

Approved 2-14-91
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

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

10:00 a.m./p.m./ on February 5, 1991 in room 526-S of the Capitol.

All members were present except:

Committee staff present:

Bill Wolff, Legislative Research
Norman Furse, Revisor's Office
Jo Ann Buntten, Committee Secretary

Conferees appearing before the committee:

Carolyn Bloom, President, Kansas Physical Therapy Association
Steve Chandler, Physical Therapist at Horton Community Hospital
Clara Martin, Physical Therapist, Central Kansas Cooperative in Education
Keith G. Hauret, Chief Therapist, Irwin Army Community Hospital
Susan Hanrahan, Physical Therapy Department, Wichita State University
Pauline D. Beatty, Topeka
Ann Carver, Physical Therapist, Kansas Rehabilitation Hospital

Chairman Ehrlich called the meeting to order at 10:00 a.m. asking for approval or corrections to the minutes of January 30 and 31, 1991. Senator Burke made the motion to accept the minutes as presented with a second from Senator Walker. Motion carried.

The chairman announced that copies of a workup of the terms and acronyms of health issues were prepared by Staff Emalene Correll and distributed to the committee for their information.

SB 64 - An Act concerning physical therapy; relating to the providing of physical therapy treatment; amending K.S.A. 1990 Supp. 65-2901 and 65-2912 and repealing the existing sections.

Carolyn Bloom, a practicing physical therapist in Topeka and President of the Kansas Physical Therapy Association, appeared in support of SB 64 and submitted her written testimony. (Attachment 1) Her concern was current law requires all patients to obtain a written consultation and approval by a physician licensed to practice medicine and surgery before they can see a physical therapist. SB 64 would eliminate the mandate for a referral for every patient. Questions from the committee were asked regarding shortage of physical therapists in the state and if this bill would accentuate the shortage.

Senator Langworthy inquired about the Physical Therapy Ethics and Disciplinary Committee of which three physical therapists are members, but have never met. Questions regarding group insurance, diagnosis of human ailments and X-rays were also discussed by the committee.

Steve Chandler appeared and presented written testimony in support of SB 64. Mr. Chandler practices physical therapy in northeast Kansas and felt many physical therapists that provide care in rural communities should have direct access to their patients. (Attachment 2)

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE,
room 526-S Statehouse, at 10:00 a.m. on February 5, 1991.

Clara Martin, physical therapist, presented her testimony in support of SB 64. She expressed concern about the need to provide services for handicapped children as soon as an evaluation was done. At present, they must wait days or months before physical therapy can be administered. (Attachment 3)

Keith G. Hauret, physical therapists at Irwin Army Community Hospital in Ft. Riley, submitted his testimony concerning physical therapists that perform musculoskeletal evaluations. The physical therapists evaluate and treat patients with these dysfunctions whether or not the patients have referral from a physician. The majority of patients are either self-referred to physical therapy or are referred by Physician's Assistants who have performed screening evaluations. (Attachment 4)

Susan Hanrahan, Wichita State University, appeared in support of SB-64 and addressed the general requirements for admission to the physical therapy program at the University of Kansas. (Attachment 5)

Pauline Beatty of Topeka appeared in support of SB 64 and provided written testimony. Because of her personal experience, she is also seeking a change in the existing law to allow direct access to physical therapists. (Attachment 6)

Ann Carver, a practicing physical therapist in Topeka, also appeared in support of SB 64 and presented written testimony. Her concern was because of the restrictions in the law, she is more limited as a physical therapist than when she was a yoga teacher. (Attachment 7.)

The meeting was adjourned at 11:00 a.m. with the opponents on SB 64 scheduled for February 6, 1991.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-5-91

