

Approved 4-7-83
Date, sh

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Marvin Littlejohn at
Chairperson

1:35 a.m./p.m. on March 28, 1983 in room 423-S of the Capitol.

All members were present except: Rep. King, excused

Committee staff present: Bill Wolff, Research Department
Bruce Hurd, Revisor's Office
Sue Hill, Secretary to Committee

Conferees appearing before the committee:

Senator Roy Ehrlich
Sherman Parks, Jr., Chiropractic Association
Jerry Slaughter, Kansas Medical Society
Jackie Rawlings, President, Ks. Chapter American Physical Therapy Assoc.
Randy Peterson, Chairman, Ks. Chapter A.P.T.A./Dir. of P.T. Geary Hospital
Walter Crum, Registered Physical Therapist
Susan Hanrahan, Asst. Dir. of Physical Therapy/Memorial Hosp. Topeka, Ks.
Carolyn Bloom, Dir. of Physical Therapy, Memorial Hospital, Topeka, Ks.
Frances Kastner, consumer, Topeka, Kansas
Elizabeth Carlson, Physical Therapists Examining committee

Visitor's register, see (Attachment No. 1.)

Chairman called meeting to order.

Chair recognized Sen Ehrlich as a co-sponsor of SB 112.

Hearings began on SB 112:-

Sen. Ehrlich explained SB 112 section by section, citing technical changes, additions, and language changes, etc. He read from the supplemental out of Senate Public Health and Welfare committee. He urged committee to consider all the work that has gone into SB 112. The study has tried to meet concerns of all people involved he stated. He said that the Bd. of Healing Arts, Kansas Medical Society, Kansas Hospital Association, Department of Health and Environment, Ks. Chiropractors Assoc, and Senator Nancy Parrish, a co-sponsor of the bill, have all been supportive of this bill.

Sen. Ehrlich answered questions from committee.

Mr. Sherman A. Parks, Jr. distributed printed statement to committee members, see (Attachment No. 2.) for details. Mr. Parks stated there are inconsistencies in statutes, as SB 112 does not recognize the doctor of chiropractic as an integral part of health care provider. He called attention to "balloon of their proposed amendment". (It is numbered as Attachment No. 2-1.) This suggests striking "physician licensed to practice medicine and surgery" in lines 70 and 71, and insert in lieu thereof, "a person licensed to practice the healing arts".

Mr. Parks further stated SB 112 is an attempt to correct a problem that is happening on a daily basis. At present a physical therapist can practice only under the direction of and pursuant to lawful orders of a physician licensed to practice medicine and surgery. By including this amendment he is proposing, it would be consistent with their expansion of health care providers who can refer to the physical therapists. It would seem logical to include the doctor of chiropractic in SB 112, he stated.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:35 a.m./p.m. on March 28, 1983

Hearings on SB 112 continue:-

Mr. Parks then answered questions from committee.

Jerry Slaughter, Kansas Medical Society, (KMS), spoke in support of SB 112. He stated that last summer, the Physical Therapists and their Association approached the KMS and cooperatively the two groups worked out some of their concerns and now KMS is in full support of SB 112. Feel it is a workable compromise and a very workable relationship between physician and physical therapists. With the amendment in the bill that supports the concept that a physician needs to be involved at some point in the deliberations of developing a course of treatment for the patient, as it relates to the physical therapists, they, (KMS), can now support SB 112, and ask committee to consider it favorably. Mr. Slaughter answered questions from committee.

Chair directed attention to a packet of printed testimony from American Physical Therapy Association. A detailed analysis of SB 112 from their viewpoint is shown as (Attachment No. 3.). See for details.

Ms. Jackie Rawlings, St. Mary Hospital in Manhattan, Kansas, spoke in regard to patient evaluations currently being done by physical therapists, (PT's), as required by National Joint Commission on Hospital Accreditation, Nursing Home Regulations, Federal Law, 94-142 governing special children in public school settings. The present Kansas statutes do not reflect this authority. Further stated, the bill submitted is not asking for an enlargement in scope of practice but only revises the present statutes to reflect what PT's are now doing or are required to do. (See Attachment No. 4.) for details of Ms. Rawlings statement. She encouraged favorable passage of SB 112. She also stated, she is not in favor of Mr. Park's amendment.

Mr. Randy Peterson, Director of PT's, Geary Community Hospital in Junction City, Kansas, spoke to the nursing home situation, relating to PT's. PT's are vital members of health care teams in nursing homes and should be used to their highest potential. Today people go to nursing homes to receive rehabilitation, not just for long term care as in earlier years. Asked committee to favorably consider SB 112. (See Attachment No. 5.) for details of Mr. Peterson's testimony.

Mr. Walter Crum, Registered Physical Therapist in private practice in Topeka, Kansas, said SB 112 indicates the PT's may initiate treatment after approval by a licensed physician. The majority of physicians who refer patients to him do so by telephone or send a slip of paper that says he is to evaluate the patient and treat as indicated. The passage of SB 112 will bring the Kansas statutes into accord with the present custom. He feels passage of SB 112 will more adequately meet the needs of Kansans in need of this service and treatment. (See Attachment No. 6.) for details of Mr. Crum's testimony.

Ms. Susan Hanrahan, RTP, Asst. Director of PT's Memorial Hospital in Topeka, Kansas, spoke to the issue that PT's worked with good rapport and have good working relationships with physicians and hospital administrators, and wish nothing to jeopardize this. Spoke in reference to the fact there have never been Chiropractors on the Board, and have not been recognized as medically referring bodies, so she is in opposition to the amendment proposed earlier by Mr. Parks. (See Attachment No. 7.) for details of her statement.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 423-S, Statehouse, at 1:30 /a.m./p.m. on March 28, 1983

Hearings on SB 112 continue:-

Ms. Carolyn Bloom, Director of PT's Memorial Hospital in Topeka, Kansas, spoke as consultant of Three Lakes Special Education Cooperative, Osage County, in that recent Fed. law 94-142 requires PT's services to be provided to children in public schools, and with more and more handicapped children being placed in the public school systems, PT's are required to evaluate more and more children. Further, those children with minor problems needing help that are referred to her by the classroom teacher can not be evaluated at present without a physician's referral. SB 112 will speak to this issue. (See Attachment No. 8.) for details of Ms. Bloom's testimony.

