Approved 2-20-86
Date

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Marvin L. Littlejohn at
Chairperson

1:30 ~~A.M.~~/p.m. on February 19, 19 86 in room 313-S of the Capitol.

All members were present except:

Committee staff present:
Emalene Correll, Research
Bill Wolff, Research
Norman Furse, Revisor
Sue Hill, Secretary to Committee

Conferees appearing before the committee:
Aileen Whitfill, Department of Social Rehabilitation Services
Jerry Slaughter, Kansas Medical Society
Barbara Sabol, Secy. Department of Health and Environment
Linda Nobles, Occupational Therapist, Kansas City, Ks.
Melissa Hungerford, Kansas Hospital Association
Gaylon Greenwood, consumer, Topeka, Kansas
Meridith Mohler, OTR, Topeka, Kansas

Visitor's register, (see Attachment NO. 1.) None

Chair called meeting to order soon as quorum was present.

Hearings continued on HB 2756:--

Chair invited Ms. Aileen Whitfill to present her testimony on HB 2756, as time ran out at meeting yesterday and her testimony was not heard.

Ms. Whitfill presented hand-out to members, (see Attachment No.2), for details. She stated their department is in support of HB 2756. The bill was developed in response to concerns of Cabinet's Subcommittee on Early childhood Developmental Services, which includes SRS. Information obtained from this data collected, (should HB 2756 be passed), will be most helpful in planning for future needs of these young children. They feel this will be a preventive approach as well as studies have shown early intervention can reduce the need for lengthy and costly services at later time. She spoke to Sec. 5, which requires the Secretary to remove the records of a child whose parents or guardian requests in writing such action was added after they received requests from parents to do so.

Chair noted there was other printed testimony shown as attachment in minutes this date. (See Attachment No.3 for letters from Dr. Russell A. Nelson, Director Neonatology Services, Wesley Medical Center in Wichita, and Dr. Dennis M. Cooley, Pediatric Associates from Topeka, Kansas). (See Attachment No. 4. for printed testimony from Marla J. Mack, Wichita, Kansas). (See Attachment No. 5, as printed testimony from John Kelly, Executive Secy. for Kansas Planning Council on Developmental Disabilities Services.)

Jerry Slaughter, Kansas Medical Society spoke in opposition to HB 2756. Physicians are already required to make reportings of 20 plus items, i.e., gunshot, communicable diseases. If this bill is enacted, forms for reporting would be designed so that the reporting would not be so burdensome to physicians. He answered questions from members.

Chairman asked Secy. Sabol to answer questions on HB 2756 that had arisen. On Page 2, line 48, in regard to supervising she stated it is a management supervision to make sure forms are consistent, that forms are in fact received. Currently there is a pilot program testing a form, in line with Mr. Slaughters comments. They hope to make the reporting form efficient. When asked if this legislation was really necessary, she answered yes.

HB 2756 continues:--

Chair asked Secy. Sabol to explain language intent on line 56 of HB 2756. She stated it would give them information on which kinds of conditions exist in preschool age children, plan for what kinds of services will be needed, look at clusters of particular types of diseases in particular areas. In the past the focus has not been on prevention, and we now know, she said, that early intervention helps the child's development because it allows them to better plan for their needs. The bill does not speak to providing services, it speaks to just the collection of data.

Hearings closed on HB 2756.

At this point, Chairman stated in view of problems and questions on HB 2756, he has elected to appoint a sub-committee to work on the bill. Rep. Flottman as chairman of this subcommittee, along with Rep. Neufeld, and Rep. Runnels.

Chair stated that sub-committee on HB 2710 has met and resolved with this bill. Revisor's office is working on the bill.

Chair noted yesterday he would ask for action on HCR 5031, however, the hearings took all the committee time, so at this point he asked wishes of members in regard to this bill. Rep. Friedeman moved to pass HCR 5031 favorably for passage, seconded by Rep. Green, motion carried. Rep. Wagnon recorded as voting NO.

Hearings began on HB 2498:--

Chair cautioned that in order to allow complete hearings on HB 2498 the main conferee would be allowed 15 minutes for comments, and the others from a particular group, 5 minutes each. He thanked all for their cooperation.