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Alan Carter		Physical Therapist - KRH
Pauline A. Barry		Citizen
Cam Wilson	5732 HARDY OVERLAND PARK, KS	KANSAS PHYSICAL THERAPY ASSOC.
CAROLYN BLOOM	EUDORA, KS	KANSAS PHYSICAL THERAPY ASSOC.
Susan Nawrohan	3731 SE 2 nd Topeka	Wichita State U. / KPTA
Samuel J. Tomlins	RR2 Beverly Springs, KS 66102	Kansas Chiropractic Association
D. BYRON W. TOMLINS	814 E. CRAWFORD SALINA, KS. 67401	TOMLINS CHIROPRACTIC CENTERS
JOE FURSANIC	TOPEKA	KCA
[Signature]	K.C.	KCA
Charles Greene	6104 CORTEL APT 26 MERRIAM, KS 66203	KOP.T. PROGRAM.
J. Hanzlick	Topeka	ICBA
JOHN HOLMGREN	Topeka	Catholic Health Center. Catholic Community Center 54 Parkview, Topeka, KS
KETH, K LANDIS	TOPEKA	
Ken Baker	Topeka	Ks. Hospital Assn.
[Signature]	Topeka	KMS
[Signature]	Topeka	Soul Healing Arts
[Signature]	K.C. KS	KS. APTA
Evelyn Shockey	K.C. KS	KS APTA
Nedra Jansen	K.C. KS	

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-5-91

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Tom Gress	KHA
Tom Bell	KHA
Harold Riem	KAOM
Jeri Walter	KU PT student
Robyn Ellner	KUMC PT student
Linda Jessen	KUMC PT student
FRANCES KASTNER	Ks. Physical Therapy Assoc
Maureen Riordan	KPTA
Elna Strand	KPTA
Karla Arpin	KPTA
Clara Martin	KPTA
VICKI SMITH	KU P.T. student
Danita Hill	Executive Secretary KPTA
Cindy Bohmer PT	Physical Therapist, KPTA
Lisa Gress	KPTA
Kevin M Graham	KPTA
Dr. Ray Hogue	KPTA
Kathy Thauer	KUMC PT student
Marilyn Gressen	KUMC PT student

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-5-91

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

<u>Renee Mason</u>	<u>KUMC PT Student</u>
<u>Justin Hoover Rt 3 Box 137 J.C. KS 66441</u>	<u>KPTA</u>
<u>JoAnn Krabbe 3828 Booth KC KS 66103</u>	<u>KUMC MS PT Student</u>
<u>Shelly Jurgensen 6904 W 51st #219 Mission, KS 66202</u>	<u>KUMC MS PT Student</u>
<u>Beth Ryan 7204 Woodward O.P. KS 66204</u>	<u>KUMC MS PT Student</u>
<u>Cara Spauld 3811 Springfield KC, KS 66103</u>	<u>KAPTECH MS PT Student</u>
<u>Kathleen Sealley 8904 Hadley Pl O.P. KS</u>	<u>KUMC MS PT Student</u>
<u>Scott Madson 4117 Mercier, KC Mo</u>	<u>KUMC MS PT Student</u>
<u>Jan Golly 4315 N.E. 49th St. KC, MO</u>	<u>KUMC MS PT Student</u>
<u>Marie Madson 5625 W. 97th O.P. KS 66205</u>	<u>KUMC MS PT Student</u>
<u>STEVE PARTON 5114 BALTIMORE KCMo</u>	<u>KUMC MS PT Student</u>
<u>KIM KING 6622 W 91 #223 O.P. KS</u>	<u>KUMC MS PT Student</u>
<u>Bridget Malen 3924 Reinhard KC, KS</u>	<u>KUMC MS PT Student</u>
<u>JODY KUCERA 3600 Rainbow KC, KS</u>	<u>KUMC MS PT Student</u>
<u>Michael Bluhm 4117 Mercier KC, Mo</u>	<u>KUMC MS PT Student</u>
<u>Ann M. Nelson 3722 W. Young KC, MO</u>	<u>KUMC MS PT Student</u>
<u>Stacie Dieckman 3722 W. Young KC, MO</u>	<u>KUMC MS PT Student</u>
<u>Joe Schmupp 3811 Springfield #LB KC KS</u>	<u>KUMC MS PT Student</u>
<u>Kim Schlange 6904 W 51st #219 Mission KS 66202</u>	<u>KUMC MS PT Student</u>



AMERICAN PHYSICAL THERAPY ASSOC., INC.

Carolyn Bloom, PT
President, KPTA
1045 SW Gage
Topeka, KS 66604
(913) 273-7575

Testimony on SB #64
February 5, 1991

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

I am Carolyn Bloom, a practicing physical therapist in Topeka, and President of the Kansas Physical Therapy Association, representing 628 members.

