scope of chiropractic practice.

Although such a study was done just four years ago, the committee agreed to the deal.

Johnson spent the weekend having a high blood pressure attack and nearly was hospitalized.

The decision on the interim study will be made jointly by the House and Senate leadership, but Senator Doyen has indicated that he opposes the study as a waste of tax dollars and time.

Speaker Carlin, meanwhile, who has privately acknowledged that "there are problems" within the House Public Health and Welfare Committee, allowed Democratic members of the committee to be threatened with dire consequences if they didn't stop hassling fellow Democrat Johnson.

It will be late May before it is known whether there will be an interim study on the scope of chiropractic practice.

It will be January 1978 before it is known whether the dentist from Abilene will keep his word about permitting a vote on SB 90.

Attachment J

Kansas Chiropractic Association

GLYNDON J. HANSON
EXECUTIVE DIRECTOR

June 15, 1977

The Editor
Abilene Reflector-Chronicle
Abilene, Kansas 67410

Dear Sir:

An editorial published in the June 13, 1977, edition of the Abilene Reflector-Chronicle has been brought to my attention, concerning an article in the current issue of The Journal of the Kansas Chiropractic Association.

At issue is the methods used by Dr. Mike Johnson, chairman of the House Public Health and Welfare Committee to block action on Senate Bill 90.

The word "lied" appears nowhere in the Journal article.

I made no claim whatsoever about what Dr. Johnson told the members of his committee and Speaker John Carlin about the status of Senate Bill 90. The Journal article does report what Senator James Francisco, a Wichita Democrat, said about the activities of Dr. Johnson.

The Journal article makes no reference at all, direct or indirect, to Dr. Johnson's medical background, whatever it may be.

Senate Bill 90 indeed "got out of" the Senate Public Health and Welfare Committee--on a vote of 6-2. It additionally "got out of" the Senate on a vote of 28-10. (Another KCA bill, Senate Bill 338, "got out of" both the Senate Public Health and Welfare Committee and the Senate without a dissenting vote, but Dr. Johnson was unwilling to schedule even a hearing for the measure.)

Despite Dr. Johnson's ministrations, Senate Bill 90 did not die in the House, at least not yet. Dr. Johnson promised his committee that he would allow them to vote on the measure during the next session.

Dr. Johnson shows great interest in campaign contributions by

the Kansas Chiropractic Political Action Committee (KCPAC), which is one of the smallest political action organizations in the state, ranking well behind business, labor, and other professional groups. He tagged State Rep. Anita Niles, a Democrat, "the $500 lady" implying that she had accepted a campaign contribution in that amount from KCPAC. The truth of the matter, which he could easily have determined, is that Mrs. Niles does not accept contributions from political action committees and did not accept so much as a postage-stamp from KCPAC.

It was Mrs. Niles who led the battle in the committee to simply let the committee vote on the measure, up or down, a move which gravely offended Dr. Johnson.

Had I been given an opportunity to comment on Dr. Johnson's remarks, which I wasn't, I would simply have said that Dr. Johnson knows the truth of the matter, and so do Speaker Carlin, the members of the House Public Health and Welfare Committee, Senator Francisco, and the readers of the Journal of the Kansas Chiropractic Association.

Sincerely yours,

Glyndon J. Hanson
Executive Director

GJH/bm
Enclosure

Attachment K

KANSAS MEDICAL SOCIETY

SPECIAL INTERIM COMMITTEE ON PUBLIC HEALTH & WELFARE AUGUST 24, 1977

SENATE BILL 90 - CHIROPRACTIC

MR. CHAIRMAN AND MEMBERS OF THE COMMITTEE, MY NAME IS JOHN HUFF. I AM THE PRESIDENT OF THE KANSAS MEDICAL SOCIETY AND A PRACTICING FAMILY PHYSICIAN FROM KANSAS CITY, KANSAS. I APPRECIATE THE OPPORTUNITY TO APPEAR BEFORE YOU TODAY AS YOU CONSIDER SENATE BILL 90. THE KANSAS MEDICAL SOCIETY IS STEADFASTLY OPPOSED TO THIS BILL.

ALTHOUGH IT SEEMS APPARENT THAT CHIROPRACTORS HAVE GAINED A PLACE IN MODERN SOCIETY, IT IS MOST CLEAR THAT CHIROPRACTIC DOES NOT, AND SHOULD NOT, ENCOMPASS WHAT HAS BEEN TRADITIONALLY THE PROVINCE OF MEDICAL PRACTICE. THE ISSUE AT POINT IN THIS BILL IS WHETHER OR NOT CHIROPRACTORS SHOULD BE GRANTED THE PRIVILEGE TO PRACTICE MEDICINE WITHOUT ANY SUBSTANTIAL EVIDENCE THAT THEY HAVE THE APPROPRIATE EDUCATIONAL AND SCIENTIFIC BACKGROUND TO DO SO. THE PHILOSOPHICAL FOUNDATION OF CHIROPRACTIC CLAIMS THAT HEALTH IN HUMAN SOCIETY CAN BE PROTECTED AND PREVENTED SIMPLY BY MAINTAINING THE ALIGNMENT OF ONLY 24 VERTEBRAE IN THE SPINAL COLUMN. THIS BASIC THEORY PRESUPPOSES ONE ETIOLOGY FOR ALL DISEASE, AND MAKES ARRIVING AT A SPECIFIC DIAGNOSIS UNIMPORTANT AS A BASIS FOR TREATMENT. NOT A SINGLE SCIENTIFIC STUDY IN THE 82 YEAR EXISTENCE OF CHIROPRACTIC, OR IN THE ENTIRE HISTORY OF MEDICINE, SHOWS THAT THE BASIS OF CHIROPRACTIC TREATMENT CAN AFFECT ANY OF THE BASIC LIFE PROCESSES. ON THE CONTRARY, A SUBSTANTIAL AMOUNT OF EVIDENCE CLEARLY SUGGESTS IT CANNOT. THE SCOPE, QUALITY AND LENGTH OF CHIROPRACTIC EDUCATION SIMPLY CANNOT PROVIDE THE DEPTH OF DIAGNOSTIC TRAINING A PHYSICIAN RECEIVES. CHIROPRACTORS DO NOT POSSESS THE BASIC SCIENTIFIC AND CLINICAL FOUNDATIONS THAT ARE NECESSARY TO PREPARE THEM FOR THE RESPONSIBILITY THAT GOES WITH BROADENED PRACTICE

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PRIVILEGES.

PHYSICIANS ARE OFTEN DISMAYED BY A SYSTEM WHICH PLACES INCREASING DEMANDS ON THEM TO REPEATEDLY DEMONSTRATE THEIR COMPETENCE, WHILE GRANTING TO PRACTITIONERS WITHOUT ANY COMPARABLE SCIENTIFIC TRAINING AN EVER-BROADER SPHERE OF PRACTICE. DESPITE RECOMMENDATIONS FROM THE DEPARTMENT OF HEALTH, EDUCATION AND WELFARE, NUMEROUS NATIONAL ORGANIZATIONS, AND THE SCIENTIFIC COMMUNITY AT LARGE, CHIROPRACTORS HAVE WON INCREASINGLY BROADER PRACTICE PRIVILEGES. CHIROPRACTIC THEORY AND PRACTICE ARE NOT BASED UPON THE BODY OF BASIC KNOWLEDGE RELATED TO HEALTH, DISEASE, AND HEALTH CARE THAT HAS BEEN WIDELY ACCEPTED BY THE SCIENTIFIC COMMUNITY, AND IT WOULD BE INAPPROPRIATE TO EXPAND THE LIMITS OF PRACTICE PRIVILEGES TO THIS GROUP AT A TIME WHEN THE GENERAL PUBLIC IS CALLING FOR AN EVEN MORE RIGOROUS SYSTEM OF REVIEW AND DISCIPLINE ON THE THOROUGHLY TRAINED AND QUALIFIED PHYSICIANS PRACTICING MEDICINE TODAY.

AS AN ALTERNATIVE TO THIS BILL, WE SUGGEST THAT YOU AUTHORIZE A TRULY OBJECTIVE, THOROUGH, AND SCIENTIFIC STUDY ON THE EDUCATIONAL BACKGROUND, THEORY, AND METHOD OF PRACTICE OF CHIROPRACTORS BEFORE YOU CONSIDER EXPANDING THEIR PRACTICE PRIVILEGES. THERE IS NOT ONE SHRED OF EVIDENCE THAT SUGGESTS THE SCOPE AND QUALITY OF CHIROPRACTIC EDUCATION PREPARES THE PRACTITIONER FOR THE INCREASED RESPONSIBILITY THAT LIBERALIZED PRACTICE PRIVILEGES CARRY WITH IT. WE URGE YOU TO NOT RECOMMEND SENATE BILL 90 FAVORABLY FOR PASSAGE. THANK YOU.

