

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Jan Meyers at _____
Chairperson

10 a.m. on February 16, 1983 in room 526-S of the Capitol.

All members were present ~~except~~:

Committee staff present:

Emalene Correll, Norman Furse, and Bill Wolff

Conferees appearing before the committee:

Jackie Rawlings, Kansas Chapter, American Physical Therapy Association, Manhattan, Kansas
Randy Peterson, Kansas Chapter, APTA, Junction City, Kansas
Frances Kastner, Lobbyist, Kansas Chapter, APTA, Topeka
Walter W. Crum, Registered Physical Therapist, Topeka
Scott D. Minor, Department of Physical Therapy, Wichita State University
Jim Hammond, Physical Therapist, Larned, Kansas
Susan Hanrahan, Assistant Director of PT, Memorial Hospital, Topeka
Carolyn Bloom, Director of PT, Memorial Hospital, Topeka
Rebecca Kupper, Kansas Hospital Association
Dr. Joseph Hollowell, Director, DH&E
Sherman Parks, Jr., Kansas Chiropractic Association
Jerry Slaughter, Kansas Medical Society
Senator Nancy Parrish

Others present: see attached list

SB 112 - Practice of physical therapy by certain persons

Senator Ehrlich distributed to the committee a proposed amendment to SB 112, striking the word "licensed" as it relates to physical therapists and inserting the word "registered"; re-inserting lines 192 and 193; and striking from the bill, including repealer and title, sections 16 through 25, and re-numbering subsequent sections accordingly. (Attachment #1).

Senator Ehrlich moved that this amendment be adopted. Senator Francisco seconded the motion and it carried.

Jackie Rawlings, President, Kansas Chapter, American Physical Therapy Association, Manhattan, Kansas, testified in support of SB 112, and distributed testimony stating that the current Physical Therapy Act no longer adequately describes physical therapy as it is practiced today, and does not permit physical therapists to use the knowledge they have acquired. Physical therapists now perform such services as evaluations, consultations, educational and advisory services. The proposed act would allow physical therapists to evaluate patients without physician referral and would allow podiatrists and dentists to refer patients to physical therapy. Ms. Rawlings said KC-APTA strongly feels that the Kansas Physical Therapy Practices Act should be updated to more clearly reflect physical therapy today and to comply with other laws and regulations. (Attachment #2).

Randy Peterson, Chairman, Kansas Chapter, APTA, Junction City, Kansas, testified in support of SB 112, and distributed testimony stating that many states have revised their Physical Therapy Practices Act to reflect

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10 a.m. ~~pm~~ on February 16, 1983

the increased responsibilities that physical therapists are being asked to assume. The passage of this bill will allow the physical therapists in Kansas to practice their profession on a comparable level with other physical therapists in the nation. Mr. Peterson believes the passage of SB 112 will also allow older citizens of Kansas to receive better rehabilitation services in nursing homes. (Attachment #3).

Frances Kastner, lobbyist for the Kansas Chapter, APTA, testified in support of SB 112, and distributed testimony citing her personal experience with her son who had chronic rheumatoid arthritis at one year of age. Ms. Kastner said that all of his operations would have done little toward making him an independent person without the gentle insistence and encouragement of his physical therapists, and that physical therapists have proven their professional status and should be allowed to practice their profession as set forth in SB 112. (Attachment #4).

Walter W. Crum, Registered Physical Therapist, Topeka, testified in support of SB 112, and distributed testimony stating that physical therapy has experienced considerable growth in numbers, expertise, and involvement since the Physical Therapy Practice Act was passed in 1963. The passage of SB 112 will meet the needs of the people of Kansas more adequately, and will provide a statutory basis for the on-going physician-physical therapist customs. (Attachment #5).

