

Approved _____

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 / 4:44 / p.m. on February 17, 1988 in room 423-S of the Capitol.

All members were present except:

Representative Neufeld, Representative Cribbs, both excused.

Committee staff present:

Emalene Correll, Research
Norman Furse, Revisor
Sue Hill, Committee Secretary

Conferees appearing before the committee:

Representative Harold Dyck
Dr. Richard Parker, Director Bureau Epidemiology/Dept. H.&E.
Harold Riehm, Kansas Association of Osteopathic Medicine
Mike Chapman, President Ks. Chapter American Physical Therapy Assn.
Carolyn Bloom, V.Pres. Physical Therapy Examining Committee of
Board of Healing Arts.

Chairman called meeting to order.

Ms. Correll asked to make a comment in regard to HB 2758. She noted an error that was made in her remarks at meeting yesterday. She had indicated that amendments in HB 2758 would allow the Agency to set licensing periods other than annual licensing periods, and that is not correct. There is another statute in the Adult Care Home Licensure act which provides for annual licenses for Adult Care Homes, and this bill does not amend that statute. The only affect of this bill is to delete the work "annual" as it appears before the word, "fee" throughout the statute. This particular statute is the one that authorizes the Secretary to fix license fees by Rules and Regulations and specifies that such fees are to be set on a base amount, plus an additional amount. The affect of this bill would be to authorize the Secretary to set a fee for licenses that are not annual. There are some Homes that have received annual licenses that are for less than a year and then get an annual license during the course of that year. Currently, there is no authority to set a fee for that provisional license, so by deleting the term "annual" the Secretary would be able to set that provisional license fee by Rules and Regulations, as well as the annual license fee.

Chair thanked Ms. Correll for clearing up this matter.

Hearings began on HB 2688:

Representative Harold Dyck stated he had checked with those who would be impacted by HB 2688. He had been given forms used by the Blood Banks, and Blood Centers, and it appears the forms do have all the information requested in this bill, with the exception of the address of a close relative or friend of the donor. It was noted there are some individuals who give blood that should not. Blood is tested and destroyed if learned it is contaminated; there is a place in Wichita that does pay donors for blood. He stated, frankly he hopes this bill could just be held in committee. Questions were asked.

Dr. Richard Parker, Director Bureau Epidemiology offered hand-out, Attachment No.1 and 1-A.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE

room 423-S, Statehouse, at 1:30 A.M./P.M. on February 17, 1988

Hearings continued on HB 2688:--

Mr. Parker stated their Department does not support HB 2688, since the list of infectious and contagious diseases promulgated by the Secretary of Health and Environment includes many diseases not transmitted by blood. There is no reason for a person with an infection listed, but in which the infectious agent is not in the blood to be denied the chance to donate blood. A state law requiring testing for Hepatitis B, Human Immunodeficiency Virus (HIV) and syphilis for donors of blood or tissues would be appropriate to cover what Federal regulation may not because of jurisdiction. He answered questions.

Hearings began on HB 2656:

Mr. Harold Riehm, Ks. Association of Osteopathic Medicine offered hand-out, (see Attachment No.2). He gave a comprehensive background of attempts of Physical Therapists to gain authority to treat patients. As providers, he said, our groups try to get together to work out concerns. The HB 3061 from 1986 was very much like this current legislation, however, it died in conference committee. HB 2656 before you now presents a magnitude of problems. Perhaps they can be handled in a non-statutory route, and that is our recommendation to you. He did wish to respond to an item of concern that Physical Therapist Assistants (PTA's) have to be supervised twice a week. He said their Association does not think this will solve the problem of a patient lying a day or two waiting for the initial evaluation of a credentialed Physical Therapist to begin treatment. The problem of beginning treatment still remains. We hope this concern can be resolved.

Mike Chapman, Physical Therapy Association offered hand-out, (Attachment No.3). This issue has been discussed for a couple of years because of one incident to Board of Healing Arts about a physician referral problem. The problem was resolved, but the issue still exists. He cited educational requirements of PTA's, then stated language in the bill says PTA's may initiate treatment by the physician's orders, and their Association believes this in-appropriate based on current educational standards of PTA's. Undue burden should not be placed on PTA's. They are also concerned with term "immediate contact" as this seems unreasonable for the rural communities. They also ask that rather than have the PTA's be supervised once per week, it should be a minimum of twice per week in acute care facilities as well as daily phone contact with the Assistant. He answered questions.