Attachment L

Kansas Alcoholism Counselors Association

1700 W. 7TH STREET, ROOM 134
TOPEKA, KANSAS 66606

August 24, 1977

TESTIMONY ON SENATE BILL #257 TO THE JOINT PUBLIC HEALTH AND WELFARE COMMITTEES OF THE KANSAS SENATE AND HOUSE OF REPRESENTATIVES

PRESENTED BY: Lynn P. Hutton, President
Kansas Alcoholism Counselors Association

Chairmen
Wes Sowers, Senate
Mike Johnson, House of Representatives

I want to take this time to thank you for allowing this opportunity to testify in behalf of the membership of the Kansas Alcoholism Counselors Association. We also appreciate your efforts during the last legislative session in regard to Senate Bill #257 sponsored by Senator Charlie Angell. Senator Angell is highly regarded by our membership due to his leadership role and genuine concern about licensing alcoholism counselors in the State of Kansas.

Many things have developed in the alcoholism field since the last legislative session, but nothing concrete in the area of counselor certification, credentialing, or licensing. I would like to take a moment to bring you up to date.

The Alcohol and Drug Abuse Section of S.R.S. has for several months now been in the process of developing program standards. A task force was put together to begin to tackle this large problem. Large because of the wide variety, versatility and flexibility of existing alcoholism programs throughout the state. A first draft of these standards was distributed to the field in May of this year and it was faced with strong opposition from alcoholism programs, mental health centers and many other agen-

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cies and groups. The general consensus was that the standards were too strict, cumbersome, required too much documentation and were fiscally unsound. Now another set of standards have been written by the staff of the Alcohol and Drug Abuse Section of S.R.S. and are currently being reviewed for adoption some time in late fall-early winter. Mixed in with program standards are counselor qualifications with virtually nothing definitive being addressed as it relates to the area of counselor qualifications.

It is probable that this particular area will take a considerable amount of work and several months time. It is all very unclear and uncertain at this time. This brings us to the general consensus of the membership of the Kansas Alcoholism Counselors Association. It is presently felt that the most favorable way to approach counselors qualifications is through the vehicle known as Senate Bill #257.

The concern of the "working" professional counselor is that there exists a concrete base for determining the needed qualifications for a counselor. This issue is addressed in SB-257. Another concern is for adequate input into this determination by those persons currently providing services to clients, namely the "Alcoholism Counselors". SB-257 addresses this issue.

Another concern is the bureaucratic confusion that almost always enters into the picture when those persons who are charged with the responsibility of developing standards know very little about the qualifications they are about to develop. This concern can be avoided by proceeding with SB-257, as it is provided for in the existing bill.

Senate Bill 257 establishes an advisory committee of alcoholism counselors. Members of the K.A.C.A. are dedicated to bringing the alcoholism

counselor constituency together to improve communications, upgrade standards and qualifications, to monitor continuing education requirements and to provide knowledgeable persons to establish qualifications.

SB-257 provides for three levels of counselors to allow for an individual to enter into the licensure process and continue to upgrade themselves as they gain experience and training under supervision.

It is clearly understood that the Department of Health and Environment is responsible for all health systems agencies from the sub-groups at the local planning level to the regional and state level. Therefore, it should be clear why we selected this particular agency of State government for the licensing bill. All programs, facilities, services and manpower are planned through this department. I, as President of K.A.C.A., highly recommend to your study committee the continuation of SB-257 and its introduction into the next legislative session.

Thank you!

Lynn P. Hutton

Lynn P. Hutton, President
Kansas Alcoholism Counselors Association

Presented as proxy for Lynn Hutton by Ronald L. Eisenbarth, Member, Board of Governors, Kansas Alcoholism Counselors Association

Attachment M

TESTIMONY OF THE KANSAS PSYCHOLOGICAL ASSOCIATION

TO THE

COMMITTEE ON HEALTH AND PUBLIC WELFARE

Regarding Licensing of Alcoholism Counselors

SB 257

August 24, 1977

Atch. M

Testimony of the Kansas Psychological Association
to the
Committee of Health and Public Welfare

Regarding Licensing of Alcoholism Counselors, SB 257.

August 24, 1977

The Kansas Psychological Association appreciates very much the invitation from the Committee on Health and Public Welfare to testify on an issue concerning the mental health delivery system of Kansas, such as the proposed legislation to license alcoholism counselors.

Dr. Henry Remple, President of the Kansas Psychological Association, sadly regrets that he cannot attend today's meeting and has asked me to represent the Association and the consensus of our Governing Board's opinions.

My name is Dr. Robert Procter. I am a clinical psychologist, certified in Kansas, and have been employed in Kansas in various parts of the mental health delivery system for 14 years - - as a clinical psychologist at Topeka State Hospital, community mental health centers, in the central office of SRS involved with the state institutions under it's management as well as the community mental health centers of the state, and for the last three years as a member of a non-profit counseling service.

I have some brief prepared remarks to present and if the members of the committee have any questions, I shall try to answer them.

The Kansas Psychological Association recognizes that alcoholism is a serious problem which can easily defeat treatment and which often takes special skill and training to successfully treat. The Kansas Psychological Association also recognizes that unfortunately often there are not enough mental health professionals who have the desire or the skill to treat alcoholics. Alcoholics can be very frustrating. They often have a multitude of problems; Their physical condition is debiliated and they may have impairments which cannot be reversed; their employability and finances may be exhausted; family relations and a healthy social support system may be disrupted; recreational habits and "friends" may support a continuation of a destructive pattern; and a severe long standing mental illness may be present. The types of personalities in alchololism often increases the frustration; professionals who have worked with alchololics can always recite numerous instances in which they have beeb convinced of an alcoholic's sincerity, insight, motivation for treatment and progress only to find they have been led down the primrose path of deception. Alcoholism in itself produces many problems and obscures others; mental health professionals who have worked with alcoholics can also recite numbers of instances in which an alcoholic, when admitted for treatment and "dried out" then manifests another serious psychological disturbance which the alcoholism has been masking.

The Kansas Psychological Association also recognizes that because of the very wide complex factors involved that appropriate diagnosis and treatment can often be exceedingly difficult and require great amounts of training, experience, and skill. Partly because of the complexity of the problems involved

in alcoholism, many different resources and disciplines are needed if treatment is to have much chance to be effective. The alcoholism counselor provides a vital role in the treatment and rehabilitation process. In the substance abuse and addiction areas of mental health it has often been found most effective to use recovered peers with specialized training in the treatment process. The alcoholism counselor is often this type of person, sensitized to the rationalizations and good intent or promises-without-the-deeds so often characteristic of the alcoholic, or other typical devices. Most effective treatment programs either employ this type of individual and/or rely heavily upon participation in peer groups such as Alcoholics Anonymous or Alanon.

The Kansas Psychological supports <u>in principle</u> the establishment of standards of experience and training for alcoholism counselors as benefical for the citizens of Kansas. There are certain features of Senate Bill 257 to which our Association has serious objections, and which if passed into law in its present form, we believe would cause a disservice to some of the citizens of Kansas and to the

reputation of alcoholism counselors.

Senate Bill 257, as presently worded, is framed in such a broad way as to define potential clients of alcoholism counselors as being as at least half - - if not more - - of the citizens of Kansas. New Section 1(c) page 1, lines 0031 through 0042, defining the "practice of alcohlism counseling" establishes that the eligible clients shall be individuals and families with problems caused by the effects of the ingestion of alcohol. There is nothing to discriminate between the chronic alcoholic, the habitual excessive drinker, and the husband whose wife can't stand his drinking two cans of 3.2 beer a week. Estimates of problem drinkers in the population range from 10% to above 20%. When spouses and other family members are included as eligible clients - - as in this bill - - the number of eligible clients broaden considerably. It is often valuable to work with an alcoholic's family members, but the bill does not specify an alcoholic, it specifies individuals and their families with a problem related to the ingestion of alcohol. The Kansas Psychologial Association feels this definition is excessively broad

and would prefer to see the eligible clients restricted to those with a diagnosis of Alcoholism (303.2)* and/or Habitual Excessive Drinking (303.1)*

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*From the Diagnostic and Statistical Manual of Mental Disorders (DSM II.) American Psychiatric Association.

303 Alcoholism

This category is for patients whose alcohol intake is great enough to damage their physical health, or their personal or social function, or when it has become a prerequisite to normal function. If the alcoholism is due to another mental disorder, both diagnosis should be made.