Linda Nobles, representing the Occupational Therapists Association, (see Attachment No.6) for details of her remarks. She defined occupational therapy as the use of purposeful activity with individuals who are limited in their ability to function. She outlined required education as having completed minimum of baccalaureate degree in occupational therapy from an accredited university, that includes courses in biology, human anatomy, neurophysiology, psychology, neurology, kinesiology, and specialized course work related to patient's medical condition and occupational therapy treatment. This education is followed by 9 months of intership working in clinical settings under supervision of an experienced and qualified occupational therapist. After all this is completed, can the individual sit for the national certification exam. She gave statistics of numbers of practicing therapists in the state, and detailed their pursuit of credentialing since 1980. Further, she spoke of changes in health systems, and that patients are not being seen for their rehabilitation in acute hospital beds. Therapists are functioning in many settings, and the public has a right to know the professionals delivering these services are properly qualified. She showed examples of splints and detailed their uses. Questions were asked at this point, i.e., they too feel Sub. (d) Page 4, should be deleted; in regard to occupational therapist assistants, it is their Association's view they should be credentialed as well; when working in a school setting the occupational therapist does not work directly under the supervision of a physician; in order to get reimbursement you have to have supervisor's position.

Melissa Hungerford, Kansas Hospital Association gave hand-out, (see Attachment No.7), for details. She stated their Association opposes the licensure of occupational therapists at this time, because, they do not believe licensure will protect the public, and also they feel if HB 2498 is passed, the potential of increasing health care costs and decreasing availability of qualified personnel will prevail. Anytime availability of personnel is restricted, the cost of such personnel is inflated. They feel licensure is not warranted at this time. She answered questions from members, i.e., if a therapist is not competent they should be immediately fired.

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 313-S, Statehouse, at 1:30 /a.m./p.m. on February 19, 19 86

Hearings continue on HB 2498:--

Mr. Galen Greenwood, consumer from Topeka, Kansas, gave hand-out, (see Attachment No.8) for details. His young daughter Carrie when born was afflicted with arthrogyposis, a condition characterized by the reverse flexion of the joints. He spoke of the competent occupational therapy that had been given her and how she has progressed becasue of it. He explained that treatment will need to continue throughout her childhood and they rely on local therapists between visits to the doctors in Kansas City. He said that he and his wife had assumed that O.T. were licensed, and when they learned they were not, and indeed had no minimal requirements or education in order to practice their trade, he was surprised and appalled. Had therapy treatments for his daughter been misdirected in the case of daughter Carrie, she could have been harmed for life. He urged that consumers of health care deserve protection that would be available through licensure spoken to in this bill. He answered a few questions, and displayed some splints that had been used in treatment of his daughter.

Meredith Mohler, OTR, read two statements from physicians, (see Attachment No. 9) for details of letter from Camille S. Heeb, M.D., Topeka, Kansas. Dr. Heeb wrote it is all too common for uninformed persons to overlook the skills and training of OT's. They think of basket weaving and working with arts and crafts, when in fact this is a far cry from their actual responsibilities. A person without extensive training has no hope of providing the proper, safe care these patients need, and OT's have expertise in teaching many things, i.e., feeding techniques. Many times the failure to thrive is just a feeding problem, not an organic defect, and the OT's are great in helping eliminate this problem. Any individual who porports to be an OT without holding a valid degree is misrepresenting the public and the patients under their care.

A letter from Dr. George Richardson, an orthopedic surgeon was read, (see Attachment No.10). He refers patients to OT's who need specific rehabilitative services from an injury or surgery. He explains the disability, and he and the therapist work out a plan of treatment together. He stressed the surgery is only half the job, and the therapy is the other equally important half. If this therapist is not qualfied, potential harm can be done. He stressed the importance for OT's to be licensed. At present there are therapists working all over the state and an orthopedist should be able to go to a hospital anywhere in the state and know the qualifications of the therapist so that quality care can be administered.

Printed testimony from Michael Byington was given to members, (see Attachment No. 11), for details.

Chair asked Mr. Byron Fry if his testimony could be presented at a later hearing date, and Mr. Fry agreed to return next Monday.

