

Approved \_\_\_\_\_

Date

3/20/90

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 15, 1990 in room 526S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research  
Norman Furse, Revisor's Office  
Sandra Nash, Committee Secretary

Conferees appearing before the committee:

The Chairman continued the testimony from William Pitsenberger, General Counsel, Blue Cross/Blue Shield of Topeka.

Mr. Pitsenberger said he was almost finished with his testimony on H.B. 2755. Blue Cross is currently governed by a subscriber majority who could, if they wanted to, put chiropractors on. They have made provision to put osteopath on, if they so desired.

Blue Cross/Blue Shield, like any corporation, has problems from time to time with different people, suppliers, purchasers and that sort of thing. Our question is, whether or not the way to deal with those problems is to change the structure of Blue Cross/Blue Shield Board. Is that more reasonable than not. Blue Cross/Blue Shield is unique in that it has Board structure dictated by the statute, but the bill you have before you heads an entirely different direction, than Legislature has been telling us to head in the past. Tells us to have more providers, tells us there is no care if the subscribers dominate the Board and can't control these things. It also gives us some misgivings about what you are telling us about cost containment programs.

Senator Hayden asked what the House vote was.

Mr. Pitsenberger said it was 119 to 3.

Senator Hayden asked if he presented the same testimony to the House.

Mr. Pitsenberger said the testimony is a little different. This bill isn't in the insurance committee. It is in Public Health and Welfare and when this bill started out on the House side, it contained several provisions, and one of them was to define a chiropractor as a physician. A little background on that, there has been some controversy about chiropractor can call themselves a physician. So, if you are asking me what does that mean. For all I know, it means the House is saying no, the chiropractors cannot call themselves physicians. I'm not really sure how to read that. Mr. Pitsenberger thought this bill should be Financial Institutions and Insurance Committee rather than Public Health and Welfare.

Senator Strick asked if Mr. Pitsenberger testified that Allopathics, Osteopaths and Chiropractors could have entrance on your board, is that correct?

Mr. Pitsenberger said no. We define, by our by-laws, say the Board of Directors is made up of subscribers, hospital administrators, physicians and a dentist. It defines physicians as M.D. and D.O. The Chiropractor, what I was saying, that we have provided them copies of our agendas for our Board meeting since 1983 and provided them

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 526S Statehouse, at 10:00 a.m./p.m. on March 15, 1990

since 1983 and we again invited them to our Board meetings, just come and observe since 1983. The point I was making, is they complain they don't have information about what's going on in Blue Cross. They don't come to our Board meetings and they didn't tell you about the material they are getting right now.

The Chairman called the Committees attention to H.B. 2978. The first proponent is Tom Hitchcock, Board of Pharmacy.

Mr. Hitchcock said he is the Executive Secretary of the Kansas State Board of Pharmacy and he appears before the Committee in support of H.B. 2978. The bill will change the maximum fee for renewal licensure from \$60 to \$100, that the Board may set by regulation. He pointed out the Board is operating efficiently and the raise would allow the Board to continue efficiently. (Attachment 1)

The Chairman called the Committee's attention to the letter from Robert R. Williams, Executive Director of the Kansas Pharmacists Association. (Attachment 2)

The Chairman called for the wishes of the Committee on H.B. 2978. Senator Hayden made the motion to pass H.B. 2978 favorable out of the Committee. Senator Strick seconded the motion. The motion carried. Senator Hayden will carry the H.B. 2978.

The Chairman called the Committee's attention to S.B. 760. The first proponent for the bill is Jerry Slaughter, Kansas Medical Society. Mr. Slaughter pointed out they requested introduction of this bill in the Federal and State Affairs Committee in order to have a bill that deals specifically with quality health care. The bill is designed to promote the continued delivery of quality health care in a cost effective manner and encourage improved cooperation between physicians and those agencies which conduct private review for companies providing accident and health insurance. (Attachment 3)  
The bill covers the area and concept of utilization review.

Section 4(a) is the guts of the bill. It calls for regulation of insurance companies or their review agencies. It would put greater accountability into what they do, whether you tie it back to the Healing Arts Board or the Insurance Commissioner, we could live with either. It would inject a good check-and-balance that if there is going to be review of this nature, that we not sacrifice quality care just in the name of cost. As the pressures of health care cost and the delivery of care increase, we're going to bump up against that more often. The time has come for this. It may need more time and study and we are not opposed to an interim study.

Mr. Slaughter said, while the bill only relates to only to physician services, we did it because we were unable to speak for other health care providers. I think it does make good sense to broaden it if they would like to be included and we have no objection to that.

Senator Hayden asked if they operate on a quota, that there must be some up for review all the time for justification of the Board.

Mr. Slaughter said we have files of instances where the review seems completely arbitrarily and aimed at some sort of a quota system. There's a debate raging nationally right now that does exist through some of the government programs. I can't say that that's the case, but we do think if we put some minimal standards, some minimal regulation, that those things will stop. It is a way to assure quality based on an individual case and not have an over-all target to meet. If they are using an over-all target, it's inappropriate, it has no place in health care.

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room 526S, Statehouse, at 10:00 a.m./p~~xx~~ on March 15, 1990.

Senator Hayden said with the late date of the processing of this bill, are you anticipating an interim study, would you settle for an interim study?

Mr. Slaughter said they would. Of course, we would like to see it enacted and I realize it's complex and there will be others that don't agree with it. We feel it's a sound concept and if it is studied this summer, we will be more than anxious to come back next session and give it a go.

Senator Hayden asked if he would be averse to leaving out Section 1.

Mr. Slaughter said we have no big problem with that. It is sort of a statement of Legislative Intent. Altho we do think it sets the stage for provisions of the bill.

The Chairman called the next proponent, Richard Gannon of the Board of Healing Arts.

Mr. Gannon said State Board of Healing Arts supports S.B. 760. The State Board of Healing Arts is concerned with the quality of evaluations of medical care services. The concerns deal with the lack of accountability of the persons who conduct the review and the qualifications of the individuals who do the review. Individuals located in cities 1000 miles away with little or no formal education or credentials in the health care field make determinations as to the value and quality of services which have been provided in this State. Therefore the Board is supportive of legislation which would better regulate and control these private review organizations.  
(Attachment 4)

Senator Strick asked if the review agencies have qualified individuals in the medical field or are they ordinary lay people.

Mr. Gannon said we have been confronted with individual cases and inquiries, complaints, where we feel the reviewer does not qualify to make the judgment. Many times they not an, in regard to a medical issue, not a M.D. or a D.O. You might have a nurse making these judgment calls or a lay person. It depends upon the company, however.

Senator Strick said he feels that the bill should demand that the medical review people be medical people and not lay person. He said he could not see ordinary layman come in and determine whether surgery was needed or not.

The Chairman called the next proponent, Mr. Harold Riehm, Executive Director of the Kansas Association of Osteopathic Medicine. Mr. Riehm said he submitted written testimony which has been distributed to all members of the Committee (Attachment 5)

The Chairman called the next proponent, Tom Bell of the Kansas Hospital Association.