Carolyn Bloom, Vice-President of PT examining Committee, Board of Healing Arts, offered hand-out, (Attachment No.4). Their recommendation she said, is not to insert new language on lines 34-39, and to take no action on this bill at this time. They are currently examining additions to rules of Kansas PT examining committee, i.e., code of ethics; professional conduct; and to add language to have PTA's supervised twice a week with daily phone contact. They would support changes that speak to treatments starting promptly. She answered questions.

Hearings closed on HB 2656.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON PUBLIC HEALTH AND WELFARE,

room 423-S, Statehouse, at 1:30 /a.m./p.m. on February 17, 1988.

Chair directed attention to HB 2659:-Discussion began in regard to concerns in HB 2659, i.e., definition of "victims of a crime"; also "medical technician" ; the reasons for the all-inclusive language was because if a lesser crime is committed by someone, it could lead to more severe crimes later. A similar bill in Senate does list crimes that will be affected in that bill; concerns with mandatory testing for all; intent here is not to mandate testing for victim; long time lapse between crime and conviction; can language state testing be done more immediate to the crime and conviction; victim can use restitution money to pay for their testing; testing for DWI was discussed; concerns in regard to false positives and false negatives in testing for HIV.

Mr. Furse had members note legal aspects to remember in regard to testing for DWI vs. HVI. It is illegal to drive while intoxicated, but it is not illegal to have AIDS.

It was the concensus that it would be better to work on amendments within committee. There are still many concerns with HB 2659. At this point, Chairman appointed a sub-committee. Rep. Buehler, Rep. Flottman, and Rep. Harder. Rep. Buehler will Chair.

Chairman adjourned meeting at 2:50 p.m.

STATE OF KANSAS



DEPARTMENT OF HEALTH AND ENVIRONMENT

Forbes Field
Topeka, Kansas 66620-0001
Phone (913) 296-1500

Mike Hayden, Governor

Stanley C. Grant, Ph.D., Secretary
Gary K. Hulett, Ph.D., Under Secretary

Testimony Presented to
House Public Health and Welfare Committee
by

The Kansas Department of Health and Environment

House Bill 2688

This bill is not supported because the list of infectious and contagious diseases promulgated by the Secretary of Health and Environment includes many diseases not transmitted by blood. There is no reason for a person with an infection listed but in which the infectious agent is not in the blood to be denied the chance to donate blood. If the target of section 2 is blood-borne disease it should be so stated or specific diseases should be cited, i.e. hepatitis B, syphilis, and HIV infections. Section 1 might double the record keeping now done by requiring names and addresses of relatives/acquaintances.

Bloods are presently tested for evidence of contamination with hepatitis B virus and human immunodeficiency virus, the greatest causes of concern in blood transfusions. In addition, although not now necessary because of technical changes in procedures, blood is tested for syphilis. This testing is required by the U.S. Food and Drug Administration and by the American Association of Blood Banks (where requirements are more stringent). A State law requiring testing for hepatitis B, human immunodeficiency virus and syphilis for donors of blood or tissues would be appropriate to cover what Federal regulation may not because of jurisdiction.

Presented by:
Richard L. Parker, DVM, MPH
Director, Bureau of Epidemiology
February 17, 1988

*Attn #1
2-17-8
PHW*

Attn #1 - A

REPORTABLE DISEASES IN KANSAS
(Regulation (28-1-2, K.S.A. 65-128))

AIDS
Amebiasis
Ancylostomiasis (Hookworm disease)
Anthrax
Botulism
Brucellosis
Campylobacter
Chancroid
Chickenpox
Chlamydia
Cholera
Diphtheria
Encephalitis, infectious (indicate infectious agent whenever possible)
Epidemic diarrhea of the newborn
Food poisoning (indicate whether infection or intoxication and causative agent if possible)
Genital Herpes
Giardiasis
Gonorrhea
Gonorrhea ophthalmia neonatorum

Granuloma inguinale
Hepatitis, type A (Infectious)
Hepatitis, type B (Serum)
Hepatitis Non-A Non-B
Histoplasmosis
Kerato-Conjunctivitis, Infectious
Legionellosis (legionnaire's disease or pontiac fever)
Lymphogranuloma venereum
Lymphocytic choriomeningitis
Malaria
Meningitis, aseptic and other (indicate infectious agent whenever possible)
Meningitis, Haemophilus Influenzae
Meningitis, Meningococcal, including meningococcemia
Mumps
Pediculosis (louse infestation)
Pertussis (whooping cough)
Plague
Poliomyelitis (specify whether paralytic or non-paralytic)
Psittacosis
Q fever

