

Approved 4-1-86  
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by SENATOR ROY M. EHRLICH at  
Chairperson

10:00 a.m./p.m. on March 27, 1986 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Emalene Correll, Legislative Research  
Norman Furse, Revisors Office  
Clarene Wilms, committee secretary

Conferees appearing before the committee:

Harold E. Riehm, Executive Director, Kansas Association of Osteopathic  
Medicine  
Susan Hanrahan, Legislative Chairperson, Kansas Physical Therapy Association  
Cheryl Carpenter, Physical Therapist Assistant representative to the Ex.  
Committee of KS Chapter of American Physical Therapy Assn.  
Dr. Lois Scibetta, Executive Administrator, Kansas State Board of Nursing  
Terri Rosselot, KSNA  
Mack Smith, Executive Director, State Board of Embalming

Others attending: See attached list

HB-3061 - An Act concerning physical therapy; relating to treatment by a  
physical therapist assistant;

Harold Riehm testified and presented written testimony supporting HB-3061.  
Attachment I Mr. Riehm stated that this law change was needed due to the  
fact that in some hospital settings there is no physical therapist available  
on the premises and patients must await the visit of the physical therapist  
prior to the start of treatment. It was felt that if the wording was such  
that "treatment by a physical therapist assistant could proceed simply on  
an order of a physician" were added it would solve this problem.

Susan Hanrahan testified and presented written testimony concerning HB-3061.  
Ms. Hanrahan stated that their association is supportive of resolving the  
problem this bill was created to eliminate but had reservations with the  
bill as it now reads. Current statutes now read that a physical therapist  
assistant work under a physical therapist. A joint statement was approved  
by both the Osteopathic Doctors and the Physical Therapists, however, when  
the bill was drafted and presented to the House only the osteopathic language  
appeared in the bill while the statement supported by the KAPTA was listed in  
osteopathic testimony as a suggested amendment. The bill eventually passed  
the House committee with the addition of part of the language KAPTA supported.  
KAPTA requested the Senate committee to amend the bill as shown on page two  
of attached testimony. Attachment II

Carolyn Bloom testified and presented written testimony on HB-3061.  
Attachment III Ms. Bloom stated that physical therapist assistants do not  
feel secure in starting the treatment and checking for contraindications,  
even with a physician's order due to the limited scope of their training.  
It was felt that the amendment would enable the assistants to be in touch,  
at least verbally, with a physical therapist on a timely basis with the  
physical therapist giving instructions on how to proceed with treatment.

Cheryl Carpenter testified and presented written testimony on HB-3061.  
Attachment IV Ms. Carpenter stated that the Physical Therapist Assistants  
that she had been in contact with were opposed to HB-3061 on the basis of  
lines 0035 to 0041 as it now reads. She stated that as a PTA she would not  
feel comfortable taking orders from a physician, without prior access to a  
Physical Therapist nor did she feel the consumer was being provided with the  
most beneficial service. She stated most often physicians' instructions read

Unless specifically noted, the individual remarks recorded herein have not  
been transcribed verbatim. Individual remarks as reported herein have not  
been submitted to the individuals appearing before the committee for  
editing or corrections.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,  
room 526-S, Statehouse, at 10:00 a.m. ~~xxx~~ on March 27, 1986

"Evaluate and Treat" and this can only be accomplished by a Physical Therapist.

HB-3082 - An Act concerning the board of nursing; concerning qualifications of applicants and licensees; relating to fees collected by the board;

Dr. Lois Scibetta testified and presented written testimony on HB-3082. Attachment V Dr. Scibetta stated that this bill would "clean up" and update the Nurse Practice Act. The fee changes would permit them to raise fees in the future as the present charge does not cover expenses. Dr. Scibetta requested passage of these changes.

Terri Rosselot testified and presented written testimony in support of HB-3082. Attachment VI Ms. Rosselot stated that this bill would allow the Board of Nursing to investigate and withhold licensing to individuals who have been convicted of a felony and have not demonstrated satisfactory rehabilitation. When questioned by the committee Ms. Rosselot stated that her group had no problems with the fee changes.