303.1 Habitual excessive drinking.

This diagnosis is given to persons who are alcoholic and who either become intoxicated more than 12 times a year or are recognizably under the influence of alcohol more than once a week, even though not intoxicated.

303.2 Alcohol Addiction.

This condition should be diagnosed when there is direct or strong presumptive evidence that the patient is dependent on alcohol. If available, the best direct evidence of such dependence is the appearance of withdrawal symptoms. The inability of the patient to go one day without drinking is presumptive evidence. When heavy drinking continues for three months or more it is reasonable to presume addiction to alcohol has been established.

New Section 2 (page 2) lines 0045 through 0053, in essence establishes that alcoholism counselors are eligible to practive privately. The Kansas Psychological Association believes that diagnostic and treatment problems are so complex that individuals meeting the minimum standards of experience and training under this bill are not likely to have an adequate preparation to make the independent diagnostic and treatment decisions which would be demanded. Alcoholism and excessive drinking frequently masks other very serious disorders. Will these other disorders be recognized? How will they be treated?

The Kansas Psychological Association has consistently felt that any psychologist offering services to the public should have the highest qualifications; a doctorate in an appropriate field of psychology, a year's internship, plus at least two years of supervised work experience plus recommendations from colleagues knowledgeable of the candidate's skills plus passing a national examination. In keeping with these policies, the Kansas Psychological Association has not sought legislation to enable psychologists with less than these qualifications to practice independently. This excludes psychologists with master's degrees, many of whom have had

additional years of university graduate study and years of experience in situations such as our mental health centers and state hospitals. It is not felt that professionals with lower credentials typically have the skill in diagnosis or treatment to practice independently. The Kansas Psychological Association therefore strongly recommends against the private practice feature of this bill and recommends that the practice be restricted to clients of agencies such as licensed mental health and/or alcoholism treatment facilities, or other agencies where there is a supportive structure of skill and experience from other professionals.

There are two major reasons for this. Working within the framework of these other facilities will make available other staff such as psychiatrists, psychologists, and social workers for consultation and professional growth. The support of a treatment team in more clearly seeing the complexities of personality organization and family dynamics, as well as sustaining enthusiasm in treating difficult cases is extremely valuable. Since alcoholics so frequently have mixtures of many problems, other professionals will be a considerable aid in identifing important features. (It may be added that in a recent conversation with one of the representatives of the alcoholism counselors, I was told that over 90% of the counselors work within licensed agencies of this type and that such a change in wording would not unreasonably restrict the intent of the bill).

A second reason for avoiding independent private practice is that among the population of reformed alcoholics is a small group who, if allowed to work independently by themselves, could provide a disservice to their clients and their colleagues. The often observed personality traits of being charming, apparently insightful, but deceptive, can lead to episodes of "conning" and severe manipulation of people. Working within the framework of an agency with other colleagues would reduce the liklihood of serious unethical episodes of this type.

The Kansas Psychological Association has a few other objections that we would like to call to the attention of the committee:

1. New Section 14 (page 8), line 0298, lists sociologists as doing counseling work with alcoholics; this is probably a typographical error and should read psychologists, or psychologists and psychiatrists. Many members of these two professions do treat alcoholics; almost no sociologists do treatment
2. While the standards of training for the levels of alcoholism counselors are lower than we feel are most desireable, they are reasonable ONLY IF the practice is within an agency in which there are other mental health professionals to provide support for the reasons stated.
3. Any restriction of Alcoholics Anonymous or Alanon by forcing the members of these organizations to become licensed under this Bill in order to continue their usual programs would be unfortunate and undesireable. This would handicap many effective treatment programs. We would suggest a clear exemption of such programs.

4. Licensed mental health technicians are frequently employed in mental hospitals and other treatment facilities. They have greater educational requirements at the higher levels than this bill specifies for alcoholism counselors and greater constraints in independent functioning. It would be unfortunate if the provisions of this bill interfered with the performance of their services.

The Kansas Psychological Association and our President, Dr. Henry Remple, sincerely appreciates the invitation from this committee to testify about this issue.

Robert L. Procter, Ph.D.

Robert L. Procter, Ph.D.

Attachment N

TESTIMONY ON SENATE BILL #257
PRESENTED TO
SPECIAL COMMITTEE ON PUBLIC HEALTH AND WELFARE
BY
THE DEPARTMENT OF HEALTH AND ENVIRONMENT
AUGUST 24, 1977

In delivering testimony before this Committee on Senate Bill #257, we wish to present several concerns for your consideration.

I trust that the issues brought out by these concerns will assist you in determining the feasibility of this proposed law and possible changes if you propose it for adoption.

First of all my recollection of this matter is that we took a neutral stance on the licensure question at an earlier date, but said that the Department of Health and Environment could handle the licensing, along with the licensing of nursing home administrators, and could do so at a modest cost, if the legislature decided as a matter of policy that alcoholism counselors should be licensed. We can still do so.

Upon review of Senate Bill #257, we have a few questions concerning certain components of the bill. Specifically, we question the regulations proposed in section 3b and section 16 requiring that a member of the Advisory Commission on Health be a licensed alcoholism counselor. We wonder why it's necessary for a member of the alcoholism counselors association to be a member of this Commission as indicated in section 16.

Other questions we of the Department of Health and Environment wish to pose are:

- Why is there a need for the different classifications of counselors?
- Since the Department of Social and Rehabilitation Services is involved in the licensing of treatment centers, is the Department of Health and Environment the logical licensing and training agency?
- As indicated earlier, the Department of Health and Environment could do the licensing of alcoholism counselors at a sum of approximately $10,500. With a license fee range of $3.00 to $15.00 per counselor, and an estimated 230 counselors to be licensed the first year it may be wise to adjust fees to cover more of the expenses.

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While considering the question of licensing alcoholism counselors, if time permits, perhaps this Committee would like to consider the appropriateness of increased legislative support for programs to prevent alcoholism.

Attachment O

KANSAS HOSPITAL ASSOCIATION

Frank L. Gentry
President

August 23, 1977

The Honorable Michael G. Johnson
Chairman
Special Committee on Public
Health and Welfare
Statehouse
Topeka, Kansas 66612

Dear Mr. Johnson:

I am writing on behalf of the Kansas Hospital Association concerning Proposal #59, Credentialing of Health Manpower" and the August 24, 1977 hearings on HB 2285 and SB 257 (Licensure of Alcoholism Counselors and Speech Pathologists and Audiologists.)

As you are probably aware, the Kansas Hospital Association has traditionally opposed new licensure legislation for health manpower. Our opposition toward licensure is not directed at any particular health profession, but rather is directed at the apparent discrepencies and ineffectiveness of current licensure practices to assure the public of safe and competent health care practitioners.

It is commonly accepted that competency cannot be assured until practice performance has been evaluated. It is also commonly recognized that licensing boards have not proven their ability to evaluate individual practice performance. Consequently, the first and real intent of licensure has not been successful.

The credentialing of health manpower takes on several and interrelated forms. The three basic forms are: 1) accreditation; 2) certification/registration; and 3) licensure. Studies show that all three forms are wrought with problems; however, of the three, accreditation and certification/registration seem to be the most reasonable and viable ones, at least until other credentialing methods and procedures are identified and accepted.

The Kansas Hospital Association remains opposed to new licensure legislation in that it has not proven effective in assuring the public of safe and competent health care practitioners, and in addition, because such licensure practices have apparently been used to promote the political, economic and social status of too many of the health professions. This, of course, has not helped in the containment of health care costs, nor will it, if it continues.

The basic need for credentialing requirements appear to be in the area of private practice, since the independent practitioner is responsible, primarily, only to himself. The institutional practitioner is responsible to a corporate body, which has a person or persons responsible for evaluating the health care practitioners' performance. Unfortunately, licensure laws for the independent

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practitioner affect the person(s) who practice in the health care institution which, consequently, has a limiting effect upon the health care institutions' ability to utilize its manpower more effectively.

Attached are some summaries on the subject which we hope might be useful to the committee in its decision-making process.

Respectfully yours,

Larry K. Shaffer

Larry K. Shaffer
Director of Education

cc--Frank L. Gentry, President
Kansas Hospital Association

PROBLEMS AND ISSUES IN CREDENTIALING FOR HEALTH MANPOWER

I. Organizational context of Professional Credentialing

The organizational dimensions of personnel credentialing are not indicative of the activity or conduct of anyone association of health practitioners and, in many instances, apply to organizational behavior.

The primary vehicle by which professions have achieve collective status is the professional association.

Professional associations have emerged within the following motives:

1) Status advancement
2) Gain public recognition of the competency
3) Maintain standards of character and honorable practiced

Professionals have sought control over their own work, because they have felt that their social status and power depended upon their ability to assure the merit of persons admitted to the profession and to maintain intraprofessional discipline.