Rabies
Rheumatic fever
Rickettsialpox
Rocky mountain spotted fever
Rubella, including rubella s.
Rubeola (measles)
Salmonellosis
Scabies
Shigellosis
Smallpox
Staphylococcal disease, hospital acquired
Streptococcal disease, hemolytic
Syphilis
Taeniasis and cysticercosis (beef or pork tapeworm)
Tetanus
Tinea capitis and corporis (ringworm)
Trachoma
Trichinosis
Tuberculosis
Typhoid fever
Typhus fever
Yellow fever

For disease reporting supplies and information, contact:

Epidemiology Section
Bureau of Disease Prevention & Control
Kansas Department of Health & Environment
Forbes Field
Topeka, Kansas 66620-6320
(913) 862-9360

#1
A

Aug 1986

KANSAS REPORT OF NOTIFIABLE DISEASE

(Disease or Suspected Disease) _____ (Form, Type, Classification) _____

Patient's Name _____ Date of Birth _____ Sex _____ Race _____

Patient's Address _____ County _____

Date of Onset _____ Hospitalized? Yes _____ No _____

Name of Hospital _____ Patient No. _____

Patient's School or Occupation _____

Attending Physician _____ Address _____

Remarks _____

Reported by: _____ Address _____

Date of Report _____ Send Supply of Card

EPI 1

Attach 1A

Kansas Association of Osteopathic Medicine

Harold E. Riehm, Executive Director

1260 S.W. Topeka
Topeka, Kansas 66612
(913) 234-5563

KAOM TESTIMONY ON H.B. 2656
FEBRUARY 17, 1988

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

My name is Harold Riehm and I represent The Kansas Association of Osteopathic Medicine. I appear today with comments on H.B. 2656.

H.B. 2656 is identical in content to H.B. 3061 of the 1986 Session. That Bill underwent several amendments and subsequently died in the Senate (stricken from the General Orders calendar without action). Pertinent events in the history of H.B. 2656 are these:

- (1) Circumstances of problem in western Kansas brought to attention of KAOM.
- (2) KAOM contacted PT Association to discuss possible approaches to problem.
- (3) Matter appeared as agenda item on PT Examining Committee of The Board of Healing Arts, on February 15, 1986. Motion adopted with language that became basis of H.B. 3061. The motion was made by Carolyn Bloom, RPT, and seconded by Richard Uhlig, D.O. (Bd. Secretary)

SOURCE: PHYSICAL THERAPY
EXAMINING COMMITTEE
FEBRUARY 15, 1986

P.T.A. Problem in Phillipsburg:

Aloa Barnes from Phillipsburg appeared before the Physical Therapy Examining Committee to present the problem of a PTA treating a patient without the patient first being seen by a RPT.

(Bloom-Uhlig) If the RPT is not available for immediate contact the PTA can initiate treatment by the physician order according to written protocol established by the RPT with minimum weekly review of patient care by the RPT.

The above motion will be presented to the legislature by Harold Riehm and Susan Hanrahan.

- (4) Board of Healing Arts approves language for introduction of Bill - identical to Ex. Comm.
- (5) House Public Health Committee adopts amendment (see attached). House passes H.B. 3061.
- (6) Senate Public Health Committee deletes reference to therapy preceding upon order of physician when RPT not available. With change, presumably acceptable to PT Association.
- (7) Bill initially passed over on General Orders (retains place) and then stricken from Calendar with no action taken.
- (8) 1988 - H.B. 2656 introduced as a Joint Committee on Administrative Rules and Regulations Bill. Language identical to 1986 Bill as introduced.

Comments of KAOM

KAOM participated with other groups in having the 1986 Bill introduced. As we testified then, that our main concern was the timeliness of patient care and an effort to keep at a minimum very expensive hospital care time. It is difficult to assess the extent of the problem; certainly there is a potential in any area of the State underserved by physical therapists.

The language changes of the 1986 Bill (identical to the current one) were initially proposed by The Physical Therapy Examining Committee comprised mainly of RPTs. and then supported by The Kansas State Board of Healing Arts.

Since the introduction of H.B. 2056, the PT Association has contacted KAOM and indicated that they thought the statutory approach is an overreaction and that it raises questions of conflict with long standing standards of practice for RPTs in their relationships with PT Assistants. They suggested some other approach, perhaps through a rule or regulation, and indicated they would make their recommendations to the Committee.

Therefore, it is our recommendation to the Committee that the PT Association's proposal be considered as an approach in lieu of H.B. 2056. It is our hope that whatever solution is implemented, that it directly addresses the problem, that it be regularized, i.e., systematic in its application, and that it be well communicated to all parties involved--physicians, RPTs, PT Assistants, and hospitals.