Meeting adjourned 2:58 p.m.

Kansas Department of Social & Rehabilitation Services
Robert C. Harder, Secretary
Testimony
House Bill 2756
Committee on Public Health and Welfare
February 18, 1986

Mr. Chairman and members of the Committee, thank you for allowing me to testify in support of H.B. 2756. This bill was developed in response to the concern of the Cabinet's Subcommittee on Early Childhood Developmental Services -- which includes SRS -- that data were lacking on the numbers and types of services needed for young handicapped infants and preschool children as well as those children "at risk" of developing a handicap. This information can be used for planning purposes and is needed to target limited dollars to the development of appropriate services for these young children in Kansas.

SRS also supports this measure as a preventive approach. Studies have shown that early intervention can reduce the need for lengthy and costly services at later time.

An earlier draft of this bill was shared with parents and providers this summer during statewide hearings on the activities of the Cabinet Subcommittee on Early Childhood Developmental Services. Section 5 which requires the Secretary to remove the records of a child whose parent or guardian requests in writing such action was added after receiving requests from parents at these statewide hearings that this language be added. The Citizens Committee, which includes approximately 15 parents of disabled preschool children supports this bill and feels that it is needed for advocating for the expansion of services. I will be glad to answer any questions.

Aileen C. Whitfill

Attm. #2
2-19-86
Hs. PHW

February 6, 1986

Hon. Marvin Littlejohn
Chairman
House Public Health and Welfare
Room 425 South
State House
Topeka, Kansas 66612

Dear Representative Littlejohn:

The perinatal council was very pleased to have House Bill #2756 presented to them for review.

This proposed legislation for reporting of infants with handicapping conditions has been a council goal for over 2 years. We have been developing facilities within the Level III centers but need a wider reach to cover more of these children over the state. The Level III centers, along with the Health Department, have developed a program of which follow-up can be carried out. However, the selection of places has been limited by funding. Also, the reporting of children in areas other than Level III centers, has been up to the individual physician. In the past, reporting of certain diseases has unfortunately, not had a very good compliance rate. The legislation has one good feature in that it encourages reporting, since it will bear direct benefits for the child when the condition is reported by the attending physician.

Ann Allsbury and Barbara Sabol have been highly supportive of the two Level II centers in following-up on the children that they have at the present. Dr. Virginia Tucker has been instrumental in design of the program as is now carried out and might be a very good resource person if this bill is up to be discussed.

Russell A. Nelson, M.D.
Director, Neonatology Services
Wesley Medical Center

RAN:ds

attm #3
2-19-86
Hs. PHW

DIVISION OF PERINATAL MEDICINE
Wesley Medical Center • University of Kansas School of Medicine-Wichita • 550 N. Hillside • (316) 688-2360
State of Kansas Regional Perinatal Care Program

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Arthur C. Cherry, Jr., M.D., F.A.A.P.
Dennis M. Cooley, M.D.
Edward N. Saylor, M.D., F.A.A.P.
Camille S. Heeb, M.D.

February 6, 1986

Honorable Marvin Littlejohn
Room 425S
State House
Topeka, KS 66612

Dear Representative Littlejohn:

I am writing as a representative of the Medical Council of the Kansas Perinatal Care Program and a private practice pediatrician. This is a letter of support of Bill HB-2756 pertaining to reporting of mental retardation, mental illness, and certain handicaps and chronic illnesses.

As a private pediatrician, I have felt frustrated many times in trying to send developmentally delayed children to the proper organizations. The State of Kansas, through the early identification and intervention program, is developing a system to identify and provide resource centers for these children. In order to best develop the system, aggregate data needs to be obtained. Since the children will not be specifically identified and physicians will still have control over any management decisions, I do not see this bill as any infringement on the patient or physician rights. It is my feeling and the feeling of the Perinatal Medical Council that the legislature is much needed to assist in the development of this important system.

Sincerely,

Dennis M. Cooley, M.D.