Voluntary or example setting approaches seemed to be unsuccessful, thus to bridge the gap between ideal and actual behavior professional associations sought governmental cooperation in the form of licensing statutes that would establish standards of performance.

Experience has demonstrated that every profession strives to persuade the community to sanction its authority within certain spheres by conferring upon the profession a series of powers and privileges.

Submitting to "community control" in the form of licensing has generally served to ensure the professions freedom to control its own work. The insulation afforded by professional "self-regulation" is almost total in scope.

One step in the process of professionalization is political activity directed at obtaining licensure and other types of public recognition.

Some state professions have been established for the "express purpose of promoting occupational legislation" and sometimes "to prevent other, already established, professions from regulating them".

National associations, in addition to trying to influence national legislation, also assists related state associations in fulfilling their economic, political and social aspirations.

The close interlocking tie between professional associations and state licensing boards often cause state licensing bodies to work more or less discretly to present the professions position regarding legislative proposals.

Further evidence of the close interrelationship of the professional association and the licensing board is the fact that board membership is, in most instances, dominated by practitioners in the licensed profession.

Board members are usually appointed by the Governor from lists of names submitted by associations representing persons practicing in the field.

One proposal to reducing the tie between professional associations and licensing boards is to centralize the licensing function within a departmental unit. Professional associations can still be involved in their related affairs and the centralized state agency can reconcile the interest of the general public with those of the private associations. (In cases where this has been attempted, it still seems to remain that professional associations have more influence than the general public sector.)

Organizational interest in occupational credentialing and its attendant problems is very significant and must be seriously considered in ensuing discussion of issues.

II. Disciplinary Functions of State Licensing Boards

The vast majority of health care practice acts virtually extend to the individual a life-time legal authorization to practice, provided that the practitioner meets periodic re-registration requirements that provide little professional review. The effectiveness of licensing boards in this matter have been seriously questioned.

The safety of the patient should be the primary goal and responsibility of the licensing board.

A related phenomenon in the disciplinary activities of licensing boards is the close, and almost coalescence, of the boards with the professional associations.

An additional problem facing licensure boards is that they must frequently assume the multiple roles of investigators, prosecutors, juries, judges and executioners.

III. Geographic Mobility

The variation of licensure laws among the states restricts the mobility of practitioners between the states.

Not all states license the same professionals which has a restrictive affect on mobility.

These restrictions of mobility may be an advantage to less attractive geographical regions.

Uniform national standards -- states rights issue.

LKS:dh
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LICENSURE

Licensure - The process by which an agency of government grants permission to persons to engage in a given profession or occupation by certifying that those licensed have attained the minimal degree of competency necessary to ensure that the public health, safety and welfare will be reasonably well protected.

The main objectives of licensing laws are to control entrance into the occupation and to support and enforce standards of practice among licensed practitioners.

Procedures for carrying out these objectives are:

1) Examination of applicant's credentials to determine whether their education, experience and moral fitness meet statutory or administrative requirements.
2) Investigation of schools to determine whether the training programs meet requisite standards.
3) Administration of examinations to test the academic and practical qualifications of applicants to determine if present standards are met.
4) Granting of licenses on the basis of reciprocity or endorsement to applicants from other states or foreign countries.
5) Issuance of regulations establishing professional standards of practice; investigation of charges of violation of standards established by statute and regulation; suspension or revocation of violators' licenses; and restoration of licenses after a period of suspension or further investigation.
6) Collection of various types of fees.

Two forms of licensure:

1) Compulsory - Only persons holding a license are permitted to practice the occupation, and unlicensed persons are prohibited from working in the field.
2) Voluntary - Only persons holding a license are authorized to use a particular title or official designation - unlicensed persons are not prohibited from working in this field but they may not use the protected title.

Trend has been to move toward compulsory licensure.

1971 - twenty-three states had voluntary licensure for practical nurses and nine states for professional nurses.

Some states have taken steps to centralize the licensing of occupations within a department of registration.

Health occupations licensed in Kansas:

1) Adult Care Home Administrators
2) Chiropractors
3) Psychologist
4) Social Worker
5) M.D.'s and Osteopaths
6) Professional Nurses
7) Licensed Practical Nurse
8) Mental Health Technicians
9) Physical Therapists

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CERTIFICATION OR REGISTRATION

Certification/Registration - The process by which a non-governmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association.

Forms of Certification and Registration:

1) Association Membership
   A. Qualifications by education and experience
2) Certification and Registration
   A. Committees, boards and registeries concerned with distinguishing quality of personnel
      1. Examination
      2. Association Member
      3. Educational and Experience Requirements
3) Specialty Certification

Major Issues in Certification

1) Certification not required for practice -- certification attempts to prevent employment of uncertified persons
2) Certification grandfathers those who were uncertified prior to certification
3) Certification sometimes over qualifies persons for certain functions
4) Certification requirements lack provisions for assuring continuing competency

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ACCREDITATION

Accreditation - The process by which an agency or organization evaluates and recognizes an institution or program of study as meeting certain predetermined criteria or standards.

Purposes of Accreditation

1) Certifying that an institution has met established standards
2) Assisting prospective students in identifying acceptable institutions
3) Assisting institutions in determining the acceptability of transfer credits
4) Helping to identify institutions and programs for the investment of public and private funds
5) Protecting institutions against harmful and external pressures
6) Creating goals for self-improvement of weaker programs and stimulating a general raising of standards among educational institutions
7) Involving the faculty and staff in institutional evaluation and planning
8) Establishing criteria for professional certification, for licensure, and for upgrading courses offering such preparation
9) Providing bases for determining eligibility for federal assistance

Five Basic Steps in Accreditation

1) The accrediting agency, in collaboration with professional groups and educational institutions, establishes standards
2) The institution or program desiring accreditation prepares a self-evaluation study that provides a framework for measuring its performance against the standards established by the accrediting agency
3) A team selected by the accrediting agency visits the institution or program to determine first hand if the applicant meets the established standards
4) Upon being satisfied through the information obtained from the self-evaluation and the site visit that the applicant meets its standards, the accrediting agency lists the institution or program in an official publication with other similarily accredited institutions or programs
5) The accrediting agency periodically re-evaluates the institutions or programs that it lists to ascertain that the standards are being met

Two Types of Accreditation

1) Institutional
2) Specialized

Specialized accreditation usually requires that the program be housed in an institution that has been accredited.

Major Organizations Involved in Accreditation

1. U.S. Office of Education (USOE) Role ---- Providing Federal Aid
2. National Commission on Accrediting Role ---- Coordinating accreditation activities in higher education. Authority ---- recognizes specialized agencies to grant program accreditation in 37 fields --relies upon 7 regional college commissions to grant institutional accreditation.
3. AMA Council on Medical Education AMA/CME
   A. Accredits the following programs:
      1. Certified Laboratory Assistants
      2. Cytotechnologists
      3. Histologic Technician
      4. Inhalation Therapy Technician
      5. Medical Assistant
      6. Medical Record Librarian
      7. Medical Record Technician
      8. Medical Technologist
      9. Nuclear Medicine Technician
      10. Nuclear Medicine Technologist
      11. Occupational Therapist
      12. Orthopedic Assistant
      13. Physical Therapist
      14. Radiation Therapy Technologist (or technician)
      15. Radiologic Technologist
4. American Dental Association Council on Dental Education
   A. Accredits the following programs:
      1. Dental Hygiene
      2. Dental Laboratory Technologist
      3. Dental Assistant

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KANSAS HOSPITAL ASSOCIATION

CREDENTIALING FOR HEALTH MANPOWER

June, 1977

Credentialing of health manpower consists, generally, of accreditation of educational programs, certification or registration of personnel by the profession and licensure by a government agency.

These three forms of credentialing are defined as:

Accreditation - The process by which an agency or organization evaluates and recognizes an institution or program of study as meeting certain predetermined criteria or standards.

Licensure - The process by which an agency of government grants permission to persons to engage in a given profession or occupation by certifying that those licensed have attained the minimal degree of competency necessary to ensure that the public health, safety and welfare will be reasonably well protected.

Certification or Registration - The process by which a non-governmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association.

While each of these forms of credentialing have developed independently of one another, they do have interlocking relationships.

Generally, the three forms of credentialing are controlled or dominated by the profession. Licensure and certification are dependent upon graduation from accredited programs and require successful completion of examination.

The U.S. Office of Education defines accrediting as the process whereby an association or agency grants public recognition to a school, institute, college, university or specialized program of study having met certain established qualifications of standards as determined through initial and periodic evaluations.

There are, generally, two recognized types of accreditation. They are: (1) institutional and (2) specialized.

