

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 20, 1986 in room 313-S of the Capitol.

All members were present except:

Committee staff present:

- Bill Wolff, Research
- Norman Furse, Research
- Sue Hill, Secretary to Committee

Conferees appearing before the committee:

- Dr. Raymond Lumb, physician, Topeka, Kansas
- David Greenberg, O.T., Stormont Vail Hospital, Topeka, Ks.
- Ms. Susan Hanrahan, American Physical Therapy Association, Topeka, Ks.
- Mrs. Belinda Barnes, consumer, Topeka, Kansas

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

Chair called meeting to order when quorum was present and directed attention to house-keeping business. He asked pleasure of committee in regards to minutes in need of approval. Rep. Green made a motion that minutes from February 13, 17, 18, 19th, 1986, be approved as written, seconded by Rep. freideman, motion carried.

Chair stated it had been brought to his attention this date there were some bills to be requested from the Alzheimer's Task Force recommendations. He invited Rep. Hassler to speak in this regard. Rep. Hassler said there are several bill requests, and they will be divided between the Senate and House Public Health & Welfare Committees. She requested the following bills be introduced. 1- Division of Assets Law, which speaks to the assets of the spouse and patient, and the possibility of separating those in a case of Alzheimer's disease, and they can be protected. 2- Long Term Care Insurance and Medical Disability. This, she said is a general topic that will work in Insurance encouragement area. 3- Providing for, or making arrangements for support of respite care services for Alzheimer patient's families. Chair had been advised by Mr. Furse that the first bill request is a SRS spend-down type legislation.

At this point, Rep. Williams moved these bills be introduced, seconded by Rep. Blumenthal, vote taken, motion carried.

Chair had committee note there is a large number of bills yet to be heard and worked in this committee before the deadline date.

Chair directed attention to HB 2498 and had members note, even though any discipline that has gone through credentialing, anything they ask for, (licensure, or registration) it is still up to the Legislature to decide at which level these persons will be credentialed.

Chair invited Hearings on HB 2498 to continue.

Dr. Raymond Lumb, a physician from Topeka, stated he would have printed testimony sent to members. He spoke of his credentials and said he works very closely with Occupational Therapists in all hospitals in Topeka. He considers OT program as part of a team approach to patient care. OT role is essential to ensure patient's recovery and return to an active life. OT's role in treatment includes the development and formation of splints and other supportive devices that are used on patients both at night and during the day to aide in their treatment program. Patients are instructed by OT's the proper methods of performing routine daily activities to minimize detrimental stress of joints, so further damage will not cocur. They instruct patients on proper techniques to perform activities at work so they can return to work as soon as possible.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 313-S, Statehouse, at 1:30 /a.m./p.m. on February 20, 1986.

Hearings continue on HB 2498:--

This information is forwarded to physician. He stated he is very concerned about the lack of adequate standards, and performance in the out patient therapy area, this could lead to significant harm to the health and welfare of his patients and their ability to return to an active role in their employment setting.

Further, he said there is an incarease in expense when delays in treatment come about. Prolonged expense occurs as treatment is delayed when a person is away from work over a longer period of time than might have been necessary. He urged for licensure program of occupational therapists. He answered questions from chair and members, i.e., the physician does order treatment, but the OT will carry out the program prescribed independent of the doctor's presence. If changes in the program are needed, the OT and physician work together in revising the program of treatment. Chair asked in regard to the OT being able to practice without any consultation with the physician, should the credentialing be licensure or registration, and Dr. Lumb answered, his main concern would be to have methods to insure comparable and adequate competence. Further concerns, would be if there is a decrease in the quantity of care due to reimbursement situation.