DMC:mt
PA1/61

MARLA J. MACK
130 South Bleckley
Wichita, Kansas 67218

February 16, 1986

TO: House Public Health and Welfare Committee

FROM: Marla J. Mack

RE: H.B. 2756

I wish to offer testimony in support of HB 2756. I speak to you from several roles; as former staff director for the Governor's Task Force on Preschool Handicapped Children, as current alternate member of the Governor's Cabinet Sub-committee on Early Childhood Developmental Services and as the parent of a child with a handicapping condition.

This bill before you represents one important product of several years of rigorous study of the problems facing young children with handicapping conditions in our state -- study first by the Governor's Task force on Preschool Handicapped Children and more recently by the above mentioned Cabinet Sub-Committee. Both groups have strongly endorsed the principle that the earlier a handicap is treated in a child's life, the more likely that deleterious effects of the handicap on the child's development can be prevented -- a notion clearly supported in behavioral science research.

Yet both groups have documented that in Kansas many young children experience unnecessary and hence costly delays in the identification and treatment of their handicaps. These delays result from failures on the part of parents to recongize what are often at first subtle clues pointing to developmental problems in their child and from the failure of local programs to anticipate the need for and to offer appropriate services for these children.

The Governor's Task Force noted in their findings that the present method of identifying young children with handicapping conditions is so fragmented and amorphous on a state wide basis that state agencies disagree significantly in their estimates as to the number of preschool children with handicaps existing in Kansas. How can we expect local agencies to plan programs efficiently to meet local needs if we don't even know the accurate size of the client population?

This bill proposes to remedy that problem by calling for physicians to report to the Secretary of Health and Environment those preschool children in their care who have or are at risk for handicapping conditions. I believe the provisions in this bill provide the foundation for carrying out a high priority recommendation of the Task Force and the Cabinet Sub-committee; namely, the development of a statewide system to provide for early iedntification and follow up for children with handicaps and their families.

As envisioned by the Governor's Task Force, such a system would offer regular communication to families with children at risk for or having handicaps -- communication about developmental milestones to watch for,

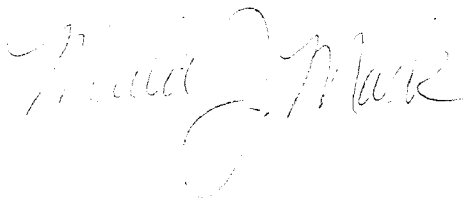
Attm. #4
2-19-86
Hs. PHW

warning signals, need and location for health examinations, etc. Currently, many of these at risk babies leave the hospital with no follow-up care and may loose precious months and years if their handicaps go undetected. Such a proposed follow-up plan of regular communication with professionals would be in families' best interests since it would help to counter a powerful psychological force present in parents -- denial. It is a phenomena that most parents, including myself have experienced, that of blinding one's self to the telltale signs that something is wrong with your child, thinking that if one ignores it, then everything will turn out all right. Effective professional advice can help shorten that denial process parents engage in and bring about earlier assistance for their children.

This bill, of course, does not call for this identification and follow-up program itself, but only for the collection of relevant data about such children. But I believe this bill represents an important first step in building such a support system for children and families in this state--the majority of whom presently struggle without adequate prefessional guidance-and assistance.

It is important to note that a family's right to privacy is protected under this legislation as proposed, a provision I wholeheartedly endorse. Agencies may not share this information without parental consent, and parents may choose to have data withdrawn from this system at any time.

This bill is in the best interests of thousands of young children and their families in this state and I urge your favorable vote. Thank you.



KANSAS PLANNING COUNCIL on DEVELOPMENTAL DISABILITIES SERVICES

JOHN CARLIN
Governor

Fifth Floor North
State Office Building
Topeka, Kansas 66612
Ph. (913) 296-2608

February 18, 1986

To: House Committee on Public Health and Welfare

From: Kansas Planning Council on Developmental Disabilities Services

Re: House Bill 2756 -- Reporting of Certain Health Conditions of Preschool children to the Secretary of Health and Environment

The Kansas Planning Council on Developmental Disabilities Services recommends favorable consideration out of Committee for HB 2756.

HB 2756 would require every primary care physician to report the condition of children under six years of age who are at risk of or who have a chronic disease, a handicap, mental illness or are mentally retarded. Presently no such provision exists which would help to collect and compile a complete and accurate information base concerning the number of preschool children in Kansas who are at risk for, or who have, handicapping conditions.