Some of the existing and emerging issues in accreditation are:

1) Some state licensure statutes inhibit the recognition of educational programs offered in other states which hinders reciprocity among states.
2) A schism exists between non-profit and proprietary educational institutions. A similar schism exists between the private sector and the military.
3) There has been a significant proliferation of accrediting agencies which places unreasonable burden of time, cost and effort on the accredited institution.
4) There is some concern that current accreditation practices not only establish standards and requirements for curriculum and instruction but, for administration of the program as well.

Accreditation is a complex mechanism and it should have an adequate base of consensus among all the groups it affects.

The problems in accreditation not only plaque the educational institutions and the employers of health manpower but also the federal government. Accreditation is the primary base criterion for federal funding.

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Attachment P

TESTIMONY ON H. B. 2285, AN ACT TO LICENSE SPEECH PATHOLOGISTS AND AUDIOLOGISTS IN THE STATE OF KANSAS TO THE INTERIM COMMITTEE ON PUBLIC HEALTH AND WELFARE
August 24, 1977

Mr. Chairman and Members of the Committee:

I am Larry J. Bradford, Ph.D., Director of the Speech and Hearing Clinic in the Children's Division of the Menninger Foundation, Topeka, Kansas. I received my graduate degrees from the University of Kansas in speech pathology and audiology and am certified by the American Speech and Hearing Association to practice both professions.

Most of us speak with ease, have no difficulty in forming understandable words or meaningful sentences, and have hearing adequate enough to perceive and understand the speech of others. That is, we communicate effectively because we do not suffer from a speech, language, or hearing impairment. However, nearly 21 million Americans, or 1 out of every 10 persons, have a speech, language, or hearing deficiency. Speech disorders affect 10 million persons in this country; 2 million have speech and language deficits from stroke and mental retardation, one quarter million are deaf, and 8.5 million are hard of hearing.

The most common speech problem is misarticulation in which speech sounds are omitted or inappropriately substituted one for another. About 3 out of 5 of all speech and language disorders are articulatory impairments. Interruptions in the flow and rhythm of speech by hesitations, repetitions, and prolongations is a speech disorder known as stuttering.

There are 1.4 million persons in the United States who stutter, one half of whom are children. The common impairment of persons with aphasia, a condition resulting from a stroke or other brain damage, is the loss of the ability to use speech and language. Such affected individuals may realize that they are

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being spoken to but perceive the words as if they were a foreign language. Other aphasics may know the words they want to say, such as their name, but they are unable to say it. Each year 60,000 Americans suffer from aphasia. Some persons have their voice reduced to a whisper because of the surgical removal of their cancerous larynx. 30,000 persons have had such surgery and 8,000 new cases of laryngeal cancer are discovered annually. Hearing disorders relate to the reception and perception of speech, language, and other acoustic signals. Some individuals with impaired hearing cannot perceive speech because the volume or loudness is not sufficient. Even when the loudness is adequate, other persons cannot differentiate between such like-sounding words as "cat" and "bat" or between "meet" and "beet."

The American Speech and Hearing Association (ASHA), is a national scientific and professional association made up of over 22,000 university-trained persons who assume the ethical responsibilities designated in a Code of Ethics. The members of the association have provided help to persons with communicative disorders for the past 52 years. The association issues Certificates of Clinical Competence, in speech pathology and/or audiology as satisfactory evidence of the holder's ability to provide independent clinical services to persons with disorders of communication in the areas certified. In order to qualify for the certificate, the candidate must have at least a master's degree, 300 hours of supervised clinical experience at a university, a 9-month internship, and pass a national examination administered by the Educational Testing Service of Princeton, New Jersey.

Clinical certification from ASHA indicates that the holder has met high academic standards and obtained specified levels of clinical competence. The Federal Government has used these standards to define providers for Social Security titles XVIII and XIX as have the Department of Health,

Education, and Welfare; the Department of Defense; the Civil Service Commission; and the Veterans Administration. Many state health care programs have adopted identical standards to participate in such programs as Early and Periodic Screening, Diagnosis, and Treatment; Maternal and Child Health, and Vocational Rehabilitation. Many state departments of education have academic and practicum requirements similar to the minimum requirements used by ASHA.

The speech pathology and audiology professions are the primary disciplines concerned with the systems, structures, and functions that make human communication possible; with the causes and effects of delay, maldevelopment, and disturbance in human communication; and, with the prevention, screening, evaluation, and rehabilitation of individuals with communicative disorders. More specifically, speech pathologists are professionally trained persons who evaluate speech and language impairments of organic and non-organic causes. They plan, direct, and conduct prevention, idenification, and remedial programs designed to improve communication efficiency, counsel speech-and language-handicapped individuals, and act as consultants to education, medicine, and members of other professional groups. Audiologists, on the other hand, are persons with graduate academic and clinical training who are qualified to provide professional assistance to persons with communication problems associated with hearing impairments. They specialize in the prevention, identification, and assessment of hearing impairment and in rehabilitation of persons with hearing impairment, including the use of hearing aids. They evaluate the hearing of school-aged children, nursery school children, and infants, particularly those with a high risk of having a hearing impairment. They determine if there is a hearing impairment, the severity of the impairment, and the ability to benefit from auditory rehabilitation such as lip reading, auditory training, and in the use of a hearing aid.

Many persons with a hearing impairment can benefit from using a hearing aid although some persons are able to benefit only partially and others are unable to benefit at all from amplification. Audiologists are able to determine if using a hearing aid will help communication, and if so, select appropriate aids without having any economic advantage in the sale of the aid. And finally they assess the hearing and communication problems associated with aging and provide the necessary rehabilitation to maintain good communication skills for the elderly.

What might happen if you were to have a hearing evaluation by an audiologist in an audiologic center? Depending upon the type of problem you might have, a complete evaluation would take from one-half hour to 4 or 5 hours requiring two or three visits to the clinic. In my clinic, we would first spend 20 to 30 minutes talking together, so I could get to know you and the problems you were having with the hearing impairment at home, in social groups, and at work. With this background information, you then would be seated in a sound proof suite -- a floating room inside a room and control room. The extreme quiet in this test room is required if hearing levels and abilities are to be measured accurately.

Audiologists have over 40 tests that can be administered from electronic instruments in the control room. There is an audiometer for testing of sensitivity by air and bone conduction, for determining ranges of hearing for selecting a hearing aid, and obtaining speech reception thresholds, which are necessary for determining the validity of the air- and bone-conduction thresholds. The audiometer can be utilized to test for cochlear recruitment and retrocochlear tone decay. Audiologists also use a high-frequency audiometer to examine hearing up to 18,000 cps, a Bekesy audiometer to examine organic and non-organic losses, a Respiration Audiometer to test infants, difficult-to-test persons, and persons suspected of having

a psychogenic hearing loss, and a Delayed Auditory Feedback unit. Audiologists have a SISI unit to further examine cochlear reserve and electronic noise generators to mask one ear while testing the opposite ear. In addition, they use a Speech Audiometer, reel and cassette decks to present tape- and disc-recorded speech material for the testing of central auditory capacity -- information important to know for determining possible benefit from hearing aid amplification and for planning remedial programs for children with learning disabilities. Finally, an Otoadmittance Meter and recorder is utilized for examining the auditory reflex and middle-ear functioning. Because the electronic equipment is complex and delicate, it must be calibrated regularly with expensive calibration equipment to insure the scientific accuracy of all test instruments.

Speech pathology and audiology practicioners render their professional services in hospitals; public and private schools; rehabilitation centers; nursing care facilities; community, college, and university clinics; state and local health departments, the Veterans Administration, the Department of Defense military hospitals, and in private practice. In my clinic, I evaluate and provide rehabilitation for persons who request service directly for themselves as well as for those who are referred to me by otologists, pediatricians, psychiatrists, neurologists, and specialists in internal medicine, by nursing home administrators, by hearing aid dealers, by public and private schools, and by the directors of Headstart and Follow Through programs. In addition, clients are referred to me from Topeka State Hospital, the Kansas Reception and Diagnostic Center, Shawnee County Welfare Department, and the Disability Determination Unit of the Social and Rehabilitation Services of Kansas. Private manufacturers in the Topeka area have used our audiological services as part of their hearing conservation program required by OSHA.

The numerous specialists and professions that contribute importantly to the

understanding of human communication include audiologists, psychologists, educators of the deaf, geneticists, learning theorists, neurologists, otologists, pediatricians, psychiatrists, and speech pathologists. Speech pathologists and audiologists offer a unique contribution to society in which 1 in 10 persons have a speech, language or hearing deficiency. They evaluate, plan, and direct rehabilitation programs, so that communicatively impaired persons may communicate more efficiently. They coordinate their work with educational, medical, and social agencies, and are consultants to these professions and many other professional groups concerned with communication impairments involving speech, language, and hearing.