Mr. Bell said the Hospital Association is in support the bill and they agreed with the Kansas Medical Society. (Attachemnt 6) The increase in private review has created a number of problems for hospitals and other health care providers. These include the following: Consistency, Reviewer Qualifications, Confidentiality, Costs and Quality. He said S.B. 760 included provisions to address all these concerns.

Senator Strick asked if Mr. Bell would see a problem if the bill was placed in an interim study.

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room 526S Statehouse, at 10:00 a.m./p.m. on March 15, 1990, 1990.

Mr. Bell said he saw no problem.

The Chairman called the opponent to S.B. 760, Kelly Waldo, Executive Director of the Kansas Chiropractic Association.

Ms. Waldo stated that the Kansas Chiropractic Association was against the bill because it left out the wide array of other health care professionals and they would also back an interim study of the bill. (Attachment 7E)

The Chairman called Jim Schwartz, opponent to S.B. 760, Consulting Director of the Kansas Employer Coalition on Health, Inc. They feel that the cost of health care insurance is spiraling and "managed care" is needed in order to contain the costs. This bill would be an attempt at watering down efforts to contain the cost of health care insurance. (Attachment 8)

The Chairman called the Committees attention to S.B. 257. The Chairman said S.B. 257 came from Kansas State. The Chairman requested Staff Furse to give the Committee an overview of the amendments. (Attachment 9)

Senator Salisbury asked in Subsection (c), she didn't understand what an educational program was in Marriage and Family Therapy. Is that also from an accredited institution.

Sue Peterson from Kansas State University said that would appear to be stipulated to be from the Menninger Foundation program.

Senator Langworthy said her question was more technical, related to the charges on Page 5. Does that \$5.00 a day or \$5 for each 30 days?

Staff Furse said the way it reads is for each 30 day period.

The Chairman called Ron Hiem on behalf of the Kansas Association of Marriage and Family Therapy.

Mr. Hiem said he was appearing as a proponent for S.B. 257. He appointed out the new amendments meet all the objections raised by the Kansas Association of Professional Psychologists and the Board of Behavioral Sciences. (Attachment 10)

Senator Salisbury said she didn't understand what is approved by the Board, the program?

Mr. Hiem said the program was what would be approved by the board.

The Chairman called Dick Morrissey of the Kansas Department of Health and Environment to state their views on S.B. 257.

Mr. Morrissey said he wanted to review the Secretary's review of this application from 1988. The credentially review of the act was conducted by the technical committee and makes a recommendation to the Secretary. And then the Secretary makes an independent recommendation which comes to the Legislature and that's the position that we are now in. In this particular review, the technical committee found all the test for the criteria met but in the case of "harm" they found that criteria that related to the issue the risk of sexual exploitation compliance. And they pointed out that that risk applies to many other groups and professions that provides similar kind of mental health services. They subsequently then recommended registration and the Secretary looked at their review and recommendation and agreed that the criteria were all met. But he disagreed with their recommendation based upon the standards set in 65-5007. That statute is part of the credentially act, in essence directs the review to make their decision and to recommend the least regulatory means of assure the

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protection of the public. And then it sets out in order of priority statutory regulations other than the registration and licensure. The Secretary concluded that based upon harm identified there were other statutory means to protect the public and recommended that that be the course and for that reason that the occupation not be credentialled.

Senator Salisbury said there are some who feel that the Secretary made his recommendation based on the fact it was the Secretary's understanding that this Legislature specifically this committee, did not wish to further licensing or registration or credentialling. Is this the case?

Mr. Morrissey said it is not. The Secretary's decision was based upon 65-5007.

The Chairman asked for the Committee's wishes on the amendments to S.B. 257.

Senator Burke made the motion to adopt the amendments to S.B. 257.  
Senator Langworthy seconded the motion. The motion carried.

Senator Burke made the motion to pass S.B. 257 as amended favorably out of the Committee. Senator Strick seconded the motion. The motion carried.

The Meeting adjourned at 11:00 a.m.

SENATE  
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 3/15/90

(PLEASE PRINT)  
NAME AND ADDRESS

ORGANIZATION

Tom Hitchcock Topeka

Bd. of Pharmacy

Harold Riehm Topeka

NAAM

Bobi Williams Topeka

Ks. Pharmacists Assoc

Carl Schmitzhenner

Ks Dental Assn

M. Hawra

Capital-Journal

KEITH R LANDIS

CHRISTIAN SCIENCE COMMITTEE  
ON PUBLICATION FOR KANSAS

~~JERRY SAWATKA~~

KMS

Bob Anderson

KCA

Kelly Waldo

KCA

Richard Morrissey

KDHE

Cathy Rooney

"

Deborah Dvorak

intern

Cheryl Dillard

Kaiser Permanente

John Peterson

Ks Assn. N-t Psychology

Bill Peterson

Blue Cross Blue Shield

Jim Schwartz

Ks. Employer Coalition on Health

Charles Smaha

Ks Foundation for Medical Care

Susan Peterson

KANSAS State University

Lee Ann Smith

Stall Service

Please continue on next page.



# Kansas State Board of Pharmacy

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GOVERNOR

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TOM C. HITCHCOCK  
BOARD ATTORNEY  
DANA W. KILLINGER

## HOUSE BILL 2978

Senate Public Health and Welfare Committee

Mr. Chairman, Members of the Committee, my name is Tom Hitchcock and I serve as the Executive Secretary for the Kansas State Board of Pharmacy. I appear before you today on behalf of the Board in support of House Bill 2978.

This bill, on line 29, will increase the maximum the Board is allowed to set by regulation for a pharmacist annual licensure renewal. The Board has no intentions or necessity to increase the renewal fee up to the maximum level, but the new maximum will allow the Board some flexibility to meet expenses years into the future. As we are a fee agency that may keep and utilize only 80% of the fee revenue received, any increase will also place additional dollars into the general revenue fund of the state.

In explanation to any question you may have as to the operational efficiency of our agency, I would like to present a comparison with a similar fee agency. Our agency has approximately 6,325 licensees and the other agency has approximately 9,500. Our agency does this with 6 FTE and a \$330,000 budget compared to 16 FTE and a budget of \$1,244,000 for the other agency during FY 90. This computes that the Board of Pharmacy licenses at a cost of \$52.17 per licensee compared to the cost of \$130.95 per licensee by the other agency, and we do it with 10 fewer people. Although these figures are approximate, I believe it points out that our agency is operating efficiently.

You will note on the attached report of the Subcommittee on Appropriations of the House, the estimated ending balance will decrease for FY 90 and FY 91 if there is not some manner to increase revenues. With an increase in annual licensure fee, it will be possible for the Board to prevent such ending balance decreases.

The Board of Pharmacy respectfully requests the favorable passage out of Committee of House Bill 2978.

Thank you.