The information which the bill seeks to collect is vital in order to adequately plan for and to make available services to these children and their families.

The Kansas Planning Council on Developmental Disabilities Services and I appreciate the opportunity the Committee has given us to contribute to the discussion of these important matters.

John Kelly
Executive Secretary

attm. #5
2-19-86
Hs. PHW

Chairman Littlejohn and members of the Public Health & Welfare Committee,

I am representing the Kansas Occupational Therapy Association and am here today to present information about occupational therapy in the state of Kansas.

Occupational Therapy Definition

Occupational therapy is the use of purposeful activity with individuals who are limited in their ability to function. The occupation therapist treats the individual and assists that individual in performing the tasks of living. This process may start in intensive care, a neonatal unit, or a surgical suite; be carried out through a hospital rehabilitation program, nursing home stay; or be completed on an outpatient basis, in the home, school, or at the work site.

History Occupational therapy began in 1917. In 1935 it was the first allied health profession to develop educational standards. At that time the professional body asked the American Medical Association to accredit educational programs. Today the American Medical Association continues in this role of accrediting occupational therapy curricula with the American Occupational Therapy Association. Currently there are over 31,000 occupational therapists nationally.

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Hs. PHW

Education

The occupational therapist has completed a minimum of baccalaureate degree in occupational therapy from an accredited university. This baccalaureate program includes courses in biology, human anatomy, neurophysiology, psychology, neurology, kinesiology, and specialized course work related to patient's medical condition and occupational therapy treatment. This formal educational program is followed by 9 months of internship working in clinical settings under the supervision of an experienced and qualified occupational therapist. Only after the successful completion of the academic and clinical education can the individual sit for the national certification exam.

Reimbursement

Occupational therapy is recognized already as a medically necessary service and reimbursed by medicare, medicaid, PL 94-142, Maternal and Child Health, The Rehabilitation Act, and most commercial insurers. In December of 1976 the National Association of Insurance Commissioners passed a resolution recognizing the role of occupational therapy as a health care service and recommended that occupational therapy be specifically identified in the coverage provided.

Licensed States

Occupational therapy is licensed in 31 states including the nearby states of Nebraska, Oklahoma, and Iowa. Missouri has a licensure bill in the legislature this session. In addition, there are bills pending in the states of Kentucky, New Jersey, Vermont, and South Dakota.

Kansas Statistics

There are 631 occupational therapists in the state of Kansas. 252 belong to the Kansas Occupational Therapy Association. 37% of these clinicians work in hospitals; 19% work in school systems; 7% in psychiatric hospitals; 4% in rehabilitation facilities; and the remaining 33% work in home health, skilled nursing facilities, state universities, and physician's offices.

SHCC Process

The Kansas Occupational Therapy Association submitted the notice of intent to pursue credentialing in 1982. In 1984 the technical committee, the statewide Health Coordination Council, and the Department of Health and Environment all voted to recommend licensure for occupational therapists in Kansas.

Protection of Public

In today's changing health systems, patients are not being seen for their rehabilitation in acute hospital beds. The therapists are functioning with physician referrals but not under their direct supervision. The public has a right to know that the professionals delivering their care are, in fact, qualified. In the absence of regulation, any person can provide "so-called occupational therapy services" without being educated. Persons without the required educational and clinical credentials can harm an individual physically, emotionally, and/or financially. In the absence of regulation,

it is impossible to ensure that occupational therapists are maintaining a knowledge of new treatment techniques. When a professional has the potential of creating harm to an individual, it is most important for that profession to have some external control that goes beyond the process of peer review and is a recognized legal process.

Thank you for the opportunity to present this information before you today.

TESTIMONY OF THE KANSAS HOSPITAL ASSOCIATION

BEFORE THE

HOUSE PUBLIC HEALTH AND WELFARE COMMITTEE

February 19, 1986

The Kansas Hospital Association appreciates the opportunity to comment on H.B.2498, which would require licensure of occupational therapists.