HB-3096 - An Act concerning psychologists; providing for the licensure thereof;

Staff spoke to the committee stating that this bill carries out the recommendations of the interim special committee on public health and welfare. During the study on credentialing the committee became aware that there are two sets of credentialed groups in the state that do not meet the definitions in the credentialing act. The two groups are the doctoral level of psychologists and the pharmacists. This bill would change the terminology that applies to P.H.D. psychologists from certified to licensed. The bill does make one technical change.

Senator Riley moved that HB-3096 be passed out favorable and placed on the Consent Calendar. Senator Francisco seconded the motion and the motion carried.

HB-3083 - An Act concerning funeral establishments; relating to the licensing of branch establishments;

Mack Smith testified and presented written testimony in support of HB-3083. Attachment VII Mr. Smith stated that HB-3083 would allow for branch funeral establishments which would be licensed, inspected and regulated by the board. The branch establishment would not be required to contain a preparation room and would not be under the personal supervision of a licensed funeral director although the actual funeral services would be. This bill would enable small towns to keep their funeral homes when the requirements are met and promote competition for the benefit of the consumer in rural areas.

Senator Mulich moved that HB-3083 be passed out favorable. Senator Kerr seconded the motion and the motion carried.

Senator Morris made a motion that the committee reconsider action taken on HB-3022 on March 26, 1986. Senator Francisco seconded the motion and the motion carried.

Meeting adjourned at 10:55.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3-27-86

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Jim Snyder, Topeka	KFDA
Black Smith, Topeka	Ks. St. Bd. of Mentally Arts
Susan Hancock, Topeka	Ks Phys Ther Assoc
Cam Wilson Overland Park	Ks. Physiotherapy Assoc.
Carol Bloom Eudora	Ks Phys. Ther. Assoc
Francis Kastner Topeka	Phys. Therapy Exam. Comm.
John Peterson Topeka	Ks Physical Therapy Assn
Steven Curtis - KCK	" " " "
KEITH L LADDIS Topeka	Ks Assoc Prof Psychologists
Marilyn Bradt Lawrence	Ks. Respiratory Therapy Soc.
Theresa Shively Topeka	CHRISTINA School of Education and Professional Development
Elizabeth C. Taylor "	KINAH
Tern Rossalot	KANSAS DISTRICT
Dr Lois R. Sibelta "	Ks Occupational Therapy Assn
Charlene Bahall Topeka	KSNA
Shirley M. DeLuna Topeka	KSBN
	Bd Healing Arts
	<u>KIAOM</u>



TESTIMONY OF THE KANSAS ASSOCIATION  
OF OSTEOPATHIC MEDICINE  
H. B. 3061 MARCH 27, 1986

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

My name is Harold Riehm and I represent the Kansas Association of Osteopathic medicine. I appear in support of H.B. 3061. This Bill was introduced in the House at our request, to remedy a health care problem found in some rural areas in Kansas.

Present Kansas law provides that if a physician orders physical therapy treatment in a hospital setting and there is no physical therapist present, treatment by a physical therapist assistant can begin only after the patient has been "seen" by a physical therapist with instructions given to the assistant by the physical therapist.

On occasion, this means that therapy can be delayed for a matter of hours, perhaps days, before the physical therapist can see the patient. The change made in H.B. 3061 addresses this problem.

The Board of Healing Arts, earlier this year, passed a resolution which called for a change in the law simply stating that treatment by a physical therapist assistant could proceed simply on order of a physician. Realizing that RPT's might object to such language, KAOM offered to compromise with language that provides if the RPT is not available for immediate contact, the physical therapist assistant may initiate treatment (as ordered by a physician), according to written protocol, with the further provision that there should be review of patient care by the physical therapist (minimum weekly review).

This compromise language (or language close to it) was approved by the physical therapist licensing committee of the Board of Healing Arts. We think it is a reasonable compromise that addresses the problem, yet maintains the integrity of the relationships between physical therapists and physical therapist assistants. To place back in the Bill the provision that RPT's see the patient before treatment (as may be suggested by the Physical Therapist Association) would be little if any improvement over present conditions. We urge your support of H.B. 3061.

Attachment I  
3/27/86 S. PH&W

Attachment I

KANSAS CHAPTER  
AMERICAN PHYSICAL THERAPY ASSOCIATION

March 27, 1986

Susan Hanrahan, RPT  
Legislative Chairperson  
Kansas Chapter,  
American Physical Therapy Association  
3731 Southeast 27th  
Topeka, Kansas 66605  
(913)295-6619 (work)

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

My name is Susan Hanrahan and I represent the Kansas Physical Therapy Association (KAPTA) which serves over 90% of all practicing physical therapy personnel in this State. My purpose today is to address HB 3061--a bill relating to treatment given by a physical therapist assistant.