David Greenberg, Ks. OT. Association spoke concern of potential harm coming to patients. This can come from improper action, neglect. He detailed how an OT would turn, reposition a burn patient, and if proper protocol is followed, the patient will heal properly. He spoke of skin-breakdown, and the cost of \$10,000 to treat just one pressure sore. The most effective way to help a patient to recovery he said is to have properly trained personnel to apply the therapy or treatment. We are asking, he said, that persons providing OT, be required to pass the National Competency Exam, after completion of necessary education, be required to continue their education throughout their practice and see that a legal remedy is in place against those who claim to provide competent treatment, but do not meet these requirements. Best way is to license with a legal remedy attached, 2nd is licensure with perodic educational update, 3rd, is registration, and 4th is to do nothing. He answered questions in regard to how differently would treatment be applied by an occupational therapists from that of a respiratory therapist. A physician he explained can pick and choose the type of therapy he feels is best for the patient, whether it be OT, RT, pediactic therapy, art therapy, music therapy, etc.

Susan Hanrahan, American Physical therapy assocaition gave hand-out, (see attachment No 2), for details. She spoke of concerns with HB 2498, and called attention to an appendix on Areas of Common and Unique Functions of the Professions of OT and PT, shown in the attachment. They would like to recommend modifying New Sec. 7, to be consistent with other health care professions that are governed by regulatory boards, and recommend also that appointments should be made on a staggerd basis to facilitate implementation and transition for new members, further, some sort of exclusionary clause which limits OT in their practice. There is, she said, no reference in HB 2498 that speaks to things that OT cannot perform. Further, a technicality of the bill in New sec. 16, line 276 that utilizes the term registration is not consistent with the bill in its present licensure form. She urged for their recommendations to be considered. She answered questions from members, i.e., exclusions be defined; they have asked for licensure for all; no this is not a turf battle, and overlapping of OT and RT's does occur. In rural areas this is often needed since there may not be both but only one available and treatment need is immediate. Each discipline has funtions that overlap, and yes some are duplicative.

Belinda Barnes, a consumer spoke to specifics in treatment that her 11 year old daughter had received. She was quite surprised to learn that OT's were not licensed, she just assumed they were. However when asked, she felt the treatment her daughter had received was very good, but was concerned that in rural areas, this may be a problem to some not being able to receive treatment when needed.

Meeting adjourned at 2:35. Next meeting will be held in room 313-S, Monday 2/24/86.

GUEST REGISTER

DATE 2/20/86

HOUSE

PUBLIC HEALTH AND WELFARE

NAME	ORGANIZATION	ADDRESS
Steven E. Curtis	Ks. Respiratory Therapy Soc.	Ks. City, Ks
Out Merrifield	Risk ^{Assoc} Occupational Therapists	O.P. Kansas
Meredith Mohler	Kansas OT Assoc.	Topeka, Ks.
Kathy N. Hartley	Kansas OT Assoc.	Topeka, Ks.
Lore Pissich	Kansas OT Assoc.	Sumner Ks
Joanne Hill	Ks. Physical Therapy Assn	Topeka
Mary Anne McDowell	Kansas Occupational Therapy Assoc	Kansas City, Ks
Judith Bauer Nobles	Kansas OT Assoc.	O.P. Ks
Valerie Smith	KOTA	Topeka Ks
Phoebe Grindal	Kans. OT Assoc.	Carbondale, Ks
Dave Greenberg	Ks. O.T. Assn.	Topeka Ks.
Karen Giddens	Kansas O.T. Association	Topeka, Ks
Dani Peard	Kansas OT Association	Topeka, Ks
Betty Bulkeley OTR	Kansas O.T. Association	Topeka, Kansas
Pat Wolf	K D H E	Topeka
Kathleen Druskovien	Kansas Occupational Therapy Assn	Lawrence
Susan Hencher	KAPTA	Topeka
Marsha Hutchinson	Ks Medical Society	Topeka
Annalisa Cumby	Ks. O.T. Assoc	Topeka
Janet Stuch	KOTA	Topeka
Kathy Zeller	KOTA - SE	"

Attachment 1
2-20-86
Hs. PHW

NAME

Organization

Address

Tracy Chapman

Kansas OT Assoc.

Kansas City

KEITH R LANDIS

CHRISTIAN SCIENCE COMMITTEE
ON PUBLICATION FOR KANSAS

TOPEKA

SIM McBRIDE

Observer

Topeka

Belinda Barnes

testimonial - OT

Topeka

Teresa Hewitt

Washburn University
school of Nsg.