Attn. #2
2-17-8
PXRW

H.B. 2656 is identical in content to H.B. 3061 introduced in the 1986 Session. H.B. 3061 was a Committee Bill introduced at the request of The Kansas Association of Osteopathic Medicine, and supported by resolution of The Kansas State Board of Healing Arts. The Bill was amended in both the House and Senate Public Health Committees, and was removed from the Senate Calendar the last week of the 1986 Session. The Kansas Physical Therapy Association opposed all versions except the final one emerging from Senate Public Health. The language of the Senate Committee amendment was as requested by the PT Association (or close thereto). Copied below is the 1986 H.B. 3061 (identical to current H.B. 2656), and the amended versions as passed by the House and Senate Public Health Committees.

PRESENT K.S.A. PROVISIONS

65-2914. Unlawful acts; misdemeanors. (a) No person shall employ fraud or deception in applying for or securing a certificate of registration as a physical therapist.

(b) A person registered under this act as a physical therapist shall not treat ailments or other health conditions of human beings other than by physical therapy unless duly licensed or registered to provide such treatment under the laws of this state.

(c) A person certified under this act as a physical therapist assistant shall not treat ailments or other health conditions of human beings except under the direction of a physical therapist duly registered under this act. The word "direction" as used in this subsection (c) shall mean that the physical therapist shall see all patients initially and evaluate them periodically.

(d) Any person violating the provisions of this section shall be guilty of a class B misdemeanor.

History: L. 1963, ch. 318, § 14; L. 1973, ch. 253, § 12; L. 1983, ch. 215, § 13; July 1.

Research and Practice Aids:
Physicians and Surgeons—6(1).
C.J.S. Physicians and Surgeons §§ 10, 23.

HOUSE BILL 3061 - 1986 SESSION

Session of 1986

HOUSE BILL No. 3061

By Committee on Public Health and Welfare

2-26

0016 AN ACT concerning physical therapy; relating to treatment by a
0017 physical therapist assistant; amending K.S.A. 65-2914 and
0018 repealing the existing section.

0019 *Be it enacted by the Legislature of the State of Kansas:*

0020 Section 1. K.S.A. 65-2914 is hereby amended to read as fol-
0021 lows: 65-2914. (a) No person shall employ fraud or deception in
0022 applying for or securing a certificate of registration as a physical
0023 therapist.

0024 (b) A person registered under this act as a physical therapist
0025 shall not treat ailments or other health conditions of human
0026 beings other than by physical therapy unless duly licensed or
0027 registered to provide such treatment under the laws of this state.

0028 (c) A person certified under this act as a physical therapist
0029 assistant shall not treat ailments or other health conditions of
0030 human beings except under the direction of a physical therapist
0031 duly registered under this act. The word "direction" as used in
0032 this subsection (c) shall mean that the physical therapist shall see
0033 all patients initially and evaluate them periodically. *If the physi-*
0034 *cal therapist is not available for immediate contact, the physi-*
0035 *cal therapist assistant may initiate treatment by the physician's*
0036 *orders, according to written protocol established by the physi-*
0037 *cal therapist, with minimum weekly review of patient care by*
0038 *the physical therapist.*

0039 (d) Any person violating the provisions of this section shall
0040 be guilty of a class B misdemeanor.

0041 Sec. 2. K.S.A. 65-2914 is hereby repealed.

0042 Sec. 3. This act shall take effect and be in force from and
0043 after its publication in the statute book.

AMENDMENTS TO H.B. 3061 - 1986 LEGISLATIVE SESSION

Subsection (c) as amended by House Public Health Comm.

(c) . . . The word "direction" as used in this subsection (c) shall mean that the physical therapist shall 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 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.

Note: H.B. 3061 and current H.B. 2656 retain the requirement that the PT "shall see all patients initially and evaluate them periodically.", but then offers an exception for when a PT is not available. The House Committee amendment changed the placement of the "see" provision so that the PT did not have to see the patient initially, but only see and evaluate the patient periodically. The exception when the PT was not available was also retained. Presumably this made clear that the PT could be "available" though not actually see the patient, such as contact by phone, for example.

Subsection (c) as amended by Senate Public Health Comm.

(c) . . . The word "direction" as used in this subsection (c) shall mean that the physical therapist shall initially give instructions to physical therapist assistants on all patients and see and evaluate the patients periodically.

Note: The Senate Public Health Committee amendment to 3061 eliminated altogether permitting a PTA to proceed with therapy under orders of a physician when a PT was not available. But it did not reinsert the "see" back as in existing law. Again, this would probably permit the initial contact to be by phone.