Frances Kastner, speaking as a consumer related to committee the extensive therapy her son has received over the years and how his mobility has been increased and maintained, due to the dedicated skill and caring of PT's. Further, she feels the PT's in Kansas have proven their professional status and should be allowed to practice their profession as set forth in SB 112, and she urged committee to consider SB 112 favorably. (See Attachment No. 9.) for details of Ms. Kastner's statement.

Ms. Elizabeth Carlson, PT Examining Committee, spoke in support of SB 112. A problem that will be addressed in this bill is that the terms of the PT Committee will have staggered terms. At present all terms of the Examining Committee expire at the same time and this presents problems. She asked for support of SB 112.

(Attachments No. 10, and No. 11), are from Scott Minor, Wichita State, and Jim Hammond, Larned, Kansas, who were not able to make testimony in person this date.

(Attachment No. 12.) from Rebecca Kupper, Kansas Hospital Assoc. also not able to make testimony in person.

Hearings on SB 112 concluded.

Chair noted this date is deadline for addressing bills.

Rep. Helgerson moved that SB 112 be passed in its present form, favorably. Seconded by Rep. Spaniol, motion carried.

Chair directed committee's attention to item tabled on March 16, 1983, a possible request for Mental Retardation programs to be sent for Interim study.

Rep. Walker moved to direct the Chairman to write a letter to the Coordinating Counsel requesting an Interim study for programs for Mental Retardation. Seconded by Rep. Wagnon. Discussion followed in regard to cost, duplication in studies, etc. It was noted that the letter would be a request only, and there is no guarantee that the study request will be honored. Voice vote taken, and motion carried.

(Attachment No. 13.) is a technical explanation of "dispensing in regard to pharmacist's responsibilities. (Attachment No. 14.) from Dept. of SRS on comparison of Medicaid & Medikan program limitations.

Chairman thanked committee members for their attention and interest and cooperation this year, and complimented them for their committee work. Chair noted this is last working committee meeting, and a brief meeting will be on call of chair to approve minutes of prior meetings yet unapproved.

Meeting adjourned at 2:25 p.m.

Date: 3-28-3

GUEST REGISTER

HOUSE

PUBLIC HEALTH AND WELFARE

Please Print

NAME	ORGANIZATION	ADDRESS
Elizabeth CARLSON	Bd of Healing ARTS	503 KANSAS AVE, Topeka
Randy Peterson, R.P.T.	Ks. Chapter, APTA	RR. 3 BOX 173E Junction City, Ks.
Walter W. Cunn, R.P.T.	Ks Chapter, APTA	2101 W 10th Topeka, Kansas
FRANCES KASTNER	KAPTA	3310 W 7th Topeka -
Joanne Hill	KAPTA	1237 Belle Jew Topeka
Susan Hawrahan RPT	KAPTA	3731 SE 27th Topeka
Jackie Rawlings RPT	KAPTA	1521 Ranser Rd Manhattan
Georgann Kincannon RN	Director of Nurses	3106 College Topeka
Shyllis McMechen RPT	KAPTA	5600 S.W. 23rd St Topeka
Carolyn Bloom RPT	KAPTA Three Lakes Spec Ed	Coop Rt #1, Carbondale, Ks
William M. Eckerly	American Federation of State County, and Municipal Employees	214 W. 6th Suite 306 Topeka
Stephen D. Bakken	American Federation of State County, and Municipal Employees	214 W. 6th Suite 306 Topeka
Michele Hinds	Legislative Intern	Topeka

(attachment
no. 1.)



Kansas Chiropractic Association

TESTIMONY BEFORE HOUSE COMMITTEE
ON PUBLIC HEALTH AND WELFARE

March 28, 1983

RE: SENATE BILL NO. 112
AS AMENDED BY SENATE COMMITTEE
AND SENATE COMMITTEE OF THE WHOLE

Mr. Chairman, members of the committee, my name is Sherman A. Parks, Jr. I serve as the executive director of the Kansas Chiropractic Association, representing approximately 425 doctors of chiropractic in Kansas. I appear before this committee today to submit a simple amendment to Senate Bill 112 and if this amendment is adopted by your committee, the Kansas Chiropractic Association would be in support of the passage of SB 112 as amended.

Public policy, as expressed by the Kansas Statutes, fully recognizes the doctor of chiropractic as a member of the healing arts in this state. In the Kansas Healing Arts Act, K.S.A. 65-2801, the doctor of chiropractic is specifically listed as a member of the healing arts. I have attached to my testimony, designated as Attachment #1, various Kansas statutes which reflect the state's public policy fully recognizing the doctor of chiropractic as an integral part of health care delivery in Kansas.

However, in SB 112, in section 1, on page 2, in lines 68 through 72, there appears to be an inconsistency in this well-established public policy. Lines 68 through 72 read as follows:

*Attachment
no. 2*

". . . Physical therapists may evaluate patients without physician referral but may initiate treatment only after consultation with and approval by a physician licensed to practice medicine and surgery, a registered podiatrist or a licensed dentist in appropriately related cases."

This language should include the doctor of chiropractic as one of the health care providers that can consult with the physical therapists so that the physical therapist may initiate treatment. I have attached a "balloon" of our proposed amendment, identified as Attachment #2, which would strike the language ". . . physician licensed to practice medicine and surgery . . ." in lines 70 and 71, and insert in lieu thereof: ". . . a person licensed to practice the healing arts . . ."

With this proposed amendment, it would be consistent with other sections of SB 112. Section 2 provides that healing arts board, of which the Kansas doctor of chiropractic is a voting member, is the governing authority "regarding the qualification and examination of physical therapists and physical therapist assistants." Section 3 provides that the state healing arts board, of which the Kansas doctor of chiropractic is a voting member, shall appoint one member of the board to the state examining committee for physical therapy. Section 4, the state board of healing arts, shall have the authority to adopt rules and regulations relative to the qualification and examination of physical therapy applicants. The doctor of chiropractic would have both input and a vote on the rules and regulations of physical therapist. The Kansas doctor of chiropractic, as a member of the healing arts board, would pass upon the qualifications

of all applicants for examination and registration or certification, provide for and conduct all examinations, determine the applicants who successfully pass the examinations, duly register or certify such persons and adopt rules and regulations for professional conduct of the registered or certified persons, as Section 5 of SB 112 provides.

Therefore, it would seem consistent, since the doctor of chiropractic has such an influence in the functions of the physical therapist, that the Kansas doctor of chiropractic should be allowed by statute to refer and consult with the Kansas physical therapist.