Attachment

SPH + W  
Attachment #1  
3/15/90



18/90

SUBCOMMITTEE REPORT

FY '91

Agency: State Board of Pharmacy      Bill No. 2616      Bill Sec. 16  
 Analyst: Efird      Analysis Pg. No. 42      Budget Pg. No. 450

<u>Expenditure Summary</u>	<u>Agency Req. FY 91</u>	<u>Governor's Rec. FY 91</u>	<u>Subcommittee Adjustments</u>
State Operations	\$ 349,145	\$ 335,021	\$ 5,471
FTE Positions	6.0	6.0	6.0

Agency Request/Governor's Recommendation

The Board requests an increase of \$11,863 above the current fiscal year revised estimate. The budget request includes increases of \$7,640 for salaries and benefits and \$4,223 for contractual services. No increase in commodities is requested in FY 1991.

The Governor recommends an increase of \$10,128 above the current fiscal year's expenditures. Included are an additional \$9,574 for salaries and benefits and \$554 for contractual services. No increase in commodities is recommended in FY 1991.

House Subcommittee Recommendation


The Subcommittee concurs with the Governor, with the following exceptions:

1. Restore \$2,471 for the Impaired Practice Program in order to finance expenditures of \$25,000. The Subcommittee recommends restoring funds for the program in order to insure the same financing for drug intervention services next fiscal year as is recommended in FY 1990.
2. Restore \$3,000 for legal fees of the Board's attorney in order to finance expenditures of \$25,000. The Subcommittee notes expenditures of \$11,368 through January 15, 1990. The Subcommittee believes that the case load may require work above the level provided by the Governor's recommended expenditures and that an additional 60 hours of legal services at \$50 per hour charged by the Board's attorney should be funded for next fiscal year.
3. Increase the Board's expenditure limitation by \$5,471 above the Governor's recommended level of expenditures in the regular FY 1991 appropriations bill.
4. Note that the Board's fee fund balances will decrease in FY 1990 and FY 1991 based on recommended expenditures and estimated receipts since spending exceeds revenues and that the Board has requested a bill be introduced to raise the statutory maximum from \$60 to \$100 for licenses. The bill has been introduced. The present license fee is \$55 and the statutory maximum is \$60, but estimate new revenue from a \$5 increase would be only \$14,000.

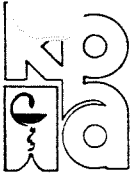
5. Direct the Board's staff to seek assistance from DISC for a study of future computer needs if funds are to be sought for a dedicated computer system. The Board office currently shares computing facilities with the Board of Nursing and the Pharmacy staff expressed dissatisfaction with the arrangement. The Subcommittee reiterates that this recommendation was made in the previous Subcommittee report during the 1989 Session and that no study has been made by DISC.
  
6. Concur with legislation which will be introduced by the Senate Committee on Governmental Organization to place this fee agency under the Kansas Sunset Law. The Board staff also expressed concurrence with this form of legislative review. The Subcommittee understands that all health-related fee agencies will be recommended for sunset review if not currently included (as are the Board of Nursing and the Board of Healing Arts).

**Fee Fund Analysis.** The State Board of Pharmacy Fee Fund receives revenues from the licensure of pharmacists, pharmacies, drug manufacturers and distributors, and retail dealers, and from administration of the pharmacist licensure examination. Licenses and permits are renewed on an annual basis. Most of the license and permit fees charged by the Board are not at the statutory maximums. The revenue estimates do not include any fee increases for FY 1990 or FY 1991, with decreasing ending balances noted for each fiscal year since expenditures exceed net receipts in FY 1990 and FY 1991. The following table summarizes estimated receipts and fund balances based on the Subcommittee's recommendations:

<u>Resource Estimate</u>	<u>Actual FY 89</u>	<u>Estimated FY 90</u>	<u>Estimated FY 91</u>
Beginning Balance	\$ 166,284	\$ 167,812	\$ 145,302
Net Receipts	<u>306,295</u>	<u>306,186</u>	<u>306,186</u>
Total Funds Available	\$ 472,579	\$ 473,998	\$ 451,288
Less: Expenditures	<u>304,767</u>	<u>328,696</u>	<u>340,492</u>
Ending Balance	<u>\$ 167,812</u>	<u>\$ 145,302</u>	<u>\$ 110,996</u>

  
 Representative Henry Helgerson  
 Subcommittee Chairman

  
 Representative Ellen Samuelson



THE KANSAS PHARMACISTS ASSOCIATION

1308 WEST 10TH

PHONE (913) 232-0439

TOPEKA, KANSAS 66604

ROBERT R. (BOB) WILLIAMS, M.S., C.A.E.  
EXECUTIVE DIRECTOR

MEMO

TO: Senate Public Health & Welfare Committee

FROM: Robert R. Williams, M.S., C.A.E. *RR*  
Executive Director

RE: HB2978

DATE: March 7, 1990

It has been brought to my attention that a hearing for HB2978 (which deals with an increase in the pharmacist's license renewal fee) is scheduled for March 14. Unfortunately, I will be unable to attend the hearing in that I will be attending the annual meeting of the American Pharmaceutical Association.

The Kansas Pharmacists Association is in support of HB2978 and encourage your support of the bill. Should you have any questions please feel free to contact me. I will be back in my office on March 15.

SPH & W  
Attachment #2  
3/15/90



## KANSAS MEDICAL SOCIETY

1300 Topeka Avenue • Topeka, Kansas 66612 • (913) 235-2383  
Kansas WATS 800-332-0156 FAX 913-235-5114

March 15, 1990

TO: Senate Public Health and Welfare Committee  
FROM: Kansas Medical Society  
SUBJECT: Senate Bill 760; Regulation of Private Review Agencies

Thank you for this opportunity to express the support of the Kansas Medical Society for the concept embodied in SB 760. We requested introduction of this bill in the Federal and State Affairs Committee in order to avoid complications as a result of legislative deadlines. It is, however, a bill that deals specifically with quality of health care and therefore is appropriately referred to this committee for consideration.

The purpose of this bill is explained quite succinctly in Section 1. It is designed to promote the continued delivery of quality health care in a cost effective manner and encourage improved cooperation between physicians and those agencies which conduct private review for companies providing accident and health insurance.

In the current environment in which physicians practice, the delivery of patient care has become complicated by a highly structured bureaucracy which reviews almost everything physicians do. Elaborate systems of prior authorization, concurrent review, and retrospective review are in place in almost every payor system. Since virtually all care is now paid for by third party payors, whether it be government or private, the decisions third parties make on authorizing or reimbursing care have a significant impact on who gets what, and in what setting, and at what level of intensity of services.

While we do not disagree with the concept of utilization review of services, because well structured review programs can assure that only medically necessary services are delivered, we do have serious concerns about the fact that all of this review is virtually unregulated. For example, many of the decisions which third parties make regarding their willingness to pay for certain services have a direct impact on the physician-patient relationship, and the patient's health. Much of the review is not even done by physicians or other health care providers. Frequently it is a non-health care provider who makes basic screening decisions on the provision of health care. The review process utilized by many third parties are often confusing to both patients and physicians, with little accountability for their decisions to either pay for or deny needed care.