Our Association is supportive of resolving the problem that this bill was created to eliminate; however, we have some reservations with the bill that we would like to share with this committee.

HB 3061 was created because of one reported incident to the Board of Healing Arts. This has been the only report of its kind since physical therapist assistants have been regulated by the Board of Healing Arts (13 years). Current statutes read that physical therapist assistants work under the direction of a physical therapist. On February 7, 1986, the Board of Healing Arts decided (without our input) "that doctors can issue orders to physical therapist assistants to do physical therapy without prior approval of the physical therapist."

Subsequent to that meeting, the Physical Therapy Examining Committee (which includes 3 physical therapists, the Executive Secretary and Secretary of the Board, Dr. Uhlig, D.O.) invited Harold Riehm and myself to the meeting to discuss potential legislation. The committee approved a joint statement; one that was supported by the Kansas Physical Therapy Association and a sentence that was created in committee for the Osteopathic Association. When the bill

3/27/86  
Attachment II  
S. PH&W

Attachment II

was drafted and introduced into the House of Representatives, only the osteopathic language appeared in the bill, while the statement supported by the KAPTA was listed in the osteopathic testimony as a suggested amendment. Obviously, there was much confusion in the House committee, but the bill eventually passed with the addition of part of the language the KAPTA supported.

We are here today to ask this committee to look at what our association supports and why we have concerns over remaining portions of this bill. We would recommend amending the bill as follows:

0032 The word "direction" as used in this subsection(c) shall mean that the physical therapist shall see all patients initially give instructions to physical therapist assistants on all patients and see and evaluate them periodically. ~~If the physical therapist is not available for immediate contact, the physical therapist assistant may initiate treatment by the physician's orders of a person licensed to practice medicine and surgery, according to written protocol established by the physical therapist, with minimum weekly review of patient care by the physical therapist.~~

By current statutes, as I just mentioned, physical therapist assistants are directed by registered physical therapists. In areas where registered physical therapists are not available on a full-time basis, the physical therapist assistant serves in the capacity of treatment and is supervised by a registered physical therapist a minimum of once a week. I was not even in physical therapy school when physical therapist assistants were added to the practice act of physical therapy. I do not know why at that time "direction" was defined to be so constraining (Physical therapists shall see all patients initially and evaluate them periodically), but it was not written with the reality of rural America. Please keep in mind though that we have heard only one complaint with the present language.

Our association does support modifying that language to--shall initially give instructions to physical therapist assistants on all patients and see and evaluate them periodically. This would allow a physical therapist assistant to contact their consultant registered physical therapist prior to initiating

treatment, thus treatment could commence before the registered physical therapist actually "saw" the patient. This would resolve the issue the bill was created to deal with, would assist consultant physical therapists and physical therapist assistants in the rural areas of Kansas, would insure timely patient treatment and would still provide quality patient care.

Our association does not support the osteopathic statement (sentence beginning on line 0035) for the following reasons:

Physical therapist assistants currently complete Associate of Science degrees as physical therapist assistants in community colleges and universities that have been approved by the Commission on Accreditation of the American Physical Therapy Association. Students are instructed in these programs to work under the direction of a credentialed physical therapist and no other health care professional. Physical therapists complete a minimum of a Bachelor of Science degree in physical therapy programs which are located in universities and medical schools that have been approved by the same educational board. These students are instructed to interpret physicians' orders, evaluate patients and develop treatment plans that both the physical therapist or physical therapist assistant may carry out. HB 3061 states that the physical therapist assistant may initiate treatment by the physician's orders. The majority of referrals received from physicians are written "Physical therapy - please evaluate and treat patient." This would not be appropriate or safe based on current educational standards of physical therapist assistant personnel.

Physicians will readily admit that it is impossible for them to learn each and every procedure carried out by health care professionals to whom they refer patients. They rely on those professionals to suggest appropriate treatment procedures. Physical therapy skills and techniques contain many

contraindications of which physicians are sometimes not aware. It could be detrimental for the patient if a physical therapist assistant is responsible for detecting something a physician might have overlooked. That is the physical therapist's responsibility and undue burden should not be placed on the physical therapist assistant.