You have heard testimony (or will hear testimony) that SB 112 is an attempt to correct a problem that is happening on a daily basis. As it appears now, a physical therapist can practice only under the direction of and pursuant to lawful orders of a physician licensed to practice medicine and surgery. By including this amendment, it would be consistent with their expansion of health care providers that can refer to the physical therapist. It would seem that they would want the extra business opportunity.

In 1979, the American Medical Association's House of Delegates passed internal legislation which would allow referrals from doctors of chiropractic and other health care providers. I feel, pursuant to K.S.A. 40-2, 101, the Kansas Insurance^{Equality} Law, that most insurance companies on an individual basis would accept the referral of a patient from a doctor of chiropractic to physical therapist if it is for the best interest of the patient. Finally, on January 4th, 1983, the Federal Government, through the Department of Health and Human Services, changed the definition of physician in their regulations to include chiropractic in the various Federal programs.

Therefore, because the Kansas Legislature, as part of its long-standing public policy, has specifically included and recognized the doctor of chiropractic as a member of the healing arts, and because the doctor of chiropractic, as a member of the healing arts, votes on the professional conduct, the rules and regulations and qualifications of the physical therapist, and because of the Kansas Insurance Equality Law and the fact that the Federal Government has recently included the doctor of chiropractic in the definition of physician, it would seem logical to include the doctor of chiropractic in SB 112.

Thank you for your consideration. I will be happy to respond to any questions.

Attachment #1

As provided in K.S.A. 65-2802 (a), the healing arts include any system, treatment, operation, diagnosis, prescription, or practice for ascertainment, cure, relief, palliation, adjustment, or correction of any human disease, ailment, deformity, or injury, and includes specifically but not by way of limitation the practice of medicine and surgery; the practice of osteopathic medicine or surgery; and the practice of chiropractic. The Legislature has specifically included and recognized that the doctor of chiropractic, along with the doctor of medicine, and the doctor of osteopathy, comprise the three branches of the healing arts.

Under the Kansas Public Employees Retirement System, K.S.A. 74-4916, any employee or family member who is a member of KPERS and suffers total disability may have that disability certified by a doctor of chiropractic and, therefore, become eligible for benefits.

The Kansas Workmen's Compensation Act, K.S.A. 44-501, specifically includes the doctor of chiropractic within the statutory definition of physician, thereby providing full chiropractic benefits for accidental injuries arising out of and in the course of employment.

Under Kansas Insurance--General Provisions, K.S.A. 40-201, an insurance policyholder is guaranteed healing arts insurance equality, which gives that policyholder the right to select a duly-licensed healing arts practitioner without fear that his policy will pay one doctor but will not pay the other. K.S.A. 40-2-101 provides for "reimbursement and indemnification for any service which is within the lawful scope of practice of any practitioner licensed under the Kansas Healing Arts Act."

The Kansas Automobile Injury Reparations Act, K.S.A. 40-3101, specifically recognizes practitioners licensed by the Board of Healing Arts, which includes the doctor

of chiropractic, to render health care services under 40-3103 (k) "medical benefits." Thus, any person who suffers a bodily injury arising out of a motor vehicle accident can receive health care services from a doctor of chiropractic and these services will be covered by his or her automobile insurance policy.

The Kansas Medicaid Program, since its inception in 1967, has specifically included the doctor of chiropractic.

As indicated in these statutory expressions, it is clear that the state's public policy fully recognizes the doctor of chiropractic as an integral part of health care delivery in Kansas.

0047 *the provision of consultative, educational and advisory services*
 0048 *for the purpose of reducing the incidence and severity of physi-*
 0049 *cal disability and pain. The use of roentgen rays and radium for*
 0050 *diagnostic and therapeutic purposes, and the use of electricity*
 0051 *for surgical purposes, including cauterization, and the practice*
 0052 *of medicine and surgery are not authorized or included under*
 0053 *the terms term "physical therapy" as used in this act.*

0054 ~~Subdivision 2. Physical therapist.~~ (b) "Physical therapist"
 0055 means a person who ~~applies practices~~ physical therapy as de-
 0056 fined in this act and ~~who directs the application of physical~~
 0057 ~~therapy by delegates selective forms of treatment to~~ supportive
 0058 ~~personnel working under his the~~ supervision of such person.
 0059 Any person who successfully meets the requirements of K.S.A.
 0060 65-2906, as amended, and amendments thereto shall be known
 0061 and designated as a physical therapist and may designate or
 0062 describe himself *oneself* as a physical therapist, physiotherapist,
 0063 ~~physical therapist technician, registered licensed registered~~
 0064 ~~physical therapist, P.T., Ph. T., P.T.T. or R.P.T. or L.P.T. R.P.T.~~
 0065 ~~He shall practice physical therapy pursuant to the lawful order,~~
 0066 ~~and under the direction, of a physician licensed and registered in~~
 0067 ~~this state to practice medicine and surgery and whose license is~~
 0068 ~~in good standing. Physical therapists may evaluate patients~~
 0069 ~~without physician referral but may initiate treatment only after~~
 0070 ~~consultation with and approval by a [physician licensed to~~
 0071 ~~practice medicine and surgery.] a registered podiatrist or a~~
 0072 ~~licensed dentist in appropriately related cases.~~

0073 ~~Subdivision 3. Physical therapy assistant.~~ (c) "Physical ther-
 0074 ~~apy therapist assistant" means a person who works under the~~
 0075 ~~direction of a physical therapist, and who assists in the applica-~~
 0076 ~~tion of physical therapy, and whose activities require an under-~~
 0077 ~~standing of physical therapy, but do not require professional or~~
 0078 ~~advanced training in the anatomical, biological and physical~~
 0079 ~~sciences involved in the practice of physical therapy. Any person~~
 0080 ~~who successfully meets the requirements of K.S.A. 65-2906, as~~
 0081 ~~amended, and amendments thereto shall be known and desig-~~
 0082 ~~nated as a physical therapy therapist assistant, and may desig-~~
 0083 ~~nate or describe himself oneself as a physical therapy assistant,~~

Attachment #2.

" person license to practice the
 healing arts... "

(attachment
 No 2-1.)