*SPH & W  
Attachment #3  
3/15/90*

This is really the background for this legislation. We believe in an increasingly regulated health care system, in which physicians are held to the highest standards of care and accountability, both by the liability system, as well as by the Healing Arts Act, it just makes good sense to require some accountability of those who review and control the provision of patient care services. This bill would regulate any insurance companies or review agencies who review care, and would make them adhere to basic guidelines under which they must conduct their review. This bill would provide additional assurances that such review activities do not result in compromised quality of care in the name of cost reduction.

The bill would delegate responsibility for certifying private review agencies and regulating such agencies to the State Board of Healing Arts. This was the original recommendation of the Hospital Medical Staff Section of KMS. The HMSS of KMS later decided that perhaps this function would be more appropriately delegated to the Commissioner of Insurance. We certainly do not have any preference as to the Board versus the Commissioner. It would seem that the Board of Healing Arts would be better equipped to administer a law dealing specifically with quality concerns, but a strong argument can be made that regulation of utilization review is an insurance regulatory function.

Section 3 of SB 760 requires that any private review agency conducting utilization review receive a certificate of authority to do business in the state of Kansas. Section 4 of the bill establishes standards for those companies which receive certificates to conduct UR in our state. Section 5 then governs the certification process and establishes a maximum fee. We recognize that a \$150 fee quite possibly might not generate adequate revenue to finance the cost of administration of this law. It is certainly not our intent to impose any kind of a burden on the State General Fund or any other source of revenue. We would respectfully suggest to you that the bill should be amended in a manner that would allow the responsible agency to set an appropriate fee necessary to finance the cost of regulating this industry.

Section 6 is extremely important in that it establishes the grounds for suspension or revocation of a certificate in the event that a UR agency fails to comply with the law. Along these same lines, Section 7 provides recourse in the event of denial of coverage by the utilization review agency.

Section 8 of SB 760 protects the records of a review agency from legal discovery or other inappropriate access. Section 9 provides for the adoption of administrative regulations by the responsible agency and grants access to records for investigation purposes and thus is extremely important for purposes of enforcing the act.

Section 10 of the bill imposes a requirement that any policy for accident and health insurance coverage which provides for private review must comply with this new law. And finally, Section 11 is the severability clause.

Senate Public Health and Welfare Committee  
Testimony on Senate Bill 760  
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Page Three

We believe that enactment of SB 760 will address the problem experienced by so many physicians when they are informed that medical care which has already been rendered will not be covered by an insurance policy. It is extremely frustrating and entirely inappropriate for a physician to be told that his or her medical judgment has been overruled by a person working for a review agency or insurance company who is not licensed to practice medicine and surgery and who is unregulated and not held to identifiable and reasonable standards. By establishing standards for private review and making such agencies accountable for their decisions, at least physicians will have a rational basis for "medically unnecessary" denials and will have recourse available to them in the event of a questionable decision.

Thank you very much for your consideration. We urge you to recommend passage of SB 760.

CW:nb

# State of Kansas

## Office of

RICHARD G. GANNON, Executive Director  
 LAWRENCE T. BUENING, JR., General Counsel  
 JOSEPH M. FURJANIC, Disciplinary Counsel  
 SUSAN LAMBRECHT, Licensing Supervisor



Kansas State Board of

Healing Arts

235 S. TOPEKA BLVD  
 TOPEKA, KS 66603  
 913 296 7413

## Board of Healing Arts

TO: Senate Committee on Public Health and Welfare  
 FROM: Richard G. Gannon, Executive Director  
 DATE: March 15, 1990  
 RE: SB 760

Thank you very much for the opportunity to appear before you regarding SB760, and to submit testimony on behalf of the State Board of Healing Arts.

Initially, I want to stress that the State Board of Healing Arts has concerns relating the quality of evaluations of medical care services which determine the cost, necessity and appropriateness of medical care provided in the State of Kansas. These concerns deal not only with the lack of accountability of the persons who conduct the review, but also the qualifications of the individuals who do this review. At present, individuals located in cities as far as 1,000 miles from the State of Kansas with little or no formal education or credentials in the health care field make determinations as to the value and quality of services which have been provided in this State. Therefore, the Board is supportive of legislation which would better regulate and control these private review organizations.

The Board however, believes it may not be the appropriate agency to certify individuals who conduct private review. Many, but not all of the private review agencies which would apply for a certificate under this bill are presently or otherwise regulated by the Department of Insurance. Such individuals already licensed by the Department of Insurance include health insurers, health maintenance organizations and non-profit health service plans such as Blue Cross and Blue Shield of Kansas and Kansas City. However, there are also many other organizations which conduct private review which are not regulated by any state agency. Self-funded employee benefit plans, PPOs, and multi-national corporations with employees in the State of Kansas are examples of entities which are not, at present, regulated by any state agency.

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 KENNETH D. WEDEL, M.D., WICHITA  
 REX A. WRIGHT, D.O., WICHITA

*SPH + W  
 Attachment #4  
 3/15/90*

**Kansas State Board of Healing Arts  
Testimony - SB 760**

Finally, the definition of peer review as set forth in Sec. 2 (c) includes the evaluation of almost all health care services provided in the State of Kansas including those provided by podiatrists, dentists, chiropractors, and other providers. However, the review to be conducted seems to primarily deal with services and charges made by physicians licensed to practice medicine and surgery. The Board is of the firm opinion that services reviewed by a health care provider should be provided by individuals who have training, education and credentials in the same field. In other words, services provided by a podiatrists should be ultimately reviewed by a podiatric licensee, chiropractic services should be reviewed by a licensed chiropractor and dental services should be reviewed by qualified dentists.

In conclusion, the Board is supportive of the idea of regulating individuals and entities who conduct private review and feel such would lead to higher quality evaluations and determinations being made. The Board, since 1957, has regulated individuals licensed or certified in the healing arts and related health care fields and has a great deal of expertise of this area. However, the certifying of entities which provide private review would be a whole new concept for the board to perform. It would be practically impossible for the Board to employ the additional personnel required to implement the various forms, rules, and regulations in order to credential these entities by July 1 when this bill would become effective.



# *Kansas Association of Osteopathic Medicine*

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*Harold E. Riehm, Executive Director*

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

March 15, 1990

## KANSAS ASSOCIATION OF OSTEOPATHIC MEDICINE - TESTIMONY ON S.B. 760

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

My name is Harold Riehm and I appear for The Kansas Association of Osteopathic Medicine. We support S.B. 760.

The development, in recent years of a myriad of private agencies reviewing the services provided by physicians is a matter of considerable concern to the doctors I represent. While physicians recognize the role of these agencies, and the purposes for which they are created. There has been numerous inconsistencies and certainly the potential for abuse.

Without dealing with the specifics of S.B. 760, we think the Bill is a step in the right direction. It regulates the reviewers in a way that adds some standardization to their practices and makes the system more understandable to physicians. It also would assure fairness in a system that physicians think does not always include that characteristic.

This is a thorough and far-reaching Bill. As such it is complex. While we would welcome a thorough review in this Legislative Session, and are willing to participate therein, we also see this as a candidate for a more thorough review by an Interim Committee in 1990.