The term **immediate contact** poses a concern because the initiation of physical therapy services is not considered the same as life saving procedures. A physical therapist, even in rural Kansas, has access to modern forms of communication and contact could be made very easily in a period of less than 24 hours. This would insure timely patient treatment and eliminate the need for the entire sentence regarding the inavailability of the physical therapist.

The same sentence also may create the potential for physical therapist assistant/physician abuse by circumventing the physical therapist if they are not available **immediately**. The physical therapist assistant/physician relationship would not be desirable even if physical therapist assistants carried out protocol established by a physical therapist as described. "Cookbook" procedures for specific patient problems are not part of physical therapy practice and should not be encouraged. Individualized patient treatment and planning promote quality patient care and that is the goal of patient-therapist interaction.

The American Physical Therapy Association is the national association from which our Kansas Chapter is chartered. The direct physical therapist assistant/physician referral relationship is considered unethical by the National Association and our State Chapter concurs with that position.



This issue affects only a small percentage of Kansas physical therapists and physical therapist assistants. Our association would like for you to support our simplistic resolution for the physical therapist assistants. We feel very confident that this will eliminate the problem. Our association would take the responsibility of monitoring the effect of this legislation and if it were found to be producing unsatisfactory results, we would seek out "stronger" legislative language in the future.

Thank you for your time. I would be happy to answer any questions that you might have.

TESTIMONY TO H.B. NO. 3061

BY CAROLYN BLOOM, R.P.T.  
VICE-PRESIDENT, PHYSICAL THERAPY EXAMINING COMMITTEE

A complaint from a physician in a rural hospital regarding a lack of physical therapy services to one of his patients prompted discussion at the February meeting of the Physical Therapy Examining Committee. Empathizing with the plight of patients needing physical therapy services in rural community hospitals under the current time/payment constraints, the Committee tried to reach a compromise to meet these patient needs of receiving skilled care on a timely basis without a major change in the current Physical Therapy Practice Act.. The Committee approved the additional sentence on line 0035 of H.B. 3061.

I have had time to more thoroughly analyze the future implications of this change in the law. I have also been contacted by many physical therapists and physical therapist assistants expressing concerns on the future referral procedures for physical therapy services. All of the physical therapist assistants have stated that they would not feel secure in starting the treatment and checking for contraindications, even with a physician's order.

Kansas has been one of the most progressive and liberal in using physical therapy assistants to provide services to patients in areas that can not be fully serviced by physical therapists. Most other states allow the physical therapist assistant to work only under the on-premises supervision of a physical therapist. This proposed bill will change the nationally established professional relationship of therapists and assistants in Kansas.

This bill was proposed on the basis of one complaint, although there are very probably other similar cases. The purpose of the bill is to help provide physical therapy care on an immediate basis to patients in rural hospitals. However, this change will effect out-patients as well as in-patients, urban as well as rural areas, and facilities interested in providing the cheapest reimbursable care possible, as well as facilities with the patient's needs in mind.

I empathize with rural hospital patients and physicians. I believe these patients can still receive physical therapy services on a timely basis with the physical therapist initially giving instructions to physical therapist assistants on all patients, and seeing and evaluating them periodically. This change in terminology will allow the physical therapist assistant to procede with a treatment if the therapist is not present but available via modern communication means. The therapists must assume the responsibility of being available for contact, or having an alternate therapist provide coverage. This terminology will not change the nationally established relationship of therapists and assisants with the standard of the therapist initiating treatments.

I believe actions can be take to continue to improve and expand services in the future, but that this bill change as is now written,

Attachment III  
3/27/86 S. PH&W

Attachment III

has not had the time to be completely thought out with possible future negative implications investigated. I recommend addition of the word initially on line 0034, and the deletion of the sentence on line 0035.

Respectfully submitted,

*Carolyn Bloom*

Carolyn Bloom, R.P.T.

Cheryl A. Carpenter C.P.T.A.  
15098 Stearns  
Stanley, KS 66221  
(913) 897-4317

Mr. Chairman and members of the Public Health and Welfare Committee: My name is Cheryl Carpenter. I am the Physical Therapist Assistant representative to the Executive Committee of the Kansas Chapter of the American Physical Therapy Association. I am addressing HB 3061 today relating to treatment given by a Physical Therapist Assistant.