The Kansas Hospital Association opposes the licensure of occupational therapists at this time. There are several reasons for this position. First and foremost, KHA does not believe that licensure of occupational therapists will protect the public. In the hospital setting, the hospital itself is responsible for the persons who have privileges to work in that hospital. Indeed, hospitals have specific procedures by which they consider applicants for technical positions in the hospital. Some hospitals actually have committees that consider requests by allied health professionals to practice within the hospital. Hospitals also pay monies into the Health Care Stabilization Fund to insure that those who have meritorious claims regarding treatment received at the hospital are adequately compensated. As such, KHA feels that the current arrangement within hospitals is adequate to protect the public.

Attm. # 7
2-19-86
Hs. PHW

The second major concern of KHA is that H.B.2498 has the potential of increasing health care costs and decreasing the availability of qualified personnel. Licensure of a given profession clearly restricts the availability of qualified personnel because it limits the pool from which employers may draw. Anytime the availability of personnel is restricted, the cost of such personnel is inflated.

It is the position of the Kansas Hospital Association that H.B.2498 will increase health care costs without any corresponding increase in protection of the public. As such, we feel licensure is not warranted at this time.

TESTIMONY TO THE PUBLIC HEALTH AND WELFARE COMMITTEE

IN SUPPORT OF HB 2498

presented by Galen Greenwood

I am supporting the licensure of Occupational Therapy from the viewpoint of a consumer. When my daughter Carrie was born in 1983 she was afflicted with arthrogyposis, a condition characterized by the reverse flexion of the joints. If untreated by competent, educated and specially trained persons, Carrie would not have the use of her hands or feet for the rest of her life. Because Carrie was treated by a qualified occupational therapist, the profession which treats this particular condition, Carrie will be able to function in most normal capacities. However, this treatment will need to continue throughout her childhood years. Splinting, resplinting, home therapy, and other occupational therapy skills will be necessary in order to continue the advance toward adult normality of the limbs. Without this continued qualified occupational therapy service, the advance toward normality would be halted. The occupational therapy which Carrie has received began in a hospital setting when Carrie was only 2 days old. The difficulty in treating her condition was amplified by her tender age and her smallness of size. The continued therapy will be conducted with individual visits to the O.T. or through the home service of teaching my wife and I along with Carrie how to best function in our efforts for long-range effects of positive positioning and normal use of the limbs.

Because my wife and I are not familiar with the medical profession, we assumed that O.T. was in fact licensed because that would constitute a normal expectation of the health care market. When I learned that Occupational therapists, indeed, have no minimal requirements or education in order to practice their trade, I was appalled. If occupational therapy treatments were misdirected in our case, Carrie would be damaged for life. We, as consumers of health care, deserved the protection that would be available through licensure. Licensure would further place liability on the professional performing the treatment.

This issue is important enough for me and my family, that I have appeared today voluntary. My family and others who have the misfortune to need medical therapy deserve this promise for our future.

Attm. #8
2-19-86
Hs. PHW

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Dennis M. Cooley, M.D.
Edward N. Saylor, M.D., F.A.A.P.
Camille S. Heeb, M.D.

February 18, 1986

TO WHOM IT MAY CONCERN:

I am a pediatrician in private practice here in Topeka, Kansas. I have a master's degree in mental retardation and, because of this, I have a disproportionate number of patients who have orthopedic handicaps and developmental delay. I was also a staff physician at KNI for two years before going into private practice, and this has given me extensive contact with the occupational therapists.

Unfortunately, it is too common for uninformed individuals to overlook the skills and training of this group of therapists. They think that "O.T." is synonymous with teaching "basket weaving" and working with arts and crafts. This is a far cry from what their actual responsibilities are. The best developmental assessments I get are from O.T.'s, not psychologists. These are invaluable for making a total plan for a handicapped or rehabilitating child. The occupational therapists are trained in neurology, developmental milestones, communication, language skills, anatomy and physiology. They are invaluable as a group for assessing the total child and then implementing a program.

The children who need direct O.T. services are the most fragile from a neuromuscular standpoint. At KNI, several individuals sustained fractured femurs from being handled incorrectly. The nonambulatory patients lose calcium from their bones and become osteoporotic. They are almost as fragile as "Chinese fortune cookies." A person without extensive training has no hope of providing the proper, safe, range of motion, reflex stimulation and reflex inhibition which is needed for this group of handicapped and delayed individuals.