KANSAS CHAPTER
AMERICAN PHYSICAL THERAPY ASSOCIATION, INC.
1237 Belle Terrace
Topeka, KS 66604
(913) 272-3024

DETAILED ANALYSIS OF SB 112 by the KANSAS CHAPTER, AMERICAN
PHYSICAL THERAPY ASSOCIATION

P. 1 Lines 0035-0045 revises the definition of "Physical Therapy". The present law, passed in 1963, speaks only of physical therapists treating patients. It says nothing of the other responsibilities physical therapists assume such as consultations, evaluations, administration, and education. The curriculum of Physical Therapy schools have expanded to include instruction in these areas. A Physical Therapy curriculum includes: Physics, Chemistry, Microbiology, Anatomy, Psychology, Pathophysiology, Musculoskeletal Evaluation, Neurodevelopmental Evaluation, Neuroanatomy and Kinesiology.

Physical Therapists in Kansas must complete 60 hours of continuing education every two years to maintain their registration. The Kansas Chapter, APTA, aids Physical Therapists in obtaining these hours by presenting four workshops annually in various sections of the State. In 1982 the topics presented were:

Radiographic Assessment of the Skeletal System.

The Application of Exercise to Spinal Disorders.

The Influence of the Basal Ganglia in the Control of Movement.

Neuromuscular Re-Education Using EMG Sensory Feedback Therapy.

Extremity Manipulation.

Professionalism, Stressing Musculoskeletal Diagnosis and Various Treatment Modalities.

P. 2 Lines 0064-0068 attests to the confidence that the Medical Society has in the ability of the Physical Therapist to evaluate patients -- which the Therapists have been doing for several years because of requirements of the National Joint Commission on Hospital Accreditation, Nursing Home Regulations, and Federal Law 94-142 governing special children in the public school settings.

It is contrary to the strict compliance with the current law to require Physical Therapists to do evaluations.

Lines 0060-0063 - a Therapist shall practice physical therapy pursuant to the lawful order and under the direction of a physician licensed and registered in this state - are deleted in SB 112.

P. 2 Lines 0063-0068 Therapists may evaluate patients without physician referral but may initiate treatment only after consultation with and approval of a physician - this language was agreed upon after consultations between the KAPTA and the Kansas Medical Society,

P. 2 Line 0067 adds a registered podiatrist or a licensed dentist as professionals whose patients a Physical Therapist may evaluate and treat. Currently these professionals are on the staff of many hospitals and refer certain cases for physical therapy.

(Attachment
no. 3.)

P. 3 Section 3 Lines 0109 - 0121 consists of changes that were asked for by the Physical Therapy Examining Committee when we sought their input to our bill draft. Their concerns were for continuity on the Examining Committee as well as limiting service on the Examining Committee for no more than eight years. We agree with their request for changes in this Section.

P. 5 Lines 0168 -0169 The Physical Therapy Examining Committee and the KAPTA would like to see an ethical code of standards that would apply to all therapists practicing in the State. The present statute does not allow for that but the addition of this section would make the adoption of such a code possible.

P. 5 Section 5 Lines 0173 -0176 eliminates the citizenship requirement of a Therapist upon request from the Revisor of Statutes. Also Lines 0187 -0199 and Lines 0321-0324, P. 9.

P. 5 Lines 0178 -0179 We requested that the language be deleted as unnecessary since the provision on lines 0180-0184 requires graduation from a school of physical therapy which is an advanced degree.

P. 5 Lines 0192 - 0193 were inadvertently omitted and should be retained in the statute.

P. 8 Line 0271 -0272 A fee change was requested by the Physical Therapy Examining Committee and we agreed that it is fair. \$1.00 per month penalty as is now in the law does not cover the postage and handling.

P. 9 Lines 0331 -0335 The KAPTA membership felt a statement should be included that would acknowledge that there are conditions that are not appropriately treated by physical therapy and these patients should be referred to other health care practitioners.

P. 9 Lines 0336 -0338 This language was agreed upon by the Kansas Medical Society and the KAPTA. We agreed that medical consultation was necessary in order to rule out conditions that may be beyond the scope of physical therapy.

The explanation given above and the agreement reached required that on P. 10, Subdivision 2 Lines 0372 - 0377 be deleted from the existing statute.

P. 11, NEW SECTION 15 further clarifies that the Physical Therapist is practicing under the Physical Therapy Act and not practicing the healing arts.

Necessary technical changes were made throughout the bill and in other statutes as determined by the Revisor of Statutes.

This measure was studied for several years by the Physical Therapists and input was sought from the Physical Therapy Examining Committee, the Healing Arts Board, the Kansas Medical Society and the Kansas Hospital Association in an effort to meet all the concerns of the people involved. All our members are involved in a day to day working relationship with doctors and hospital administrators and we believe the changes we are asking for will continue the feeling of mutual respect which exists.

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KANSAS CHAPTER
AMERICAN PHYSICAL THERAPY ASSOCIATION, INC.
1237 Belle Terrace
Topeka, KS 66604
(913) 272-3024

TESTIMONY ON SB 112

By Jackie Rawlings
President, Kansas Chapter
American Physical Therapy Association
Director of Physical Therapy
St. Mary Hospital
P.O. Box 1047
Manhattan, KS 66502
(913) 776-3322

I was graduated from Kansas University with a BS degree in Physical Therapy in 1963 and have worked in Manhattan since that time. I was among the first group of Physical Therapists to be registered in Kansas under our present law that was passed in 1963. I have personally been a part of the profession and have watched it evolve in the past 20 years.

The present law speaks only of Physical Therapists treating patients under direct supervision of a physician and does not include the other services that PT's now perform such as evaluations, consultations, educational and advisory services. However, even in my first years of practice I was expected to treat patients without direct physician supervision and in fact, without specific doctors orders. Even in 1963 many doctors would send patients to PT with a defined problem such as shoulder pain and would expect me to evaluate the problem and treat the patient appropriately.

Currently Physical Therapists are required to do evaluations by the National Joint Commission on Hospital Accrediation, Nursing Home Regulations, Federal Law 94-142 governing special children

(Attachment
No. 4.)

in public school settings. Present Kansas statutes do not reflect this authority. The current PT act restricts PT's to treating patients pursuant to the lawful order and under the direct supervision of a physician. This restriction has inhibited PT's from carrying out consultative and advisory services in such settings as nursing homes, school systems, and on the athletic field. The proposed act would allow PT's to evaluate patients without physician referral and thus enable PT's to complete the above services under the law.

The bill we have submitted is not asking for an enlargement in our scope of practice but only revises the present statutes to reflect what Physical Therapists are now doing or are required to do.

We have worked with the Kansas Medical Society since early fall in order to draft language that would be appropriate for our practice and would, at the same time, be language that they could support. I was very pleased with the Medical Society's willingness to work with us. It was evident that they have respect for physical therapy as a profession that has something to offer their patients. We made it clear to them from the onset that we wanted to continue working closely with them within the traditional medical structure but needed changes that would help Physical Therapists work more efficiently in some settings and provide the consumer with easier access to the health care system.