KAOM will be pleased to respond to questions regarding the contents of S.B. 760.

Thank you for the opportunity to comment.

SPH & W  
Attachment #5  
3/15/90



## Memorandum

**Donald A. Wilson**  
President

March 15, 1990

TO: Senate Public Health & Welfare Committee  
FROM: Kansas Hospital Association  
RE: Senate Bill 760

The Kansas Hospital Association appreciates the opportunity to comment regarding the provisions of Senate Bill 760. This bill would set up a regulatory scheme for "private review" of medical care services.

Private review is defined in Senate Bill 760 as the evaluation of the cost, necessity, quality or appropriateness of medical care or services provided to a patient. In essence, it is a process whereby employers, private insurers or their contracting review agents seek to reduce health care costs by identifying and denying payment for unnecessary and/or inappropriate medical care. This growth in private review has come about largely in response to insurers' and employers' concerns over rising health care costs.

Any aspect of services can be subject to review before, during or after they are rendered by a health care provider. Review can take the form of prior authorization and pre-admission review; concurrent review, which is conducted while the patient is in the hospital; discharge planning; retrospective review; and bill audits.

The increase in private review has created a number of problems for hospitals and other health care providers. These include the following:

CONSISTENCY: Hospitals have to comply with many different private review requirements and definitions of "medically necessary and appropriate care." Some hospitals have to work with more than 50 different private external review organizations demanding varying, and often a considerable amount of, patient information. Hospitals increasingly are being asked to participate in prospective, concurrent and

*SPH&W  
Attachment #6  
3/15/90*

retrospective reviews related to the delivery of, and charges for, health care services. Often there is no procedure for appealing review decisions.

REVIEWER QUALIFICATIONS: Hospitals frequently complain about reviewers' lack of clinical training and expertise. Review often appears to be performed by individuals unfamiliar with standard utilization management practices and medical terminology. This puts hospitals in the position of having to assign staff the task of educating reviewers about particular medical conditions and diagnostic and therapeutic interventions that prompt clinical decisions.

CONFIDENTIALITY: Hospitals also are faced with reviewers who arrive unannounced, requesting immediate access to confidential medical records without assurance of security measures to protect that confidentiality. If a reviewer telephones a hospital and requests confidential information, hospital staff cannot confirm a reviewer's identity.

COSTS: Private review straps hospitals with added administrative expenses, including the cost of hiring additional hospital staff to work with reviewers; developing and maintaining management information systems; duplicating patient records; and training/educating hospital and physician office staff.

QUALITY: Though utilization management is often an effective cost-containment tool, hospitals are concerned about the effect of cutting benefits on quality of care. It is imperative that private review activities not drive clinical practice.

In our opinion, Senate Bill 760 contains provisions to address all of these concerns.

One important change needs to be made to Senate Bill 760. As it stands now, the bill only applies to private review of physician services. A large part of the review performed by these organizations pertains to hospital services. In order for Senate Bill 760 to maintain consistency, it should also be applicable to private review of hospital services.

Thank you for your consideration of our comments.

/cdc

# BUSINESS

The Kansas City Star

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Wednesday, February 21, 1990 Section C

## Regulatory bids opposed

### Health insurers want to retain watchdog role

By Jennifer Greer

Star business & financial writer

The health insurance industry's watchdogs have joined forces to fend off proposals for stricter government regulation pending in several state legislatures, including Missouri's.

A coalition of leading utilization review companies last week formed a national organization to accredit and give credentials to review firms.

The new Utilization Review Accreditation Commission is designed to encourage voluntary compliance with a set of national review standards it has developed, said Dr. Roger Taylor, commission chairman.

Utilization review, which has become a common insurance industry practice, is the process of reviewing medical records when deciding how much—or whether—to pay on a claim.

Utilization review organizations also are consulted when hospitals and physicians are deciding on treatment for a policyholder, to check whether an

admittance or a procedure would be admissible under health insurance coverage.

The new review standards "represent the utilization review industry's response to hospitals' and doctors' concerns," said Taylor, who also is president of Corporate HealthCare Management, the review arm of Equicor-Equitable HCA Corp. of Nashville, Tenn. "The organization will make relationships better."

About 200 organizations perform utilization review in the United States.

Private companies provide utilization review for employers and insurance companies to help control the misuse or overuse of health care plans, which leads to higher insurance rates. Some insurance companies also perform their own utilization review through subsidiaries or internal departments.

The practice of utilization review has come under fire in recent years from hospitals, physicians and patients. Opponents say that some utilization review organizations have been selling con-

fidential medical information—such as AIDS diagnosis—to other insurance firms, banks, credit companies and other concerns.

The opponents of the practice also contend that some of the people making decisions on whether a medical treatment is necessary, and therefore covered, are not qualified.

Those concerns have led several states to consider restrictions on utilization review. Arkansas and Maryland already have enacted laws that limit what types of data can be used to determine when medical treatments are appropriate.

Bills pending in the Missouri legislature also would place limits on how patient files could be used. The proposals also would set up a regulatory board that would set rules and regulations for the industry and would certify persons that could deny claims or covered treatment.

Kansas lawmakers also have consid-

See Watchdog, pg. 2C, col. 5

## Watchdog continued from pg. 1C

ered limits on utilization review.

Taylor said the new Utilization Review Accreditation Commission and the national operating standards will make government regulation of the industry unnecessary.

Beginning next January, the commission will give credentials to organizations that follow the standards. Hospitals and physicians can register complaints about specific organizations with the commission, Taylor said.

"The bulk of the problems that the hospitals and physicians are talking about cannot be addressed by government regulation," he added. "It's just that until now, there has been no forum that could address the problem. So they went to the state legislatures."

Area legislators said they favored the formation of the commission.

"I think this is a real positive

sign," said Rep. Joe Bock, a Gladstone Democrat who is sponsoring the House bill in Missouri. "I would certainly welcome some self-regulation of the industry."

But while most companies would comply with the guidelines those that have caused problems in the past probably would not, Bock said.

"I wonder whether a voluntary plan would be sufficient," Bock said. "I don't know if there would be enough encouragement for everyone to participate."

Taylor said those firms that did not abide by the standards and continued to use objectionable methods would lose business to organizations carrying credentials from the commission.

"That would have marketplace value that would have a much greater impact than any regulation," Taylor said.

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# Kansas Chiropractic

ASSOCIATION

## MEMORANDUM

TO: Senate Committee on Public Health and Welfare  
FROM: Kansas Chiropractic Association  
RE: 1990 Senate Bill No. 760  
DATE: March 15, 1990

I am Kelly Waldo, Executive Director of the Kansas Chiropractic Association (KCA), and am appearing today on behalf of the KCA in opposition to 1990 Senate Bill No. 760 (SB 760).