O.T.'s also have expertise in teaching "feeding techniques." The diagnosis of "failure to thrive" is fairly common in pediatrics and often the answer is simply a feeding problem -- not an organic defect. I always get an O.T. consultation to help with the evaluation, remedial technique and implementation.

Any individual who purports to be an occupational therapist without holding a valid O.T. degree is misrepresenting to the public and to the patients under their care. It is extremely important for you as legislators to make sure that only trained, credentialed individuals provide occupational therapy services.

Sincerely,

Camille S. Heeb

Camille S. Heeb, M.D.

CSH:mt
PA1/63

Attm. #9
2-19-86
Hs. PHW

This statement is taken from a videotape made by Dr. George Richardson, an orthpedic surgeon specializing in hands who practices at the University of Kansas Medical Center on February 14, 1986.

I work with the occupational therapist. I refer patients to the occupational therapist who need specific rehabilitative services from an injury, or from surgery. I take the patient to the therapist and explain the disability or the surgical procedure and we work out a rehabilitation plan together. The therapist implements the plan with my general supervision. Doing an operation on a hand is only half the job. The anatomical problem has been corrected but in order to get the hand to function again, a proper rehabilitative program needs to be carried out. I tell the therapist what function I want from that hand and she plans and implements that program. I provide only general supervision. The therapist has the potential to harm that hand if she isn't qualified. For example: In a post operative hand; if that hand isn't properly protected during the rehabilitation process, then the surgical repair could be torn apart. Skill and knowledge of the anatomy of the hand and an understanding of the healing process is necessary to understand when certain things can be done. I do not oversee the patient every single minute he is in occupational therapy and so I think it is very important that the occupational therapist has these qualifications. I may see the patient only once a week or once every several weeks while the occupational therapist may see him every day or 3x a week.

I feel it is important for occupational therapists to be licensed because there are therapists working all over the state and an orthopedist, hand surgeon or plastic surgeon should be able to go to a hospital anywhere in the state and know the qualifications of the therapist, so that he can tell the therapist what he wants done and know that the therapist has a certain level of technical knowledge and skill to carry out the rehabilitative plan. This is where licensing comes in. It assures a certain level of skill and expertise that is critical before someone can go out and work with patients and doctors.

attm. #10
2-19-86
Hs. PHW

Occupational therapists working in a medical center or hospital should be working under the referral of a physician. Therapists should not be making medical diagnoses. However I think that occupational therapsits and doctors skills complement one another . The occupational therapist receives different education than that of a physician and the therapist possesses a number of skills that the physician hasn't been trained in, while the physician has been trained in skills the therapist doesn't have. It is important for the physician and occupational therapist to work together or the rehabilitative program is compromised. I believe that it is important for the occupational therapists to be licensed in the state of Kansas.

TOPEKA RESOURCE CENTER FOR THE HANDICAPPED

TOPEKA RESOURCE CENTER FOR THE HANDICAPPED

West Tenth Professional Building
1119 West Tenth, Suite 2
Topeka, Kansas 66604-1105

Telephone
913-233-6323

MITCH COOPER, L.M.S.W.
Executive Director

TESTIMONY OF MICHAEL BYINGTON

HOUSE BILL 2498

Perhaps it is just as well that I have a schedule conflict and can only submit written testimony with reference to this bill. Were I being placed on the docket to offer verbal testimony, I would have difficulty knowing whether to be a proponent or an opponent. Suffice it to say, this if this bill should not be junked, it should most certainly be massively amended.