The proposed Physical Therapy act would allow podiatrists and dentists to refer their patients to Physical Therapy. As these health care providers are often members of the hospital medical staff they should be allowed to refer patients to Physical Therapy.

The Kansas Chapter of the American Physical Therapy Association represents nearly 400 therapists. This is over 90% of the Physical Therapists registered in Kansas. Our membership feels strongly that we need to up-date the Kansas Physical Therapy Practices Act to more clearly reflect our practice today and to comply with other laws and regulations.

We urge your favorable consideration and recommendation for passage of Senate Bill 112.

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KANSAS CHAPTER
AMERICAN PHYSICAL THERAPY ASSOCIATION, INC.
1237 Belle Terrace
Topeka, KS 66604
(913) 272-3024

TESTIMONY ON SB 112

By Randy Peterson, RPT
Chairman, Kansas Chapter, American Physical Therapy Association
Task Force for the Physical Therapy Practices Act
Director of Physical Therapy
Geary Community Hospital
Junction City, KS
Consultant: Valley View Professional Care Center (125 bed skilled
nursing facility); Good Samaritan Center (50 bed intermediate
care facility); Valley Vista Care Center (48 bed intermediate
care facility); Junction City, KS.

As Chairman for the Task Force to revise the Physical Therapy Practices Act for the Kansas Chapter, American Physical Therapy Association, I have done considerable research and have reviewed the physical therapy practices act of all the other 49 states. In reviewing these acts it became apparent that many states have recently revised, or are in the process of revising, their practices act to reflect the increased responsibilities that Physical Therapists are being asked to assume for patient evaluation and care. It also was apparent that the 20 year old Kansas Physical Therapy Practice Act needed to be revised to adequately define physical therapy as it is being practiced today.

The members of the Kansas Chapter were polled regarding what changes they felt needed to be made in the practices act. After reviewing the information an initial revision was written. The Physical Therapists in Kansas were informed of the proposed revision by mailings and by presentations given at various locations throughout the State. A vote of the membership in the Spring of 1982 revealed overwhelming support for the revised practices act.

As Chairman of the Task Force which has investigated these changes I feel confident that this bill would allow Physical

*(Attachment
No. 5.)*

Therapists to provide the citizens of Kansas with improved Physical Therapy care. The passage of the bill will also allow the Physical Therapists in Kansas to practice their profession on a comparable level with other Physical Therapists in the nation.

As a Physical Therapy nursing home consultant I feel that the revisions proposed in the Physical Therapy Act are very appropriate. Nursing Home Regulations require that the facilities have a Physical Therapy Consultant if they offer restorative services to their residents yet the present practices act does not provide for Physical Therapists acting as consultants.

Nursing Homes often request that each resident be assessed by the Physical Therapist to evaluate the resident's potential for rehabilitation. Under the present Physical Therapy Act the Physical Therapist must have a lawful order from a physician in order to complete such an assessment. Because of this restriction nursing home residents are usually screened for rehabilitation needs by nurses or restorative aides who do not have the educational background or the skills of a Physical Therapist. It would appear that the Physical Therapist should be able to legally complete a rehabilitation evaluation without a direct order from a physician.

Another contribution that Physical Therapists make to improve the quality of care given in nursing homes is that of providing inservice educational programs to nursing home employees. These programs cover such things as safe transfer techniques and principles, exercise principles, and proper positioning. The present act does not describe the Physical Therapist in an educational capacity

but this is a vital part of being a nursing home consultant.

As you can see, Physical Therapists are a vital member of the health care team in nursing homes and their abilities should be used to their highest potential. The attitude of nursing homes has been changing over the past few years. Nursing homes historically have been considered institutions where older people went to spend their last years as comfortably as possible. Today people go to nursing homes to receive rehabilitation and we are seeing many residents return to their homes to continue independent, productive lives.

I believe passage of SB 112 will allow the older citizens of Kansas to receive better rehabilitation services in nursing homes and thus improve their quality of life.

Thank you for considering SB 112.

Walter W. Crum, R.P.T. (Registered Physical Therapist)
2101 West 10th, Topeka - location of private practice
913-233-1360 - office telephone number

Position: Speaking in favor of the passage of Senate Bill 112.

I have been in the practice of physical therapy in Topeka for the past twenty-four years. I will have been in private practice for five years as of the first of April.

The section of the present Physical Therapy Practice Act which relates to the definition of physical therapy, the definition of a physical therapist and the rules for delivery were appropriate at the time of it's passage in 1963. At that time, physical therapy was in it's infancy in Topeka and throughout the state of Kansas.

Over the past twenty years, physical therapy has experienced considerable growth in numbers, expertise and involvement. This growth has taken physical therapy out of the dark little room in the basement of the hospital and thrust it into numerous phases of the health care systems of our Kansas communities. Public demand plus greater utilization of our services by the medical profession along with federal and state regulations have given physical therapy the professional status of being a health specialty.

Senate Bill 112 indicates the physical therapist may initiate treatment after approval by a licensed physician. The majority of the physicians who refer patients to me either telephone my office or send me a slip of paper which indicates that I am to evaluate the patient and treat as indicated. The passage of Senate Bill 112 will bring Kansas statutes into accordance with the present custom.

Senate Bill 112 indicates the physical therapist may initiate treatment for dental conditions after approval by a licensed dentist. At the present time,

(Attachment
No. 6.)

I must take referral orders from dentists to a physician to be counter-signed. The passage of Senate Bill 112 will make this rather awkward procedure no longer necessary in my practice.

Senate Bill 112 allows the physical therapist to evaluate a patient without physician referral. My office receives several calls each week from individuals who have not seen a physician about their problem, but yet, who think they should be able to make an appointment for physical therapy. A detailed explanation of why I cannot evaluate or treat them usually solves the problem; however, it does become a complication for those individuals who do not have a family physician. In the future, I hope I will be able to evaluate and then guide each one to the appropriate medical specialty. The passage of Senate Bill 112 will allow me to assist the patient to enter the health care system.

I believe the passage of Senate Bill 112 will meet the needs of the people of Kansas more adequately and that it will provide a statutory basis for the on-going physician - physical therapy customs.

Thank you.

Respectively Submitted,

Walter W. Crum, R.P.T.

Walter W. Crum, R.P.T.