Thank you.

Attachment 9

TESTIMONY ON HB 2285

AN ACT TO LICENSE SPEECH PATHOLOGISTS AND AUDIOLOGISTS IN THE STATE OF KA

To

The Interim Committee on Public Health and Welfare

August 24, 1977

Mr. Chairman and Members of the Committee--

I am Robert L. McCroskey, Ph.D., Professor of Logopedics at Wichita State University. I feel comfortable talking with you about the need for licensure in both speech pathology and audiology because my academic training, experience, and certification include both areas. My career spans 29 years and includes regular classroom teaching, speech therapy in public schools and private clinics, research in audiology and education of the deaf, and more than 20 years of college teaching. I am pleased to say that the last 10 years have been spent in Kansas and I look forward to continuing to serve the communicatively handicapped persons of this State.

Let me take a few moments to illustrate the range and complexity of typical services provided by speech pathologists and audiologists:

The wife of a fellow Kiwanian had a severe stroke about two years ago. There appeared to be no means of communication between him and his wife. Medical treatment had been successful but psychologically things were at a low ebb. The speech pathologist established a yes-no response system and, later, with a special amplification unit re-established communication and gave her new interest in life.

Several months ago an attorney with a hearing loss in the high frequencies--typical of what occurs when a person is exposed to a noise--came to the audiology clinic at Wichita State University. He had tried a variety of hearing aids unsuccessfully. Indeed, we were not successful initially, either. He was enrolled in a Lip Reading and Auditory Training Course that we offer to the community in the evenings and we continued to try variations on standard hearing aids. One was found that was successful for him in a courtroom where there is often background noise. Recently, we received a letter from him stating that we had restored his professional life to him. He is currently an official of the Kansas Bar Association.

I recall vividly a middle-aged man who had his voice box removed due to cancer and for three years had communicated only in writing. Within two months following his first instruction from a speech pathologist, he was speaking in five-word sentences without the aid of any mechanical device or further surgical intervention.

Speech pathologists and audiologists regularly participate as members of cleft palate teams. In this setting, it is the speech pathologist's responsibility to determine whether the repaired clefts are adequate to allow normal speech to be taught or whether additional surgical or prosthetic intervention may be needed.

About four years ago, a visiting lecturer from Purdue University came to Kansas--it turned out to be a young man I had worked with when he was in junior high school and was one of the most severe stutterers I had ever encountered. He is now a fluent staff member at Johns Hopkins Hospital.

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Speech pathologists, audiologists, and electrical engineers are now working cooperatively to improve computer generated speech so that it will provide communication for persons whose coordination is too poor to permit speech. In June of this year, I used such a device with several cerebral palsied individuals who were between 20 and 25 years of age and had never spoken a word. Here is how the device can be used:

(recording of synthesized speech)

with this device, it was possible to respond to questions and it became possible to make a more accurate determination of the intelligence that was locked inside those cerebral palsied bodies.

Recently, a team of speech pathologists and audiologists traveled across Kansas meeting with administrators of adult care centers. Consistently, they identified the lack of communication as a major problem in maintaining morale and an acceptable quality of life for their residents. They were seeking guidance regarding proper qualitications for speech pathologists and audiologists who would serve on a consultative basis with them.

These are but a few of the kinds of problems served by speech pathologists and audiologists. I trust it is clear that these professionals are not simply technicians who follow a routine plan, they are persons making creative applications of scientific data and their decisions have significant impact on the life of the person being served.

Kansas has a tradition of leadership in speech pathology and audiology. Thirty years ago I sat in a classroom in Columbus, Ohio and listened to Dr. Martin Palmer, founder of both the Institute of Logopedics and the university training program at what is now Wichita State University. I was impressed with the innovative approaches being developed in Kansas for multiply-handicapped persons. The delivery model developed in Kansas, which involves strategically palced field centers in order to provide speech and hearing services to a wide geographic area, served as the model for the Satellite Programs sponsored by Social and Rehabilitation Services several years later.

I served on the certification committee of the American Speech and Hearing Association for several years and, again, I was impressed with the credentials of applicants from Kansas.

Kansas has enjoyed a position of leadership in the area of the education of the deaf through the work of Dr. June Miller of the University of Kansas and her interest in the early detection and education of children with hearing problems. More recently, the Institute of Logopedics served as the first center in the United States to implement the Perdoncini approach to the the education of the deaf.

These are but a few examples of the application of unique scientific data for the benefit of communicatively handicapped persons. These services are available to Kansas citizens through federally or state sponsored programs but citizens seeking private service have no protection or guarantee of the same quality and ethical behavior. Favorable action on House Bill 2285 will not result in the implementing of a new service, rather, it will provide orderly development of quality service for speech and hearing impaired citizens of Kansas.

Attachment R

Testimony before Special Committee on Public Health and Welfare

Wednesday, August 24, 1977

Mr. Chairman, Ladies and Gentlement of the Committee:
I appreciate the opportunity to appear before you today. My name is John Peterson and I am appearing in behalf of the Kansas Speech and Hearing Association. That Association is made up of over three hundred speech pathologists and audiologists who practice in the state of Kansas.

During last session, House Bill 2285 was introduced by Representatives Meacham, Wilkin, Moore and Walker. The bill was referred to the House Public Health and Welfare Committee, which held hearings. Those testifying both as proponents and opponents offered several amendments and changes to HB 2285 and ultimately was held over for the 1978 Session.

During the interim we have attempted and will continue to exchange views with other health care providers who have expressed positions on this bill. Hopefully, prior to next session we will be able to present at least some narrowing of the divergent views on this proposal.

We are doing this because it is not our desire or intention through this legislation to affect or inhibit existing health care professions which are licensed and regulated by the State. It is our desire through this legislation to provide regulation over the practice of speech pathology and audiology, which at the present time is totally unregulated in Kansas. It is our desire to assure that the public receives the highest quality

Att. R

care from speech pathologists and audiologists. It is our desire to upgrade the ethical and professional standards of practice for those who evaluate and provide therapy for children and adults with speech, language and hearing impairments.

(Remarks of Larry Bradford)

(Remarks of Robert McCroskey)

For some time the State of Kansas has made a substantial investment and commitment to educate and train qualified speech pathologists and audiologists. Fort Hays State, Kansas State University, the University of Kansas and Wichita State all have master or bachelor programs in speech pathology and audiology.

There are presently over 680 speech pathologists and audiologists practicing in the state. They work and live in over 95 separate Kansas communities. Some work for hospitals, some are in private practice, some work for school districts or government agencys but also do private therapy or consultation on weekends or at other times.

Yet there exists no legal recognition, no definition of what constitutes a qualified speech pathologist or audiologist. There exists no prohibition against anyone holding themselves out to be a qualified speech pathologist or audiologist and providing therapy or testing on the general public.

That is why in the last 8 years, 29 states, including Missouri and Oklahoma have adopted legislation licensing speech pathologists and audiologists. That is why we support the passage of HB 2285.

This Committee is well acquainted with the Cohen Committee reports and the concerns and critcisms which the Federal Government

has expressed concerning state licensure. I personally favor state regulation of health care professionals over Federal regulation or credentialling. Nevertheless, I think it is important to consider this proposal vis-a-vis some of the issues raised by the Cohen Committee.

1.) State licensure hasn't been effective, too often being self-regulation within a profession which often doesn't enforce ethical and disciplinary measures against those regulated. HB 2285 provides for a board which includes members of the general public and of the medical profession. Further, it provides for disciplinary procedures and for setting requirements for continuing education. Legislative oversight will always be necessary for any regulatory commission to ensure that it actively enforces ethical and other requirements. But the important fact is that presently in Kansas there exists no regulation or enforcement procedures against anyone practicing speech pathology or audiology services with the general public.

2.) State licensure of health occupations fosters a patchwork system of varying requirements, responsibilities and controls that tends to impede geographic and career mobility and create variable credentialling standards in different regions of the country. In order to deal with this problem, several years ago the American Speech and Hearing Association developed model state legislation. The twenty-nine states who have adopted licensure bills for speech pathology and audiology have patterned their laws after this model bill. HB2285 also follows this legislation in terms of educational, testing and clinical requirements.

In addition, I would draw your attention to Section 11(b) of this bill which provides that a resident of another state which has licensure legislation with equivalent or higher standards, can be granted licensure in Kansas without further requirements.