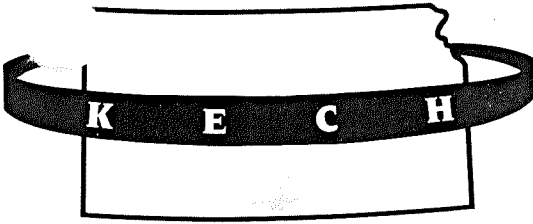
We are opposed to SB 760 not because of its intent, which is to promote the delivery of quality health care in a cost effective manner, but because of its scope. This piece of legislation would limit its application to a very narrow portion of health care providers, namely, physicians licensed to practice medicine and surgery. Unfortunately, that leaves out a wide array of other health care professionals.

As one of the three branches of the healing arts in Kansas, the KCA believes that this bill's provisions should be extended to Chiropractors, as well as a number of other providers such as dentists and physical therapists.

As SB 760 is currently written, the KCA is opposed to its passage, but would encourage this committee to recommend that SB 760 be the subject of an interim study charged with the task of broadening the bill's scope and, as a consequence, its effectiveness.

I appreciate this opportunity to come before the committee and would respond to any questions you might have.

SPH & W  
Attachment #07  
3/15/90



## Kansas Employer Coalition on Health, Inc.

1271 S.W. Harrison • Topeka, Kansas 66612 • (913) 233-0351

### Testimony to Senate Public Health and Welfare Committee on Senate Bill 760

(regulating private agencies that review medical care)

by James P. Schwartz Jr.

Consulting Director

March 15, 1990

I am Jim Schwartz, consulting director for the Kansas Employer Coalition on Health. The Coalition is 106 employers across Kansas who are concerned about the cost-effectiveness of group health insurance. Since 1983 we have sought ways to manage the spiraling cost of healthcare benefits for our 350,000 Kansas employees and dependents.

The cost of providing health benefits has increased faster than any other cost of doing business. That's why we've been working very hard lately to contain the costs of these benefits -- so that less expense has to be shifted to employees and so that more money is available for wages and other benefits.

Although the battle to contain healthcare costs often feels like a losing one, there has been a glimmer of hope in the past few years in the form of what is now called "managed care." Simply stated, managed care means hiring professional supervision of medical care so that appropriate, cost-effective care is assured. Although methods vary among managed care systems, a universal element is utilization review. By applying utilization review, healthcare purchasers have realized a significant dent in the incidence of unnecessary treatment. The success of this approach has led some experts to predict that by 1995, all but perhaps 10% of insured patients will be covered by managed care policies.

Managed care may be the last hope for the American system of privately funded and delivered health care. All of us can agree, I would hope, that before we respond to healthcare inflation by rationing, every effort should be made to trim the substantial fat that still clings to the system. Even if managed care proves insufficient to curb the cost explosion, any reformed healthcare system will certainly incorporate managed care principles in order to live within a budget.

The place of managed care in the health care system is secure. But its effectiveness is threatened by recent efforts across the country to water it down. Senate bill 760 seems to me to have that watery flavor.

*SPH & W  
Attachment #8  
3/15/90*

Rather than take time to pick apart the details of the bill, I'd rather share with you a more general concern that I consider overarching.

Arguments in favor of the bill would seem more compelling to me if I believed that ordinary means of redressing grievances had been exhausted. But I don't think they have—not by a long shot. The coalition I represent has, as its sole reason for being, the exploration of problems with the efficient funding and delivery of health care. We discuss scores of pressing problems, generally in open dialog with the medical profession. Never has this coalition been approached by the medical profession with a request for help on this issue. Even more telling, rarely do we hear complaints from employees on this subject. And we are certainly in a position to. When employees feel threatened about denial of benefits, they let us know loud and clear. We have to be sensitive to potential problems with health benefits because of their profound effect on labor relations. We hear all sorts of complaints. But problems with medical review are rare, and when they occur, we prefer to handle them directly with the vendors. Believe me, we wouldn't put up with a vendor who gives us trouble with our employees.

It seems to me that concerns about utilization review lie not so much with patients as with physicians. And I sympathize with doctors in this regard, particularly those who got established before utilization review became so popular. In the past seven or eight years physicians have seen large increases in the amount of time and paperwork required to comply with inquiries from review agencies. If I were a physician I'd resent the intrusion into my practice and the questioning of my judgment. I feel sure of this because I know how I resent red tape from the entities that demand accountability from me now. But I don't think that the problems caused by review agencies are likely to be improved much by the addition of still another layer of red tape in the form of government regulation.

To be certain about this question, it would be helpful to have some statistics on the magnitude of the problem. Anecdotal accounts of problems occur in any field. In the case of utilization review, such incidents are probably best left to the parties involved. After all, there are plenty of incentives within that market for dealing with the problems privately and efficiently.

Let's not start down the road of shackling the only movement that offers promise of relief from soaring healthcare costs. Instead, I'd encourage the medical community to approach employers, insurers and other purchasers of care with problems as they arise. Together we can work out the bugs in the system. Let's give a collaborative approach a chance.

SENATE BILL No. 257

By Committee on Public Health and Welfare

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SPH & W  
Attachment #9  
3/15/90

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AN ACT providing for the registration of marriage and family therapists; granting powers to and imposing certain duties upon the behavioral sciences regulatory board; declaring certain acts to be unlawful and providing penalties for violations; amending K.S.A. [1988] Supp. 74-7507 and repealing the existing section.

1989

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

New Section 1. Sections 1 through 13, and amendments thereto, shall be known and may be cited as the marriage and family therapists registration act.

New Sec. 2. As used in the marriage and family therapists registration act:

(a) "Board" means the behavioral sciences regulatory board created under K.S.A. 74-7501 and amendments thereto.

(b) "Marriage and family therapy" means the ~~process of providing professional marriage and family psychotherapy to individuals, married couples and family groups, either singly or in groups. Marriage and family therapy includes premarital, marital, divorce and family therapy, and is a specialized mode of treatment for the purpose of resolving emotional problems and modifying intrapersonal and interpersonal dysfunction.~~

assessment and treatment of cognitive, affective or behavioral problems within the context of marital and family systems

~~[(c) "Practice of marriage and family therapy" means utilizing established principles that recognize the interrelated nature of individual problems and dysfunctions in family members to assess, understand and treat emotional, mental and relationship problems.]~~

~~[(d) "Marriage and family therapist" means a person who engages in the practice of marriage and family therapy and is registered under this act.]~~

(c)

New Sec. 3. The board shall:

(a) Adopt and enforce rules and regulations for the registration



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44 of marriage and family therapists, which shall be designed to protect  
45 the public;

46 (b) develop by rule and regulation appropriate techniques, in-  
47 cluding examinations and other methods, for determining whether  
48 applicants for registration and individuals registered are qualified  
49 under the marriage and family therapists registration act;

50 (c) register individuals who are qualified under the marriage and  
51 family therapists registration act;

52 (d) establish and implement procedures designed to assure that  
53 registered marriage and family therapists will comply with the board's  
54 rules and regulations;

55 (e) study and investigate the practice of marriage and family ther-  
56 apy within the state in order to improve the standards imposed for  
57 the registration of marriage and family therapists and to improve the  
58 procedures and methods used for enforcement of the board's  
59 standards;

60 (f) formulate and implement a code of ethics for all registered  
61 marriage and family therapists; and

62 (g) establish by rules and regulations continuing education re-  
63 quirements for marriage and family therapists.