KANSAS CHAPTER
AMERICAN PHYSICAL THERAPY ASSOCIATION, INC.

1237 Belle Terrace
Topeka, KS 66604
(913) 272-3024

Testimony on SB 112
By Susan Hanrahan, RPT
Assistant Director of Physical Therapy
Memorial Hospital
600 Madison
Topeka, KS 66607
(913) 354-5113

I am testifying on behalf of the Kansas Chapter, American Physical Therapy Association in regards to SB 112 and how it will affect hospitals. I have worked in various hospital settings throughout Kansas in my eight year career as a Physical Therapist, ranging from establishing physical therapy at Bob Wilson Memorial Hospital, Ulysses, KS and consulting with Staton County Hospital, Johnson, KS, to practicing at the Colmery-O'Neill Medical Center, Topeka, and on to my present position. It has been my privilege to work with these institutions, many excellent physicians, and a great mix of physical therapists throughout the State.

Hospitals are governed by rules and regulations. These guidelines mandate the conduct of those who associate with that institution. SB 112 will not affect the general practice of physical therapy within the hospital unless a change of these bylaws are made. It is our premise to continue working within the medical structure on serving patients. We are looking for the most efficient and effective way possible to better patient care and to decrease hospital costs.

It is important to note that the Joint Commission on

(Attachment
No. 7.)

Accreditation of Hospitals currently requires Physical Therapists to complete a physical therapy evaluation on our patients. To meet these requirements we are practicing outside the scope of our present act.

Many physician orders that are received by a Physical Therapy Department constitute an "assess and treat" statement. This certainly does not reflect the portion of the present statute that states, "He shall practice Physical Therapy pursuant to the lawful order and under the direction of a physician."

Podiatrists and dentists are usually recognized staff of most hospitals in this state. A Physical Therapist treats many disease entities that are associated with these two specialities. Under our current practice act we should not be taking referrals from these doctors.

Physical Therapists are adequately trained to evaluate a patient. Our competency lies in our schooling and our status reflects the fact that we are required by this State to carry professional liability insurance. The realm of Physical Therapy is well established.

We have gained good rapport and established good working relationships with our physicians and hospital administrators. We would do nothing to jeopardize those relationships.

SB 112 is necessary to update how we are practicing Physical Therapy today and we seek your support of the bill.

Thank you.

KANSAS CHAPTER
AMERICAN PHYSICAL THERAPY ASSOCIATION, INC.
1237 Belle Terrace
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Testimony on SB 112

By Carolyn Bloom
Director of Physical Therapy
Memorial Hospital
600 Madison
Topeka, KS 66607
(913) 354-5113

Consultant: Three Lakes Special Education Cooperative, Osage County

The current trend in the management of handicapped children is to keep the children out of institutions, living at home, and attending public schools. The recent Federal Law 94-142 requires physical therapy services to be provided to these children in the public schools. With more and more handicapped children being placed into and starting in the public school systems, the Physical Therapist is required to evaluate more children.

With the current act governing the practice of Physical Therapy, the Physical Therapist must have a physician's prescription on each child before seeing that child. This means that the Physical Therapist must contact the parents to get the physician's name, then contact the physician for a written order for Physical Therapy services. Since many times the child is seen infrequently by a rotating physician in a clinic, who is not totally familiar with the case, the physician asks to see the child before any orders are given. This procedure can take weeks and the Therapist may need to see the child ^{only} for a simple brace or wheelchair adjustment or advise the physical education teacher on the child's limitations. The proposed changes in the Physical Therapy Practices Act will

(Attachment
No. 8.)

expediate all evaluations of these children and eliminate the cost of a clinic visit. Also, many times the parents refuse to take off work to drive the child to the clinic or physician's office just to get an order for physical therapy, so none can legally be given. Of course, the physician must prescribe an ongoing physical therapy treatment regime.

Another area that the Physical Therapist will be legally able to pursue with the new practices act, is screening the school children in all classes for musculoskeletal disorders such as scoliosis, gait deviations, and abnormal head and neck posture. Early detection of these problems can eliminate far greater problems and expense in the future. Physical Therapists cannot legally participate in the screening of children in the Count Your Kid In Program.

The proposed practice act will allow the Therapist to evaluate more children, reduce wasted time on the telephone, provide better service to the Special Education Cooperatives, help the handicapped children and their parents, and entice more Physical Therapists to work in this area, where currently there is a shortage of Therapists.

The handicapped children of Kansas need the changes in SB 112.

Mr. Chairman, and members of the committee, I am Frances Kastner, appearing in support of SB 112 not only as one of the lobbyists for the Kansas Chapter of the American Physical Therapy Association, but also as a consumer of their services.

As some of you know, one of my sons was diagnosed as having severe and chronic Rheumatoid Arthritis at the age of one year. Within six months, every joint in his body was affected.

Steve was two years old when we had our first physical therapy appointment, and for the next twenty years he received almost constant physical therapy. He will continue for the rest of his life doing exercises in order to maintain what limited amount of mobility he now has. We feel his ability to function independently, live in his own home in Houston, and work as a tax accountant for Shell Oil Company, is due in large part, to the excellent physical therapy treatment he has had.

His first contact with a physical therapist was at Stormont Vail when his therapist, Walter Crum, set out a series of exercises for us to do at home, and set as a goal for Steve, to learn to walk with crutches. Needless to say, Steve, at age two, could not be reasoned with as an adult, and after Mr. Crum personally cut down the smallest pair of crutches available, so they would fit Steve, Steve refused to use them until Mr. Crum painted them red -- because that was Steve's favorite color.

We continued with therapy at the hospital until he was 4 years old when he started in pre-school at Capper's Foundation for Crippled Children, where he continued going to school and receiving therapy until he was 13.

During that period we saw a number of physical therapy students come and go. They did a 6-week affiliation at Cappers and in all cases we sensed the deep concern these young adults had for handicapped students that went to school there. It has been really interesting working with the physical therapists this past year to renew acquaintances with many of those students who were doing their affiliation between 1960 and 1970.

From the first surgery when he was seven until he was 22 and had two artificial hips and an artificial knee put in at ST. Francis Hospital, he always had intense physical therapy following surgical procedures.

Under "normal" conditions a patient is able to stand at the side of the hospital bed within a few days after having an artificial hip put in. Not so with Steve since the deterioration around the hip area was so severe that extra surgical procedures were necessary to even get the artificial joint implanted. This meant he had to recover from the same type of incapacity as one would who had suffered a broken hip, plus the hip replacement. The first hip was put in October 4, the second on November 2, and he did not get out of bed during that entire 60 days recuperation period.