Scott D. Minor, MS, RPT, Acting Chairperson, Department of Physical Therapy, Wichita State University, testified in support of SB 112, and distributed testimony stating that during the past two decades the practice of physical therapy has expanded and improved in many ways. Examples of improvements in the education of physical therapists 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. The recipients benefiting from the provisions of SB 112 are the consumers of physical therapy services. Referral to, and consultation with, physicians in cases beyond the scope of physical therapy practice will be expedited, and increased availability of appropriate practitioners will decrease medical costs. (Attachment #6).

Jim Hammond, Physical Therapist, Larned, Kansas, testified in support of SB 112, and distributed testimony stating that the changes in definition and scope of responsibility for physical therapists are more in keeping with where the profession has progressed and the demands that are being placed on it. Mr. Hammond also asked that the terms of those who serve on the committee be staggered. (Attachment #7).

Susan Hanrahan, RPT, Assistant Director of Physical Therapy, Memorial Hospital, Topeka, testified in support of SB 112, and distributed testimony stating that hospital rules and regulations mandate the conduct of those who associate with that institution, and this bill will not affect the general practice of physical therapy within the hospital unless a change of these by-laws is made. Accreditation of hospitals currently requires physical therapists to complete a physical therapy evaluation on patients, and to meet these requirements, physical therapists are practicing outside the scope of the present Physical Therapy Act. SB 112 is necessary to update how physical therapy is being practiced today. (Attachment #8).

Carolyn Bloom, Director of Physical Therapy, Memorial Hospital, Topeka, testified in support of SB 112, and distributed testimony stating that the proposed changes in the Physical Therapy Practices 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 encourage more physical therapists to work in this area. (Attachment #9).

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10 a.m. ~~PM~~ on February 16, 1983.

Rebecca Kupper, Kansas Hospital Association, testified in support of SB 112. Ms. Kupper said that KHA has no problems as to the substance of this bill.

Dr. Joseph Hollowell, Director, DH&E, testified that the amendments had changed his testimony, and said that DH&E has no problems with the bill, as amended.

Sherman Parks, Jr., Kansas Chiropractic Association, testified that KCA has some minor concerns with the bill, but supports it as amended.

Jerry Slaughter, Kansas Medical Society, testified that KMS fully supports SB 112.

Senator Nancy Parrish expressed her support for SB 112.

Senator Meyers concluded the hearing on SB 112.

Frances Kastner gave Senator Meyers a "Detailed Analysis of SB 112 by the Kansas Chapter, American Physical Therapy Association", to be distributed to committee members. (Attachment #10).

Senator Francisco moved that the minutes of February 9, 10, and 11, 1983, be approved. Senator Vidricksen seconded the motion and it carried.

The meeting was adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-16-83

(PLEASE PRINT) NAME AND ADDRESS	ORGANIZATION
Randall Peterson Rt. 3 BOX 175E Junction City, Ks.	Ks. Physical Therapy Association
Jackie Rawlings 1821 Ransom St Manhattan, Ks	Ks Physical Therapy Assn
FRANCES KASTNER Topeka	KAPTA
William Blum	KAPTA
Joshua Hill	KAPTA
SCOTT D. MINOR 4417 E. 37 th ST. N. WICHITA 67230	KAPTA
Jim Hammond 903 TOLES LARNED, Ks	Physical Th. Committee <small>HEALING ARTS</small>
Walter W. Gurn 2101 W 16th Topeka, Kansas 66607	KAPTA
BARBARA Diamond 903 Toles Larned	PHD
Rebecca Kupper Topeka	Kan. Hospital Assoc.
Sherman Parley, Jr "1"	Ks Chiropractor Assn
Susan Hancock "1"	KS KAPTA
Michele Hinds Topeka	Legis. Assoc.
Quin Pearson "1"	KMS
KATH R LANDIS "1"	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Ron Schmitt	KDHSE
Gary Robbins Topeka	Ks Opt Assn
Gaul Schmittbauer	Ks Dental Assn
Lois Woodruff "1"	KDHSE
Nancy Parrish	State Senate
Louise Gray "1"	State House
JIM SULLINS	KMCA
JACK QUINLAN	KMCA
CHARLES E. RIEM	Ks Assn of OSTEOPATHIC ASSN