64 New Sec. 4. (a) On and after July 1, ~~1990~~ 1991, no person shall rep- 1991  
65 resent that such person is a registered marriage and family therapist  
66 or a marriage and family therapist without having first obtained a  
67 registration as a marriage and family therapist under the marriage  
68 and family therapist registration act.

69 (b) Violation of this section is a class B misdemeanor.

70 New Sec. 5. (a) An applicant for registration as a marriage and  
71 family therapist shall furnish evidence that the applicant:

72 (1) Has attained the age of majority; 500 hours

73 (2) has at least two years of supervised postgraduate experience 500 hours  
74 in marriage and family therapy satisfactory to the board; from an accredited

75 (3) (A) has completed a master's or doctoral degree in marriage from an accredited  
76 and family therapy from a program in an educational institution or  
77 from an educational program in marriage and family therapy ap-

78 proved by the board; or (B) has completed a master's or doctoral accredited  
degree from an educational institution in a related field for which  
the course work is considered by the board to be equivalent to that

81 provided in clause (3)(A);

82 (4) will agree to conduct all professional activities as a registered  
83 marriage and family therapist in accordance with a code of ethics  
84 for marriage and family therapists to be adopted by the board; and

85 (5) has passed an examination approved by the board.

86 (b) Each applicant shall pay an application fee and examination  
87 fee established by the board under section 12.

88 New Sec. 6. Prior to July 1, [199], a registration shall be issued  
89 to an applicant without examination if the board is satisfied that the  
90 applicant meets the requirements of paragraphs (1) to (4), inclusive,  
91 of subsection (a) of section 5.

92 New Sec. 7. The board shall issue a registration to an individual  
93 who is currently authorized to practice marriage and family therapy  
94 in another jurisdiction if the board determines that the standards  
95 for authorization to practice marriage and family therapy in the other  
96 jurisdiction are at least equivalent to or exceed the requirements of  
97 the marriage and family therapists registration act and rules and  
98 regulations of the board. An applicant for a registration under this  
99 section shall pay an application fee established by the board under  
100 section 12.

101 New Sec. 8. (a) An applicant who meets the requirements for  
102 registration pursuant to this act, has paid the registration fee provided  
103 for by section 12 and has otherwise complied with the provisions of  
104 this act shall be registered by the board.

105 (b) Registrations issued pursuant to this act shall expire 24 months  
106 from the date of issuance unless revoked prior to that time. A reg-  
107 istration may be renewed upon application and payment of the fee  
108 provided for by section 12. The application for renewal shall be  
109 accompanied by evidence satisfactory to the board that the applicant  
110 has completed during the previous 24 months the continuing edu-  
111 cation required by rules and regulations of the board.

112 (c) A person whose registration has been suspended or revoked  
113 may make written application to the board requesting reinstatement  
114 of the registration upon termination of the period of suspension or  
115 revocation in a manner prescribed by the board, which application  
116 shall be accompanied by the fee provided for by section 12.

117 New Sec. 9. (a) The board may refuse to grant registration to,

or (C) completed a masters or doctoral degree from an  
educational institution in a related field with addi-  
tional work from an educational program in marriage  
and family therapy approved by the board;

[1992

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118 or may suspend, revoke, condition, limit, qualify or restrict the  
119 registration of any individual who the board, after a hearing,  
120 determines:

121 (1) Is incompetent to practice marriage and family therapy, or is  
122 found to engage in the practice of marriage and family therapy in  
123 a manner harmful or dangerous to a client or to the public;

124 (2) is convicted by a court of competent jurisdiction of a crime  
125 that the board determines is of a nature to render the convicted  
126 person unfit to practice marriage and family therapy;

127 (3) has violated a provision of the marriage and family therapists  
128 registration act or one or more of the rules and regulations of the  
129 board;

130 (4) has obtained or attempted to obtain a registration or regis-  
131 tration renewal by bribery or fraudulent representation;

132 (5) has knowingly made a false statement on a form required by  
133 the board for registration or registration renewal; [or]

134 (6) has failed to obtain continuing education credits required by  
135 rules and regulations of the board; [

136 (b) For reasons it considers sufficient and upon a vote of a ma-  
137 jority of all the members of the board, the board may restore a  
138 registration that has been revoked, reduce a period of suspension  
139 or withdraw a reprimand.

140 New Sec. 10. (a) Nothing in the marriage and family therapists  
141 registration act shall be construed to prevent individuals licensed to  
142 practice the healing arts, professional or practical nurses licensed by  
143 the board of nursing, mental health technicians licensed by the board  
144 of nursing, psychologists licensed by the behavioral sciences regu-  
145 latory board, masters level psychologists registered by the behavioral  
146 sciences regulatory board, school psychologists certified by the state  
147 department of education, social workers licensed by the behavioral  
148 sciences regulatory board and professional counselors registered by  
149 the behavioral sciences regulatory board or any other individual  
150 licensed or registered by a state agency, if such individual is prac-  
151 ticing within the scope of such individual's certification, registration  
or license, from doing work of a marriage and family therapy nature.

152 (b) Nothing in the marriage and family therapists registration act  
153 shall be construed to prevent marriage and family therapy practice  
154

]; or

(7) has had a registration, license or certificate as a marriage and family therapist revoked, suspended or limited, or has had other disciplinary action taken, or an application for registration, license or certificate denied, by the proper regulatory authority of another state, territory, District of Columbia or another country, a certified copy of the record of the action of the other jurisdiction being conclusive evidence thereof.

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155 by students or interns or individuals preparing for the practice of  
156 marriage and family therapy to practice under qualified supervision  
157 of a professional, recognized and approved by the board, in an  
158 educational institution or agency so long as they are designated by  
159 titles such as "student," "trainee," "intern" or other titles clearly  
160 indicating training status.

(c) Nothing in this act shall be construed to authorize the practice of psychology or medicine and surgery.

161 New Sec. 11. A person registered under the marriage and family  
162 therapists registration act and employees and professional associates  
163 of the person shall not be required to disclose any information that  
164 the person, employee or associate may have acquired in rendering  
165 marriage and family therapy services, unless:

- 166 (a) Disclosure is required by other state laws;
- 167 (b) failure to disclose the information presents a clear and present  
168 danger to the health or safety of an individual;
- 169 (c) the person, employee or associate is a party defendant to a  
170 civil, criminal or disciplinary action arising from the therapy, in which  
171 case a waiver of the privilege accorded by this section is limited to  
172 that action;

173 (d) the patient is a defendant in a criminal proceeding and the  
174 use of the privilege would violate the defendant's right to a com-  
175 pulsory process or the right to present testimony and witnesses in  
176 that persons behalf; and

177 (e) a patient agrees to a waiver of the privilege accorded by this  
178 section, and in circumstances where more than one person in a  
179 family is receiving therapy, each such family member agrees to the  
180 waiver. Absent a waiver from each family member, a marriage and  
181 family therapist shall not disclose information received by a family  
182 member.