Because the therapists took the interest, and had the expertise of knowing what muscles needed to be maintained, which ones had to be strengthened, and how to maintain that type of mobility WITHOUT walking or following normal therapy exercises, we feel Steve's operations were a success. All sorts of apparatus was hooked up over his bed and used daily for exercising. He was dismissed from the hospital December 6, and exactly a month later he was on his way back to Phoenix to complete his senior year at Arizona State University, School of Business, and employment with Shell Oil the following year.

Certainly we believe he had the best medical care available, but all those operations would have done little towards making him an independent person without the gentle insistence and encouragement by his physical therapists who saw him on a daily basis.

I feel the physical therapists in Kansas have proven their professional status and should be allowed to practice their profession as set forth in SB 112. I would ask this Committee to recommend SB 112 favorably, and if you have any questions I will be happy to answer them.

(Attachment
No. 9.)

10
TESTIMONY

SENATE BILL 112

Scott D. Minor, M.S., R.P.T.

Acting Chairperson, Department of Physical Therapy, Wichita State University

During the past two decades the practice of physical therapy has expanded and improved in many ways. The ability to deliver physical therapy services has increased with increasing numbers of therapists. Levels of practice have increased with the development of the physical therapist assistant. The types of patients treated has increased as our scope of practice and body of knowledge has expanded. The arenas in which we practice have become widely varied. This growth has occurred in Kansas as it has throughout the country.

As a practitioner of physical therapy engaged in the educational preparation of physical therapists, I have seen numerous improvements in education, both for the new practitioner, and for the graduate practitioner. These changes have allowed physical therapists to make the great strides necessary to keep pace with the growth in our profession. Major examples of improvements in education are: improved and increased validation of practice through research; continual refinement of accreditation standards for physical therapy curricula; higher standards for practitioners engaging in educational preparation of physical therapists. Careful review of these and other examples indicate that physical therapists are educationally well prepared to practice under the provisions of Senate Bill 112.

A key provision in Senate Bill 112 is contained in lines 63-68, relating to evaluation by physical therapists without referral, and treatment only after consultation and approval of a physician, dentist or podiatrist in appropriate cases. This provision recognizes the educational and professional skills of the physical therapist in evaluation, and the treatment of physical problems,

(Attachment
No. 10.)

determined by such evaluation. It also speaks to the role of therapists within the medical model, professionals working with, and relating to, physicians and other health professionals.

The recipients benefiting from the provisions of Senate Bill 112 are the consumers of physical therapy services, our patients. Primary access to medical services by well trained practitioners will be expanded. Referral to, and consultation with, physicians in cases beyond the scope of physical therapy practice will be expedited. Increased availability of appropriate practitioners will decrease medical costs, a source of concern for all involved.

Given the prior responsibilities already assumed by physical therapists working within an appropriate medical model, I strongly urge that you support Senate Bill 112.

If I might provide further input, I would be happy to do so.

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RE: Senate Bill 112

My name is Jim Hammond. I am a physical therapist in Larned, Kansas. During my 18 years in practice, I have worked in acute care hospitals, private practice and a family-owned nursing home. I am serving a third term on my local school board, U.S.D. #495 of Larned. I have also served on the Physical Therapy Examining Committee of the Healing Arts Board for the past 14 years and I am here representing that committee today.

We are in support of Senate Bill 112. We feel the changes in definition and scope of responsibility for physical therapists is more in keeping with where the profession has progressed and the demands that are being placed on it. Two glaring examples come immediately to mind: (1) In public schools we are needed and used to evaluate students for musculo-skeletal and growth and development problems, yet without specific referral this is technically illegal in Kansas. (2) That same situation exists in nursing homes. Senate Bill 112 corrects these problems and yet restricts physical therapists to practice within their training and knowledge. The family physician is still maintained as the person responsible for over-all care of the patient.

The second point I would like to speak on is the staggering of terms for those who serve on the committee. Currently all terms expire at the same time. I am certain that you are aware of the general pattern of city councils, legislators and school boards. Nearly all boards have staggering terms so that the carry over of knowledge and experience avoids the long delays of orienting an entirely new board. We believe this would be beneficial for our committee as well.

Thank you for your time and consideration of this bill.

Respectfully submitted,

Jim Hammond, RPT
 903 Toles
 Larned, KS 67550

(Attachment
 No. 11.)



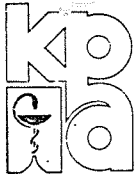
Donald A. Wilson
President

POSITION OF THE KANSAS HOSPITAL ASSOCIATION
ON SENATE BILL 112, AS AMENDED

House Public Health and Welfare Committee
March 28, 1983

The Kansas Hospital Association wishes to express its support for Senate Bill 112, relating to the practice of physical therapy, as amended in the Senate.

*(Attachment
No. 12.)*



THE KANSAS PHARMACISTS ASSOCIATION

1308 WEST 10TH
PHONE (913) 232-0439
TOPEKA, KANSAS 66604

KENNETH W. SCHAFERMEYER, M.S., CAE
PHARMACIST
EXECUTIVE DIRECTOR

TO: House Public Health & Welfare Committee

FROM: Kenneth W. Schafermeyer, M.S., CAE
Executive Director

SUBJECT: Pharmacist Dispensing - Standards of Practice

DATE: March 25, 1983

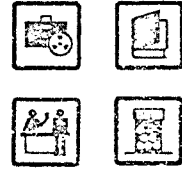
A few members of the Committee wanted to know what was meant by the term "dispensing." Our discussion on this issue revolved around the legal definition only. I would like to clarify this matter a little by sharing with you a brief description of the pharmacist's responsibilities.

The information reprinted on the right-hand side of this page is abstracted from "Standards of Practice for the Profession of Pharmacy" adopted by the American Pharmaceutical Association. This material shows that there is much more involved in "dispensing" than "taking pills from a big bottle and putting them into a little bottle."

While this information may not be as humorous as our discussion yesterday, we believe it is a more accurate reflection of the pharmacist's responsibilities. I'll be glad to discuss this further with you at any time. Thank you.

KS:lu

*(Attachment
No. 13.)*



Four Major Dimensions Of the Pharmacist's Job

General Management and Administration of the Pharmacy
Selects and supervises pharmacists and nonprofessionals for pharmacy staff; establishes a pricing structure for pharmaceutical services and products; administers budgets and negotiates with vendors; develops and maintains a purchasing and inventory system for all drugs and pharmaceutical supplies; initiates a formulary system. In general, establishes and administers pharmacy management, personnel, and fiscal policy.