TOPEKA

Brit Butcher

Peabody

KANSAS CHAPTER
AMERICAN PHYSICAL THERAPY ASSOCIATION

February 20, 1986

Mr. Chairman and Members of the Public Health and Welfare Committee:

My name is Susan Hanrahan and I am here to address some concerns that our Association has regarding House Bill No. 2498, the credentialing of the profession of occupational therapy.

Our Association has been following closely the activities of occupational therapy through the entire credentialing process. We have monitored and testified before the Technical Committee of Health and Environment as well as attended the SHCC committee meetings pertaining to occupational therapy. We are here to address some minor concerns we have with the bill before your Committee.

To eliminate some of the confusion that exists in this committee between the practices of occupational therapy and physical therapy, we have enclosed as an appendix Areas of Common and Unique Functions in the Professions of Occupational and Physical Therapy. This appendix was included as part of our testimony to the Occupational Therapy Technical Committee in 1984. Please refer to the attached appendix for differentiation.

Two recommendations that we would like to present include modifying New Section 7 to be consistent with other health care professions that are governed by regulatory boards and their appointment thereof. We would also recommend that appointments should be made on a staggered basis to facilitate implementation and transition for new members.

*Attn. # 2
2-20-86
Hs. PHW*

Secondly, we feel that there should be some sort of exclusionary clause which limits occupational therapy in their practice. Examples might include the restriction of an occupational therapist from performing medicine, surgery, and the practice of physical therapy. There is no reference in this bill to things that occupational therapy cannot perform, and our Association would like the Committee to address this issue.

A technicality of the bill is referenced in New Section 16, line 0276 that utilizes the term registration. This term is not consistent with this bill in its present licensure form.

We would hope that you strongly consider our recommendations when amending this bill. We will be happy to answer any questions that you might have. Thank you for allowing our Association to testify.

Susan Hanrahan, Legislative Chairperson
Kansas Chapter, American Physical Therapy Association

Attachment

AREAS OF COMMON AND UNIQUE FUNCTIONS
IN THE PROFESSIONS OF
OCCUPATIONAL AND PHYSICAL THERAPY *

Part of Attn. #2
2-20-86

OCCUPATIONAL THERAPY
ONLY

AREAS OF CLINICAL PRACTICE OVERLAP FOR BOTH OCCUPATIONAL THERAPY
AND PHYSICAL THERAPY

PHYSICAL THERAPY
ONLY

- Instruction and Training or Retraining of Fine Motor Skills for Bathing, Eating, Dressing, and Hygiene
- Procurement and Training in the Use of Adaptive Equipment for Bathing, Eating, Dressing, and Hygiene
- Dynamic Splinting of the Wrist and/or Hand
- Use of Occupational Tasks and Activities for Therapeutic Exercise Value
- Individual and Group Activities for Psychologically Impaired Patients

- Biofeedback
- Sensory Integration
- Neuromuscular Evaluation
- Joint Protection-Body Mechanics
- Joint Mobilization of Upper Extremity
- Therapeutic Exercise for Joint Range of Motion
- Fine and Gross Motor Function
- Infant Stimulation
- Transfer Skills
- Cardiac Rehab
- Pulmonary Rehab

- Burn Therapy
- Pain Management
- Maxilla-Fascial Dysfunction
- Splinting, Orthotics and Upper Extremity Prosthetics
- Muscle Re-education
- Activity Assessments
- Home Assessments for Architectural Barriers and Accessibility

- Ambulation Training and Devices
- Application of Physical Modalities of Heat, Cold, Light, Sound, Electric Stimulation, Radiant Energy
- Lower Extremity Prosthetics
- Spinal Orthotics
- Traction
- Joint Mobilization of Spine and Lower Extremity
- Electrodiagnostic Testing (EMG NCV)
- Wound Debridement and Healing Programs
- Sports Medicine

*This exhibit is a general comparison/contrast for P.T. and O.T. only and does not attempt to be all-inclusive or to depict overlap with any other healthcare professions.