Recently, I have talked with practicing Physical Therapist Assistants in the state of Kansas regarding this bill. We are opposed to HB 3061 on the basis of lines 0035-0041 as it reads: if the Physical Therapist is not available for immediate contact, the Physical Therapist Assistant may initiate treatment by the orders of a person licensed to practice medicine and surgery, according to written protocol established by the Physical Therapist, with minimum weekly review of patient care by the Physical Therapist.

Unfortunately, patient care is not always "by the book" nor is it void of additional complications. I feel by establishing protocol we are taking the art out of Physical Therapy. As a Physical Therapist Assistant I do not feel comfortable taking orders from a physician, without prior access to a Physical Therapist, for a palliative treatment, nor do I feel the consumer is being provided the most beneficial service for his/her health care dollar. Only through a consultation with a therapist do I feel comfortable with taking the responsibility of initiating treatment.

I am aware of the problems facing rural areas regarding the inavailability of therapists. Prior to the development of Physical Therapist Assistants, "trained on the job " aides were utilized to carry out treatment plans. In a step to upgrade

Attachment IV  
3/27/86 S. PH&W

Attachment IV

the quality of service provided, Physical Therapist Assistants were educated to administer treatment developed by the Physical Therapist and advance treatments accordingly under their supervision. Today, with the modern forms of communication available, I believe consultation with a therapist is still possible and essential. Communication between the Physical Therapist and the Physical Therapist Assistant is the only medium in which quality Physical Therapy can be provided to the Patient. As trained professionals in the field of Physical Therapy, the Physical Therapist and Physical Therapist Assistant team is best qualified to establish an individualized treatment program for each patient rather than by the use of a catch-all protocol. Often times treatment orders are vague and state "Evaluate and Treat" which can only be accomplished by the Physical Therapist.

I believe the sentence 0035-0041 is not appropriate at this time and has a potential threat of disrupting the practice of Physical Therapy as those of us in the field know it. I feel this bill, if passed, makes the Physical Therapist Assistant vulnerable to any health professional who would like the services of the PTA in the future.

Therefore, I recommend striking words from lines 0035-0041 ~~If the Physical Therapist is not available for immediate contact, the Physical Therapist Assistant may initiate treatment by the orders of a person licensed to practice medicine and surgery, according to written protocol established by the Physical Therapist, with minimum of weekly review of patient care by the Physical Therapist.~~

At this time I'd like to answer any questions that you might have. Thank you for the opportunity to testify today.



# KANSAS STATE BOARD OF NURSING

BOX 1098, 503 KANSAS AVENUE, SUITE 330  
TOPEKA, KANSAS 66601

Telephone 913/296-4929

TO: The Honorable Roy Ehrlich, Chairman, and Members  
of the Senate Public Health and Welfare Committee

FROM: Dr. Lois Rich Scibetta, *RS* Executive Administrator

DATE: March 27, 1986

RE: House Bill 3082

Thank you Mr. Chairman for the opportunity to comment on House Bill 3082. The Bill was requested by the Board of Nursing, in order to bring the Nurse Practice Act up to date. The "clean-up" aspect of the Bill is important to the Board. HB 3082 incorporates 3082 and 3084.

The first section of the Bill (L 0037-0039) is requested in order to give the Board the option of making this determination (satisfactory rehabilitation) prior to candidate taking the examination, rather than after the examination. (Page 1)

Section 3(d) Temporary Permit (L 0072-0080). This section was modified to allow the Board to grant extended temporary permits to those nurses involved in refresher courses. The clinical requirements cannot be completed within 60 days. (Page 2)

In Section 3, K.S.A. 65-1118 (L 0127-0139) is amended to raise the statutory maximum for fees. It is not the intent of the Board to raise fees at this time. The Board has been at statutory maximums for three years, and the recommendation is a management decision, in the event that we have an emergency. (Page 4)

In Section 4 (8) (L 0168-0180), (Disciplinary Matters) the Board wants the authority to act on a licensee who has been disciplined by another state board, or the United States Government. This request is made to protect the public. (Page 5)

The next few sections involve minor changes. On lines 0259-0288, speaking to qualifications of Board members, active practice is requested for nurses at the time of reappointment. The Mental Health Technicians (line 0189) are required to have at least five years experience at the time of appointment. (Page 7 and 8)