Activities Related to Processing the Prescription
Verifies prescription for legality, and physical and chemical compatibility; checks patient record before dispensing prescription; measures quantities needed to dispense prescription; performs final check of finished prescription; dispenses prescription.

Patient Care Functions
Clarifies patient's understanding of dosage; integrates drug-related with patient-related information; advises patient of potential drug-related conditions; refers patient to other health care resources; monitors and evaluates therapeutic response of patient; reviews and/or seeks additional drug-related information.

Education of Health Care Professionals and Patients
Organizes, maintains, and provides drug information to other health care professionals; organizes and/or participates in "in-pharmacy" education programs for other pharmacists; makes recommendations regarding drug therapy to physician or patient; develops and maintains system for drug distribution and quality control.



STATE DEPARTMENT OF SOCIAL AND REHABILITATION SERVICES

COMPARISON OF MEDICAID - MEDIKAN PROGRAM LIMITATIONS

03-21-83

Medicaid (M.A.)
before 05-01-83

Medicaid & MediKan
Children effective
05-01-83

MediKan adults
effective
04-01-83

PHYSICIAN

office visits	3 per month - more requires MN, one initial office visit, annual physical.	2 per month, no excep. initial office visit, annual physical included.	12 per year, initial office visit, annual physical included. Reimbursement Max. includes all types of office visits and services provided with visit.
Psychiatrist Psychotherapy	3 hrs. per month. More requires MN	2 hrs. per month. 3 for EPSDT with PA	24 hours per year.
Co-Pay*	None	\$1.00 per office visit.	\$1.00 per office visit.

HOSPITAL

	Acute care, inpatient and outpatient. Inpatient stays subject to utilization review. Psychiatric care 21 days, unless prior approved for more.	Same	Acute Medical Care Non-elective surgery, Childbirth (48 hrs. limit for normal) Psychiatric care (14 day limit) outpatient surgery, C.T., chemo & radiation therapy, renal dialysis. Emergency Room - emergencies only. \$25.00 per inpatient admission \$10 per outpatient visit.
Co-pay*	None	None	

LAB - X-RAY

Services ordered by a physician in office, hospital or independent lab	Same	Only as part of physician or hospital service. Independent labs not covered.
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DENTAL

Full range of services with limits.	Same (will change July 1)	Not covered.
Co-Pay*	\$0.50 per visit	\$1.00 per visit.

Attachment No. 14.

	Medicaid (M.A.) <u>before 05-01-83</u>	Medicaid & MediKan Children effective <u>05-01-83</u>	MediKan adults effective <u>04-01-83</u>
<u>VISION</u>	Eye exams, eyeglasses every 2 years.	Eye exams, eyeglasses every 4 years.	Optometric not covered. Ophthalmological services when medically necessary (excluding eyeglasses)
Co-Pay*	\$0.50 per visit	\$1.00 per visit.	
<u>AUDIOLOGY</u>	hearing aids, exams, testing, dispensing, repairs.	Same	Not covered
<u>CHIROPRACTOR</u>	Treatment for back problems, including manipulation. 3 office visits per month.	Diathermy only 2 visits per month.	Not covered
Co-Pay*	\$0.50 per visit	\$1.00 per visit	
<u>PODIATRY</u>	Office visits, surgery 3 visits per month	2 visits per month	12 visits per year
<u>DURABLE MEDICAL EQUIPMENT MEDICAL SUPPLIES ORTHOTICS, PROSTHETICS</u>	Most supplies, orthotics, prosthetics, DME.	Life supporting only, and to prevent institutionalization, medical supplies Prosthetics, orthotics	Life supporting DME, Medical supplies, orthotics, prosthetics (excludes wheelchairs).
<u>DRUGS</u>	Covered drugs limited by review Non-covered: cough and cold preparations, all vitamins except prenatal.	Same	Life supporting drugs only.
Co-pay*	\$0.50 per prescription.	\$1.00 per prescription.	\$1.00 per prescription.
<u>FAMILY PLANNING</u>	Procedure and supplies provided by physicians, health departments, family planning clinics.	Same	Provided by health departments only.

	Medicaid (M.A.) <u>before 05-01-83</u>	Medicaid & MediKan Children effective <u>05-01-83</u>	MediKan adults effective <u>04-01-83</u>
<u>HOME AND COMMUNITY BASED SERVICES</u>	Services for recip- ients who have a medi- cal need that would require ACH, but recip- ient chooses HCBS.	Same	Same
<u>COMMUNITY MENTAL HEALTH CENTERS</u>	300 units outpatient per quarter, 12 hours partial hospitalization per day.	200 units* outpatient per quarter, 160 hours partial hospitalization per month. *(not finalized)	120 units psychotherapy per quarter 120 hours partial hospitalization. per month.
Psychological evaluation (testing)	6 hours per year with with P.A.	6 hours per 2 years with P.A.	6 hours per 3 years with P.A.
<u>PSYCHOLOGIST</u>	3 hr. psychotherapy per month. (more with MN) (no nursing home visits)	2 hours per month, 3 hr. psychotherapy per month for EPSDT -PA only	<u>No</u> psychotherapy
Psychological Evaluation (Testing)	6 hours per year	6 hr. every 2 year with PA. Nursing home test requires physician orders.	6 hours per 3 years with P.A. Nursing home test requires physician orders.
Co-pay*	\$0.50 per visit	\$1.00 per visit	\$1.00 per visit
<u>HOME HEALTH AGENCY</u>	Skilled nursing, rehabilitation, home health aide	Same	Same
<u>REHABILITATION FACILITIES</u>	Restorative OT, PT, speech for 6 months	Non-covered	Non-covered
<u>ADULT CARE HOME (SNF-ICF, ICF-MI, ICF-MR)</u>	Recipient must be screened, must choose ACH over HCBS	Same	Covered only if HCBS <u>not</u> available. - up to 2 months.
<u>TRANSPORTATION</u>	Ambulance and NAMT, emergency and non- emergency.	Same	Emergency Ambulance only.
Co-Pay*	\$0.50 non-emergency ambulance	\$1.00 non-emer- gency ambulance only.	
*Co-Pay Exemptions	EPSDT participants Family Planning	Under 18 Family Family Planning ACH residents HMO members pregnancy services	ACH residents