If the occupational therapists are convinced that there is harm in their not being credentialed, I will not challenge their concern. I will challenge their wisdom, and indeed their right, to expand their scope of practice via HB2498 and attempt to make exclusive, areas which simply are not exclusively theirs. This is what the first sections of HB2498 does, and this would indeed be a CAUSE OF HARM in and of itself. The exclusive scope of practice as defined by this bill overlaps areas covered by art therapists, music therapists, drama therapists, dance therapists, hortacultural therapists, recreation therapists, rehabilitation teachers for the blind, instructors for the blind, case managers, psychologists, professional peer counselors, and case managers just to mention a few. Most of these professions are not credentialed in the State Of Kansas, nor is there any harm in that fact. This bill is a clear attempt on the part of occupational therapy to get the jump on the other therapeutic modalities and put occupational therapy in a position to supervise all of these other areas. This means that a person with a Bachelors in occupational therapy, for example, would become more appropriate to supervise me in my work as a drama therapist than are the Master's level social workers who currently supervise me or work with me. This would be the case even though I have a Master's. This appears to be potentially MORE HARMFUL than not credentialing occupational therapists in the first place. This type of scope of practice limiting is an abuse of the credentialing process. If this bill is to be reported favorable from Committee, the scope of practice section will have to be removed and completely re-written so it does not in any way overlap other areas. An attempt to do this may prove that the occupational therapists do not have a legally definable scope of exclusive practice in which case they should not be credentialed at all.

Attm. #11
2-19-86
Hs. PHW

If this bill becomes law without massive changes in the scope of practice section, the Topeka Resource Center for the Handicapped would either have to shut down about half of its services or get rid of some of its staff in order to bring occupational therapists on board. This would CAUSE HARM in as much as we do a good job under the present system. Our services would no doubt suffer as we went through the transitional period. We for example have a professional peer counselor who is a quadrapledgic on our staff. She has a degree in Spanish, and outside of making use of this knowledge to from time to time to communicate with a disabled person whose principle language is Spanish, she does not use her degree knowledge on the job. She is qualified for her job by virtue of the fact that she has been a quadrapledgic living independently in the community and managing her own attendant care for many years. She knows how to teach other disabled people to do the same, and she brings to her job a viewpoint that four to six years of education can not instill in the average occupational therapist. If this bill passes though, we will have to get rid of her and hire an OT because what she does is defined within the OT's exclusive scope of practice. This would not prevent harm; it would CAUSE HARM. We also have a Certified Recreation Therapist on our staff. This is not a cradentialed area in the state of Kansas. As the exclusive scope of practice section of HB2498 has OT's providing recreational services, we would have to get rid of our recreation therapist, or make her into an occupational therapy assistant under the direction of an OT. This would in no way improve our services. Furthermore, a part of my duties with the Topeka Resource Center for the Handicapped involves the practice of role play as a teaching tool and other drama therapy techniques. I have a Master's in Speech/Theatre Communications, theses work related to drama therapy, an undergraduate degree in psychology education, and some post graduate work in drama therapy. My registration with the National Association for Drama Therapy is currently pending. I do not believe supervision by a bachelor's level OT would add much to my abilities, but under HB2498, that is what I would have to have to continue to work in Kansas simply because OTs would be cradentialed while drama therapists are not. Again, this is an abuse of the cradentialing process.

Some state classified positions would be affected by this bill. All employees under the state civil service classification of "Activity Therapists" would have to be supervised by OTs. This is because the bill limits the scope of practice to that therapeutic modality, and this would cause quite a shake-up within state personnel. The Committee needs to examine whether there might be some HARM in this. Also, the state civil service positions of "Rehabilitation Teacher for the Blind", "Instructor for the Blind," and "Consultant to the Handicapped" would all have to be changed to require that those filling the positions have degrees in OT. If the scope of practice is described and limited in this manner, then the implication is that there is currently harm going on in the way these positions are currently being conducted. I believe the OTs would be hard put to prove this.

In my capacity representing the Topeka Resource Center for the Handicapped, I have discussed HB2498 with a number of other professionals. I know that professionals from all of the fields I have mentioned above have grave concerns concerning this bill. I am also lobbyist for the Kansas Association for the Blind and Visually Impaired Inc., and I am aware that this organization is concerned about this bill particularly in reference to its impact on the positions of "Rehabilitation Teacher for the Blind" and "Instructor for the Blind," and in reference to its impact on centers for independent living such as the Topeka Resource Center for the Handicapped.

In closing, I would point out that the House Committee on Public Health and Welfare, in its wisdom, has elected to propose a total re-vamping of the State's cradentialing processes. I think it was high time for this, and I supported House Bill 2663. I believe this bill should pass, and I believe the OTs should be evaluated for cradentialing under its provisions.