183 New Sec. 12. (a) The board shall fix by rules and regulations  
184 and shall collect the following fees:

- 185 (1) For application for registration, not more than \$75;
- 186 (2) for examination, not more than \$100;
- 187 (3) for renewal of a registration, not more than \$75;
- 188 (4) for reinstatement of a registration, not more than \$75; and
- 189 (5) for replacement of a registration, not more than \$20; and
- 190 (6) for late charges, not to exceed \$5 for each 30 days  
191 of delay beyond the date established by rules and regu-  
lations for the renewal application to be made.

191 New Sec. 13. Proceedings under the marriage and family ther-

192 apists registration act shall be conducted in accordance with the  
 193 Kansas administrative procedure act. Judicial review and civil en-  
 194 forcement of agency actions under the marriage and family therapists  
 195 registration act shall be in accordance with the act for judicial review  
 196 and civil enforcement of agency actions.

197 Sec. 14. K.S.A. 1988 Supp. 74-7507 is hereby amended to read 1989  
 198 as follows: 74-7507. The behavioral sciences regulatory board shall  
 199 have the following powers, duties and functions ~~for the purpose of~~  
 200 ~~administering this act, the licensure of psychologists act of the~~  
 201 ~~state of Kansas, the professional counselors registration act and~~  
 202 ~~K.S.A. 75-5346 to 75-5362, inclusive, and amendments thereto:~~

203 (a) Recommend to the appropriate district or county attorneys  
 204 prosecution for violations of this act, the licensure of psychologists  
 205 act of the state of Kansas, the professional counselors registration  
 206 act ~~of~~, K.S.A. 75-5346 to 75-5362, inclusive, and amendments  
 207 thereto *or the marriage and family therapists registration act;*

208 (b) compile and publish annually a list of the names and addresses  
 209 of all persons who are licensed under this act, *are licensed under*  
 210 *the licensure of psychologists act of the state of Kansas, are registered*  
 211 *under the professional counselors registration act ~~of~~, are licensed*  
 212 *under K.S.A. 75-5346 to 75-5362, inclusive, and amendments thereto*  
 213 *or registered under the marriage and family therapists registration*  
 214 *act;*

215 (c) prescribe the form and contents of examinations required un-  
 216 der this act, the licensure of psychologists act of the state of Kansas,  
 217 the professional counselors registration act ~~of~~, K.S.A. 75-5346 to 75-  
 218 5362, inclusive, and amendments thereto *or the marriage and family*  
 219 *therapists registration act;*

220 (d) enter into contracts necessary to administer this act, the li-  
 221 censure of psychologists act of the state of Kansas, the professional  
 222 counselors registration act ~~of~~, K.S.A. 75-5346 to 75-5362, inclusive,  
 223 and amendments thereto *or the marriage and family therapists reg-*  
 224 *istration act;*

225 (e) adopt an official seal;

(f) adopt and enforce rules and regulations for professional con-  
 228 duct of persons licensed under the licensure of psychologists act of  
 the state of Kansas, *registered under the professional counselors*

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229 registration act ~~or~~, licensed under K.S.A. 75-5346 to 75-5362, in-  
230 clusive, and amendments thereto or registered under the marriage  
231 and family therapists registration act;

232 (g) adopt and enforce rules and regulations establishing require-  
233 ments for the continuing education of persons licensed under the  
234 licensure of psychologists act of the state of Kansas, registered under  
235 the professional counselors registration act or licensed under K.S.A.  
236 75-5346 to 75-5362, inclusive, and amendments thereto;

237 (h) adopt rules and regulations establishing classes of social work  
238 specialties which will be recognized for licensure under K.S.A. 75-  
239 5346 to 75-5362, inclusive, and amendments thereto;

240 (i) adopt rules and regulations establishing procedures for ex-  
241 amination of candidates for licensure under the licensure of psy-  
242 chologists act of the state of Kansas, for registration under the  
243 professional counselors registration act and, for licensure under  
244 K.S.A. 75-5346 to 75-5362, inclusive, and amendments thereto, reg-  
245 istered under the marriage and family therapists registration act and  
246 for issuance of such certificates and such licenses;

247 (j) adopt ~~such other~~ rules and regulations as may be necessary  
248 for the administration of this act, the licensure of psychologists act  
249 of the state of Kansas, the professional counselors registration act  
250 and, K.S.A. 75-5346 to 75-5362, inclusive, and amendments thereto,  
251 and the marriage and family therapists registration act and to carry  
252 out the purposes thereof;

253 (k) appoint an executive secretary and other employees as pro- director  
254 vided in K.S.A. 74-7501 and amendments thereto; and

255 (l) exercise such other powers and perform such other functions  
256 and duties as may be prescribed by law.

257 Sec. 15. K.S.A. 1988 Supp. 74-7507 is hereby repealed. 1989

258 Sec. 16. This act shall take effect and be in force from and after  
259 its publication in the statute book.

Ronald R. Hein  
William F. Ebert

HEIN AND EBERT, CHTD.  
ATTORNEYS AT LAW  
5845 S.W. 29th, Topeka, Kansas 66614  
913/273-1441

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE  
TESTIMONY RE: AMENDMENTS TO SB 257

PRESENTED BY RONALD R. HEIN ON BEHALF OF  
KANSAS ASSOCIATION OF MARRIAGE AND FAMILY THERAPY  
March 15, 1990

Mr. Chairman, members of the committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Association for Marriage and Family Therapy (KAMFT).

To refresh your recollection, SB 257 provides for the registration of marriage and family therapists, and sets out minimum qualifications in order to be so registered. In response to testimony presented by other groups last year, our association has agreed to certain amendments which, so far as we understand, meet all of the objections raised by the Kansas Association of Professional Psychologists and the Board of Behavioral Sciences.

On page 1, the definition of marriage and family therapist has been changed to reflect the language that was approved by the Technical Committee during the credentialing process.

The changes on pages 2 and 3 were made at the request of Kansas State University, and I believe that they are present here today to testify on that matter. To the extent that I understand what they are attempting to do, is to insure that persons being credentialed under this act meet standards similar to those utilized for the program at Kansas State University which offers a program in marriage and family therapy, and to insure that the individuals credentialed under this act have a minimum of a masters or doctoral level degree from the appropriate institution.

The amendment on page 4 was requested by the Board of Behavioral Sciences who testified last year that that language appears in all of the authorizing acts of those subject to their jurisdiction.

The amendment on page 5 at line 160 was inserted at the request of the Kansas Association of Professional Psychologists, and was crucial to their willingness to withdraw their opposition to SB 257 as introduced.

The amendments on page 5 at new section 12 commencing on line 183 are technical or are in response to the Board of Behavioral Sciences' testimony last year.

SPHW  
Attachment #9  
3/15/90 10

We have been informed that with these amendments, the Kansas Association of Professional Psychologists is now neutral on our bill, the Kansas Psychiatric Association is neutral, and the Kansas Medical Society is supportive of SB 257 with these amendments.

I would be happy to yield to any questions.

0071w