3.) That the determination of which professions should be regulated is too often governed by the political considerations rather than using a consistant criteria for that determination. This Committee has looked at two states which have turned over to a State commission the determination of whether a profession should be licensed, certified or otherwise regulated. Whether such a proposal should be adopted here is a legislative question that you must answer. But whether a separate commission or the legislature mades the determination, we believe that speech pathologists and audiologists should be regulated because it is needed, would benefit the general public, and we believe that it should be done in such a way so that it fits in with an overall, consistant and cohesive system of state regulations for health care professions.

Another similar concern is that licensure legislation will create duplication of licensure requirements or otherwise inhibit other health care professions. Under this proposal, all other licensed health care professions are exempted out of the requirements of licensure. Doctors, nurses, hearing aid dealers and others who are already regulated and governed under licensure statutes would not be required to be licensed under this act. Furthermore, this bill exempts those persons who were certified by the State Department of Education in Speech, Hearing or Audiology, when they are working within or under the jurisdiction of a school district.

This law is designed to only regulate the private practice of speech pathology and audiology, only to regulate that practice which is presently totally unregulated and that practice which deals directly with the general public.

Neither this licensure bill nor any other legislation you could pass would guarantee an overall increase in the quality of health care services being rendered to the general public.

We can and this bill will guarantee that speech pathologists and audiologists who practice with the general public meet basic minimum educational, clinical and competency standards. We can and this bill will require continuing education on the part of speech pathology and audiology professionals.

We can and this bill will provide a mechanism for the legal establishment and enforcement of professional and ethical standards and provide a system for complaints to be filed by the consuming public, for investigations and hearings to be held and for an individual's license to be revoked or suspended if he or she does not meet those professional and ethical standards.

We therefore would urge your favorable consideration for this proposal.

PROPOSED AMENDMENTS TO HOUSE BILL 2285

1) Section 1, p.2, by striking all of lines 56-60.

Note: this would remove the definition of Speech Pathology or Audiology Aid.

2) Section 3(a), p.2, line 74 by inserting after "state", "or any person operating under the direct supervision of a person licensed to practice any branch of the healing arts".

Note: this amendment would allow a person to perform hearing tests if they operate under the direct supervision of a practitioner of the healing arts.

3) Section 4(c), p.4, line 128, striking all after "requirements", all of line 129, and all of line 130 before the word "prescribed."

Section 5(b), p.5, line 158 by striking all after "act", all of line 159 and 160 before the period.

Section 11(c), p.9, by striking all of lines 313 through 317.

Note: These amendments would remove language which would bind the Board to standards established by the American Speech and Hearing Association.

4) Section 5(b), page 4, line 141 and line 147 by striking the word "shall" and inserting in lieu thereof "may".

Note: changes from "shall" to "may" the section concerning the Governor appointing from a list of nominees submitted by the Kansas Speech and Hearing Association and the Kansas Medical Society.

Attachment S

Interim Committee on Public Health & Welfare HB 2285

August 24, 1977

Mr. Chairman and members of the Committee, my name is Monte Allen; I practice ENT in Salina. I would like to reiterate briefly my previous remarks made at the meeting of the House Public Health and Welfare Committee in March of this year. The Otolaryngologists (ENT) physician and the medical profession as a whole have no quarrel with the excellent qualifications of the audiologists and speech pathologists who already have the unwritten licensure to practice their endeavor in the State of Kansas. This is evidenced by their employment at the local and state government level. Today, although the number is small, there are speech pathologists and audiologists in private practice within the state. I am not aware of any formal protest by the medical profession or consumer groups against these individuals in private practice.

It is obvious that the state recognizes the professions of speech pathology and audiology in view of the number that are employed in the school systems locally and at higher state levels. An excellent example is the Olathe School for the Deaf, which, without their expertise would not function.

I do not want to leave the impression that I feel audiologists or speech pathologists should be forever state employees even though in the past this has been the system with the school hearing screening and speech correction program funded by the state. This is an excellent program and should continue.

The basis of our opposition to licensing audiologists and speech pathologists lies with determining who is the captain of the ship in the health care delivery system in regard to hearing disorders in the State of Kansas.

Atch. S

The family practioners would call this primary care in their field of general medicine, which has been of extreme interest to you legislators to geographically achieve accessible medical care for the entire state.

In the last hearing of the House Public Health and Welfare Committee Dr. Rousey presented his credientials which included a doctorate in speech pathology and audiology. I would like to present a composite degree of the ear, nose and throat physicians in the state, in fact in the whole country-----a college degree, four years of medical school, a one year internship, one year of general surgery residency and three years of ear, nose and throat residency training, the latter of which includes the diagnosis and medical and surgical treatment of ear disease and hearing disorders.

I emphasize the word diagnosis because this is the key word. Hearing testing is just one part of a battery of examinations leading to a diagnosis. Audiologists are capable of only one aspect of this battery of examinations, and that is hearing testing. They have no medical training to do an adequate history, physicial examination, or draw medical conclusions, let alone prescribe medical or surgical treatment.

In due regard to the audiologists, most ear, nose and throat physicians employ an audiologist to do their hearing testing in their offices around the state, however there are some who hire a technician who has been trained under supervision to do the same tests.

The bottom line of this whole problem is who supercedes who in the health care delivery system.

The State of Kansas commits millions of dollars every year to support the University of Kansas Medical School to train primary health care physicians whether it is in general surgery, ophthalmology, family practice, orthopedics, ear, nose and throat etc.

However, we have seen in the last several years, groups related to the health care field who want to strengthen their position with little regard to their limited training in primary care medicine.

We feel the impetus to this trend is third party payment for services through private insurance, Medicaid, and Medicare.

The department of HEW of the federal government has recently declared a moratorium at the federal level on licensing any more paramedical groups because they have felt this would only lead to further erosion of the health care dollar incurred by both Medicare and Medicaid.

Licensing boards become necessary when the public feels that a certain group needs to "clean up their act". Through the efforts of many legitimate hearing aid dealers in the last few years a licensing board was established in this state to raise the standards and qualifications of hearing aid dispensers because of the bad reputation their profession was getting from door to door peddlers with no expertise in fitting hearing aids. It has been my observation this group is improving themselves dramatically.

On the other hand the fields of audiology and speech pathology have always maintained high standards and they have no "bad act to clean up".

I feel I have to bring out the probable motives for the audiology bill introduced in the House committee in March of this year.

1. The secretary of HEW concluded after an extensive study of the problem that there was at the present time no evidence to show that audiologists should be the only group qualified to test hearing in the United States.

2. This was followed by efforts of ASHA to lobby legislation at the state level. Which in turn led to passage of bills in several states, the most disastrous one being the one in South Dakota which was interpreted that only audiologist could administer a hearing test in that state.

In summary, I would like to refer to House Bill 2285 introduced this year to clarify my point.

Line 0072 reads; "Nothing in this act shall be construed as preventing or restricting a person licensed to practice any branch of the healing arts from practicing their profession in the state". It does not elaborate whether I as a physician can delegate this responsibility to a technician under my direction and supervision.

Contrary to this, beginning on line 0056 regarding audiology aides, it specifically spells out that "audiology aide means an individual who meets the minimum qualifications established by the state board of examiners for speech pathology and audiology who works under the direct supervision of a licensed speech pathologist or licensed audiologist respectively".

I would like to close by saying that I think it would be inflationary to the consumer of Kansas to pass this bill as written.

We feel is counter to the spirit of the healing arts act that has been on the books for quite some time.

If the audiologists and speech pathologists feel threatened by non-qualified personnel without the appropriate masters degrees in their fields, then I would recommend a registration law rather than a licensing law.

When a person such as myself, who represents a group stands before a legislative committee to testify on an issue, the immediate reaction is a self-serving profit motivation.

I can conscientiously assure you that this is not the case. We are interested in quality health care at the lowest price possible to the consumers of the State of Kansas and to the State of Kansas as a third party payer under the medicaid program. I would request you to seriously study any bill with skepticism that deals with licensing any paramedical group in the state in regard to the impact it may have economically to the consumer of Kansas. I think the time has come to decide who is the primary health care provider at the professional level in the State of Kansas. Thank you.

Attachment T

HOUSE BILL No. 2285

SUMMATION OF TESTIMONY IN
OPPOSITION TO HB No. 2285

The following information is a summation of the questions raised by the Kansas Hearing Aid Association, Inc., in testimony before the House Public Health and Welfare Committee on February 21, 1977.

1. Would this Bill prevent a school nurse from running a simple screening test for hearing loss? It would be our interpretation that schools would be forced to hire audiologists to perform this routine testing.

2. Why should the legislature create a licensing bill and then exempt the great majority of persons from coming under the bill? Under this act, only audiologists and speech pathologists in private practice are required to be licensed. The majority of audiologists are employed by the State, and the great majority of speech pathologists are employed by the State or local school districts. It is our estimate that there are no more than 15 audiologists in private practice in Kansas. We raise the question as to whether or not the legislature would be justified in creating an agency to license 15 audiologists.