Attachment V
3/27/86
S. PH&W

Attachment *V*

The Honorable Roy Ehrlich  
March 27, 1986  
Page 2

In Section (4) (L 0315 and 0317) the word "limitations" and "limit" are added, giving the Board more discretion regarding disciplinary matters. (Page 9)

In Section (5) (L 0325-0326), the Executive Administrator is custodian of the Seal of the Board. On lines (0329) the Secretary Treasurer is not the Secretary. (Page 9)

All of the aforementioned changes update and enhance the Nurse Practice Act. The Board recommends that the Committee report House Bill 3082 favorably for passage. I will be happy to answer any questions which you may have.



For Further Information Contact:

TERRI ROSSELOT, R.N.  
Executive Director

March 27, 1986

HB 3082 BOARD OF NURSING

Mr. Chairman, members of the Committee on Public Health and Welfare, my name is Terri Rosselot and I represent the Kansas State Nurses' Association.

HB 3082 as amended by the House Public Health and Welfare Committee is supported by KSNA.

Section 1 (a) has been changed to include language that will allow the Board of Nursing to investigate and withhold licensing to individuals who have been convicted of a felony and have not demonstrated satisfactory rehabilitation.

Section 1 (d), line 0073 grants temporary licenses for 180 days for nurses pursuing relicensure by taking a refresher course in nursing. There have been occasions when RN's who have not been actively practicing within a five year period and have let their license lapse and have attempted to take refresher courses have been discouraged with the 60 days temporary license limitation. Clinical and didactic nursing content now characterizes refresher courses for RN's in Kansas, and by extending the temporary license to allow a greater time frame for completion of the clinical component of the RN refresher course, the nurses pursuing relicensure have more time for completion. There is some concern that temporary permits being held by RN's that are enrolled in such refresher courses not be allowed to practice for compensation until such time that they are issued a regular license. Discussion with the Board indicates that this technicality can be handled by the regulatory process.

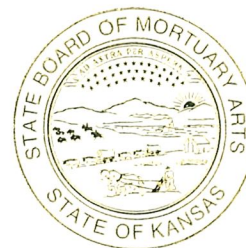
KSNA encourages the passage of HB 3082 as amended by the House Committee.

Attachment VI  
3/27/86 S. PH&W



MEMBERS OF THE BOARD  
MR. VERNON L. MICKEY,  
HOXIE  
MR. CRAIG A. STANCLIFFE,  
LAWRENCE  
MR. ANDERSON E. JACKSON,  
WICHITA  
MRS. FRANCES K. THULL,  
CAWKER CITY  
MR. ROY L. DERFELT,  
GALENA

*The Kansas*  
*State Board of Mortuary Arts*



CREATED AUG. 1, 1907

214 WEST SIXTH (6TH) STREET  
TOPEKA, KANSAS 66603-3797  
(913) 296-3980

OFFICE STAFF  
DOUGLAS "MACK" SMITH,  
EXECUTIVE SECRETARY  
JOHN C. "JACK" LAMB,  
INSPECTOR-INVESTIGATOR  
TERRY A. BLAND,  
OFFICE SECRETARY

March 27, 1986

Senate Committee on Public Health and Welfare

HB 3083

HB 3083 would allow for branch funeral establishments. Current laws do not distinguish any difference in establishments and branch establishments.

Branch establishments would be licensed, inspected and regulated by the Board. In order for an establishment to be licensed as a "branch" the owners must hold a funeral establishment license. The "branch establishment" would not be required to contain a preparation (embalming) room and would not be under the personal supervision of a licensed funeral director.

It is the Board's intent that this bill will do two (2) things:

- 1) enable small towns to keep their funeral homes when the above requirements are met, and
- 2) promote competition for the benefit of the consumer in rural areas.

The Board has heard from several funeral directors who must service numerous small towns some distance apart. This bill is meant as a compromise to their situation.

It should also be noted that although branch funeral establishments will not be under the personal supervision of a licensed funeral director, the actual funeral services will. (pursuant to K.S.A. 65-1713b)

I will be glad to answer any questions you may have, and I ask for your support of HB 3083.

Respectfully,

Douglas "Mack" Smith  
Executive Secretary

DMS:tab

Attachment VII  
3/27/86 S. PH&W

Attachment VII