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-15-83

(PLEASE PRINT)

NAME AND ADDRESS

ORGANIZATION

Pete Cerf
Nills Schroeder
Marilyn Bracht
Gin Sarker
KATH K LINDS
Pat Casey
Evelyn May Miller
Joan Strubler
Nickie Stein
Lynna Haugland
Deane Fuller
Dorelyn McElheny
Carolyn Wells

KINH
KDOA
KINH
KAPS
CHRISTIAN SCIENCE COMMITTEE
ON PUBLICATION FOR KANSAS
KDHE
KACC
KAPS
Ks. St. Nurses' Assn.
KDOA
University of Kansas
CWA
Hutchinson, Kansas
CWA Hutchinson, Ks

Sub-committee meeting -
SB11 - no minutes taken

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-14-83

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Ethel May Miller

Ks. O.R.C.

1111 West 59th Terr,
Lawrence, KS. 66043

Gary Roblin

Ks Optometric Assn

Willie Schwedek

Kansas Dept. on Aging

KATHY LANDIS

CHRISTIAN SCIENCE COMMITTEE
ON PUBLICATION FOR KANSAS

Charles L. Kamm

SRS

Pat Casey

K.D.H.E.

Jim Larsen

KAPS

Jan Strubler

KAPS

Ben Kamm

TCJ

Lynna Handford

KDOA

Sub-committee meeting -

SB11 - no minutes taken

Proposed Amendment to SENATE BILL NO. 112

Be amended:

- (1) By striking "licensed" as it relates to physical therapists and inserting "registered";
- (2) By re-inserting lines 192 and 193;
- (3) By striking from the bill, including repealer and title, sections 16 through 25 and by renumbering subsequent sections accordingly;

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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

The original Kansas Physical Therapy Act (KSA 65-2901-65-2917) was passed by the Kansas Legislature in 1963. The practice of Physical Therapy has grown and expanded and the current act no longer adequately describes Physical Therapy as it is practiced in many areas today.

The current Physical Therapy Act defines Physical Therapy as being concerned only with treatment procedures and does not include the other services that Physical Therapists now perform such as evaluations, consultations, educational and advisory services.

Currently Physical Therapists are required to do evaluations by the National Joint Commission on Hospital Accreditation, Nursing Home Regulations, and Federal Law 94-142 governing special children in public school settings. Kansas statutes do not reflect this authority.

The curriculum in Physical Therapy schools has changed a great deal in the last 20 years and now includes instruction in many evaluative procedures and techniques. Physical Therapists are required to complete 60 hours of continuing education every two years which includes instruction in new techniques and procedures. The current Physical Therapy Act does not permit Physical Therapists to use the knowledge they have acquired.

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The current Physical Therapy Act restricts Physical Therapists to treat patients pursuant to the lawful order and under the direction of a physician. This restriction has inhibited Physical Therapists 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 Physical Therapists to evaluate patients without physician referral and thus enable a Physical Therapist to complete the above services under the law.

We have worked with the Kansas Medical Society to determine the role of a Physical Therapist with a definition that is acceptable to them and to us.

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.

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

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.

Madam 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.

Atch. #

Madeleine

~~Mr.~~ Chairman; Members of the Senate Public Health Committee:

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,

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.

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.

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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.

HOME: 4417 E. 27th, North
Wichita, Kansas 67220
(316) 686-5159

OFFICE: Department of Physical Therapy
Wichita State University
Wichita, Kansas 67208
(316) 689-3604
KANS-A-N 563-3604

2-16-83 #17

STATE OF KANSAS

BOARD OF HEALING ARTS



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February 16, 1983

TO: Senate Public Health and Welfare Committee
Jan Meyers, Chairman

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

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

Madam Chairman and Members of the Committee:

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

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✓ 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.

2-16-83 #9

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

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

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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.

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.

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.