3. Can the State afford this licensing act? An approximate budget of $15,000.00 would require 600 licenses per year at $25.00 per license. If 3/4 of the audiologists and 90% of the speech pathologists elect not to be licensed, the agency would be vastly under funded.

4. Is the public health and welfare being harmed by the lack of a license? The medical profession testified that audiologists are doing a fine job within their area of training and that they know of no abuses on behalf of audiologists. The audiologists introduced no testimony that their own profession was harming the public in any way. In addition, the testimony was that in Topeka there are four audiologists who would be required to be licensed; two of which work for The Menninger Foundation and hold PhD's, one in private practice with a PhD, and one working under the supervision of an otolarygologist. Do these four persons need to be licensed to protect the public?

5. Would licensure be controlled by a Foreign Trade Association? Under the act, the American Speech and Hearing Association would establish certain requirements whereby a person would be qualified to receive a license. In addition four of the Board members would have to receive ASHA certificates of clinical competence. ASHA is a Washington, D.C. based professional trade association.

6. Are present Federal controls sufficient? The FDA has issued preliminary proposals concerning the purchasing of a hearing aid which will go into effect August 1, 1977. The FTC has been holding

Atch. T

hearings on the hearing aid delivery system for approximately two years and will soon issue regulations, and OSHA has previously certified certain Kansas residents to run testing of industrial employees for hearing loss.

7. Would this act conflict with OSHA requirements? We feel a legitimate question is raised as to whether employers would be forced to hire audiologists to administer their hearing tests due to the fact that those persons certified by OSHA would not be licensed under this act.

Proposed Amendments:

1. The first amendment would insure that hearing aid dealers who qualify would be able to continue to use the title, "certified hearing aid audiologists." This is a title which their industry originally coined over 25 years ago, and which they have been using continuously since. Without this amendment they would lose the right to the title.

2. The second amendment would clarify the fact that this Bill would have no effect upon those persons licensed under the Kansas Hearing Aid Dispensers Act and the functions which they presently perform. The purpose is to insure that by the passage of this act the audiologists would not create a monopoly on the testing of persons to determine their need for a hearing aid.

HOUSE BILL No. 2285

Amendments Proposed by the Kansas Hearing Aid Association, Inc.

Section 3. (h) Nothing in this act shall prohibit hearing aid dispensers from using the title "certified hearing aid audiologists."

Section 3. Nothing in this act shall be construed as to preventing or restricting: . . . .

(b) a hearing aid dispenser from performing services for which they are licensed under the Kansas hearing aid act; which includes but is not limited to the determination by means of audiometric and/or other testing that a person has a hearing loss which can be helped by means of a hearing aid, and the evaluating of hearing aids.

Attachment 4

7 RS 1602

_____ BILL NO. _____

By Special Committee on Public Health and Welfare

AN ACT concerning physicians' assistants; providing for the registration thereof; granting certain powers, duties and functions to the state board of healing arts; establishing the physicians' assistants fee fund; amending K.S.A. 1977 Supp. 65-2896, 65-2896a, 65-2896b and 65-2896c and repealing the existing sections; and also repealing K.S.A. 1977 Supp. 65-2897.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 1977 Supp. 65-2896 is hereby amended to read as follows: 65-2896. The state board of healing arts shall maintain a register of the names of physicians' assistants ~~who request to have their names placed on the register showing the record of training held by each person so registered and such person's current address~~ registered in accordance with the provisions of K.S.A. 1977 Supp. 65-2896a, as amended. A fee of fifteen dollars ($15) shall be charged for the initial registration. All registrations shall be renewed annually and any renewal thereof shall be ten dollars ($10). The executive secretary of the state board of healing arts shall remit all moneys received by or for him or her from the provisions of this act in accordance with K.S.A. 1977 Supp. 65-2855. The state board of healing arts may adopt rules and regulations necessary to carry out the provisions of this act and the act of which this section is amendatory. As used in this act the term " registered physicians' assistant" ~~shall mean~~ means a skilled person qualified by academic training to provide patient services under the direction and supervision of a physician licensed to practice medicine and surgery who is responsible for the performance of that assistant and who has been identified to the patient and

others involved and providing the patient services as being a physician's assistant to the responsible physician.

Sec. 2. K.S.A. 1977 Supp. 65-2896a is hereby amended to read as follows: 65-2896a. ~~From and after the effective date of this act,~~ (a) No person's name shall be entered on the register of physicians' assistants by the state board of healing arts unless such person shall have:

~~(a)~~ (1) Presented to the state board of healing arts proof of graduation from an accredited high school or the equivalent thereof; and

~~(b)~~ (2) presented to the state board of healing arts proof that the applicant has successfully completed a course of education and training approved by the state board of healing arts for the education and training of physicians' assistants. Such course of education and training shall be substantially in conformity with educational and training programs for physicians' assistants approved by the state board of regents; or

~~(c)~~ (3) passed an examination ~~prescribed~~ approved by the state board of healing arts covering subjects incident to the education and training of physicians' assistants.; and

(4) presented to the state board of healing arts the name and address of his or her employing supervising physician. Whenever a registered physician's assistant changes his or her employing supervising physician, such registered physician's assistant shall notify the state board of healing arts of such change and shall also provide to the state board of healing arts the name and address of his or her new employing supervising physician.

(b) On and after July 1, 1979, the state board of healing arts shall require every registered physician's assistant to submit with the renewal application evidence of satisfactory completion of a program of continuing education required by the state board of healing arts. The state board of healing arts by duly adopted rules and regulations shall establish the requirements for such program of continuing education as soon as

possible after the effective date of this act. In establishing such requirements the state board of healing arts shall consider any existing programs of continuing education currently being offered to registered physician's assistants.

(c) A person whose name has been entered on the register of physicians' assistants prior to the effective date of this act shall not be subject to the provisions of subsection (a) of this section, unless such person's name has been removed from the register of physicians' assistants pursuant to the provisions of K.S.A. ~~1975~~ 1977 Supp. 65-2896b, as amended.

Sec. 3. K.S.A. 1977 Supp. 65-2896b is hereby amended to read as follows: 65-2896b. The board of healing arts may remove a person's name from the register of physicians' assistants for any of the following reasons:

(a) The person whose name is entered on the register of physicians' assistants requests or consents to the removal thereof; or

(b) the board of healing arts determines that the person whose name is entered on the register of physicians' assistants has not been employed as a registered physicians' assistant or as a teacher or instructor of persons being educated and trained ~~as~~ to become registered physicians' assistants in a course of education and training approved by the state board of healing arts under K.S.A. ~~1975~~ 1977 Supp. 65-2896a, as amended, at some time during the five years immediately preceding the date of such determination.

Sec. 4. K.S.A. 1977 Supp. 65-2896c is hereby amended to read as follows: 65-2896c. (a) ~~From and after the effective date of this act,~~ No person shall use the title registered physician's assistant or words of like effect nor shall any person represent himself or herself to be a physician's assistant unless such person's name is entered on the register of the names of registered physician's assistants in accordance with the provisions of this act.

(b) Any person violating the provisions of this section

shall be guilty of a class C misdemeanor.

New Sec. 5. A person whose name has been entered on the register of physicians' assistants may perform, under the direction and supervision of a physician, acts which constitute the practice of the healing arts to the extent and in the manner authorized by the physician supervising the registered physicians' assistant. The term "direction and supervision of a physician" means: (1) Acceptance by the physician of the ultimate responsibility for the actions of the physicians' assistant and (2) guidance, direction and coordination of activities of that assistant, whether written or verbal, whether immediate or by prior arrangement, but (3) does not mean that the continuous, immediate, or physical presence of the physician is required during the performance of that assistant.

New Sec. 6. Prescriptions may be written by registered physicians' assistants as provided in this section when assigned by the supervising physician. A registered physicians' assistant may write prescriptions for a patient who is under the care of a physician responsible for the supervision of the registered physicians' assistant except for those controlled substances that are listed on schedule II and schedule III non narcotic controlled substances under federal and Kansas uniform controlled substances acts. The prescription shall be written on the blank of the supervising physician and shall include the name, address and telephone number of the physician. The prescription shall also bear the name and the address of the patient and the date on which the prescription was written. The registered physicians' assistant shall sign his or her name to such prescription and shall also sign such prescription by printing the name of the supervising physician, printing his or her own name followed by the letters P.A. and his or her registration number.

Sec. 7. K.S.A. 1977 Supp. 65-2896, 65-2896a, 65-2896b, 65-2896c and 65-2897 are hereby repealed.

Sec. 8. This act shall take effect and be in force from and after its publication in the statute book.