KANSAS CHAPTER
AMERICAN PHYSICAL THERAPY ASSOCIATION

February 17, 1988

Mike Chapman, PT
President, Kansas Chapter
American Physical Therapy Association
Watkins Health Center, KU
Lawrence, KS 66605
913-864-9592 (Work)

HOUSE BILL 2656

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

My name is Mike Chapman and I am the current President of the Kansas Physical Therapy Association. Our Association serves over 80% of all practicing physical therapy personnel in this State. My purpose today is to address HB 2656 -- a bill relating to treatment given by a physical therapist assistant.

This issue has been under discussion for a couple of years because of one reported incident to the Board of Healing Arts about a physician referral problem to Physical Therapy involving a physical therapist assistant. That had been the only reported problem of its kind since physical therapist assistants have been regulated -- a total of 15 years. That problem has been resolved but the issue still exists.

No one testifying today on this bill asked that it be resurrected and brought again before your committee. Because it is here, it has received some discussion and we are prepared to address it and hopefully resolve it in as simplistic a manner as possible.

*Attn. #3
2-17-8
PHW*

Some of the difficulties with this language have been shared with the committee before. They include:

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 in Education of the American Physical Therapy Association. Instruction that they receive in these programs qualifies them 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 2656 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. With a physical therapist assistant/physician relationship, additional physician liability may be incurred as a result and that is something I'm sure physicians would not look very favorably upon.

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 unavailability 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 in the Physical Therapist Assistant's Code of Ethics. Such a practice may jeopardize our PTA members standing in the Association.

This issue effects only a small percentage of Kansas physical therapists and physical therapist assistants. After discussing this concern with the National Association, State Chapter Presidents and their legislative representatives as well as rural Kansas therapists and assistants, there was no statutory language that could be identified that would resolve more problems than it would create.

Our alternative was to look at the rules and regulations that existed for our practice. Those regulations currently state that physical therapist assistants have to be supervised a minimum of once per week by a physical therapist. We have requested that the Physical Therapy Examining Committee under the Board of Healing Arts look at that regulation and strengthen it by requiring Physical Therapists to supervise a minimum of twice per week in acute care facilities as well as provide daily phone contact with the assistant.

Most facilities in rural Kansas already do this. There have been no reported difficulties with 2-3 visits per week and no problem of those facilities practicing outside the Kansas law who utilize a physical therapist assistant.

Of the facilities who adhere to the one time per week policy, this would allow for better communication, additional on-site visit time, increase the therapists responsibility at that facility and allow for commencement of physical therapy treatment within twenty-four hours of referral.

We are asking your committee to agree that imposing additional statutory language would create other problems that may be less easily resolved and to take no action on this bill. Our hope is that by strengthening existing regulations, the issue will be at rest.

Our Association is willing to work with the Board on writing such a regulation, communicating that to our members (which includes most practitioners in the State) and monitoring the issue over the next two years. If concerns still exist, additional measures may have to be implemented and we would be willing to address those at that time.

Thank you for the opportunity to speak and your consideration of HB 2656. I would be happy to answer any questions that you might have.

February 17, 1988

Carolyn Bloom, P.T.
Vice-President
Physical Therapy Examining Committee
of the Kansas Board of Healing Arts
Route #1, Box 149
Eudora, Kansas 66025
913-354-5113 (w)

Mr. Chairman and Committee Members:

My name is Carolyn Bloom and I am currently Vice-President of the Physical Therapy Examining Committee of the Kansas Board of Healing Arts. My purpose is to address House Bill No. 2656 relating to treatments given by a physical therapist assistant. I would recommend not to insert the new language on lines 34-39 and to take no action on this bill at this time. The PT Examining Committee is currently investigating instead an addition to the Rules of the Kansas Physical Therapy Examining Committee under 100-37-1. Code of ethics; professional conduct (J), to add this statement to the current language (supervise each physical therapist assistant in an acute care setting a minimum of twice a week with daily phone contact).

I would support this change to help solve problems of patients not having physical therapy treatments started promptly in rural areas with a lack of full time physical therapists and the inability of physical therapist assistants to initiate treatments. In acute care facilities, a consulting physical therapist should be able to offer adequate service time if the therapist agrees to contract to the facility. This change puts more responsibility on the therapist to meet the needs of the contracted facility and protects the public from a treatment program initiated by a physical therapist assistant. P.T. Assistants have not received the training to evaluate and initiate treatment in their schooling.

I have spoken to the other two physical therapists on the Physical Therapy Examining Committee and this Rule addition will be further discussed at our next tentative meeting date of March 12, 1988. If approved by the Committee, it will be presented to the Board of Healing Arts at its next meeting.

Thank you for the opportunity to testify before your Committee. At this time, I would like to address any questions you may have.

Attn. #4
2-17-8
PHW