A year ago I stood before you to present SB 543, a bill that would allow the use of physical therapist's assistants to speed initiation of physical therapy care to the public in hospital settings. This was a change in the concept of medical care in Kansas, but was a method of meeting the needs of the medical consumer. The Kansas Physical Therapy Association is again presenting a new concept for Kansas in meeting consumer medical demands to make cost conscious decisions.

Current law requires all patients to obtain a written consultation and approval by a physician licensed to practice medicine and surgery, a registered podiatrist or a licensed dentist. SB 64 will eliminate the mandate for a referral for every patient prior to initiating physical therapy care. If hospital bylaws still require a physician's order for physical therapy care in the hospital, the current referral practice will remain. Patients and physical therapists may choose to continue the current referral pattern after passage of SB 64.

As KPTA President, I sent notice of our intention to seek direct access of the public to physical therapy services on October 1, 1990 to the Kansas Medical Society including an orthopaedic representative, the Kansas Association of Osteopathic Medicine, and the Kansas Hospital Association. On December 13, 1990 I sent notice to the Kansas State Board of Healing Arts, and other health care professions. In all letters I asked for questions and concerns to be addressed to me to initiate further communication. I received no negative response to any of these letters.

In considering passage of this bill, please focus on the following points:

1) 24 states and the armed services have legislation allowing patients direct access to physical therapy services, including our neighboring states of Nebraska and Colorado.

2) Kansas has had legislation since 1983 allowing physical therapists to perform evaluation testing of patients without referral with no increase in liability actions.

3) In the current Physical Therapy Practice Act and in actual practice, physical therapists note abnormal patient reactions to treatment, or lack of progress and refer the patient back to the physician for further testing. This will not change.

4) Overall medical costs will not rise with SB 64.

a. The majority of physician's orders for physical therapy treatment read, "evaluation and treatment". Physical therapists generally determine the type and frequency of treatment according to the patient's reactions to treatment.

b. The physical therapist and patient determine the length of treatment to the patient based on the decrease of pain and symptoms. This information is communicated to the physician. This will not change, nor will it increase the cost of services.

c. Blue Cross and Blue Shield of Arizona recently completed a study on selected health care costs in Arizona from 1983-1986. Direct access to physical therapy services became law in 1983. The results show an annual percentage increase in payments for services of 70% for chiropractic care, 20% for orthopaedic surgeon's care and 4% for physical therapists' care.

d. Blue Cross and Blue Shield of Maryland, the largest single insurer in Maryland, has also found that physical therapy payments have not increased significantly with the advent of direct access.

5) Under this change of the law the scope of physical therapy practice will not change but will allow patients the option of easier and quicker access to treatment.

6) Public safeguards are already in place to handle patient complaints of physical therapy care.

a. The Physical Therapy Examining Committee is the advisory committee to the Kansas State Board of Healing Arts, the same regulatory agency of medical physicians, osteopathic physicians, chiropractors, podiatrists and other health practitioners in Kansas.

b. The KPTA has peer review, peer assistance for the impaired provider, and quality assurance programs in place.

c. Utilization review of physical therapy services continues in hospitals, all regulated institutions and clinics, and also by insurance companies.

d. All physical therapists must meet the health care regulations and requirements of the state of Kansas. Therapists in hospital settings meet the requirements of the Joint Commission of Accreditation of Hospitals Organization, and all therapists treating medicare patients must meet state and national requirements.

e. The Kansas Physical Therapy Association has an Ethics and Disciplinary Committee to investigate public or professional complaints against a physical therapist.

f. Physical therapists carry malpractice liability insurance and contribute to the Kansas Health Care Stabilization Fund. Maginnis and Associates, a national insurance underwriter for physical therapists, has found there to be no adverse impact on professional liability for physical therapists in direct access states, since there has been no increased occurrence of malpractice claims or judgements.

7) The November 28, 1990 "Report and Recommendations on the Kansas Health Care System" by the Governor's Commission on Health Care, Recommendation #27 under 'Access to primary care', page 26 is : REDUCE, ELIMINATE, OR GRANT EXCEPTIONS TO REGULATIONS THAT RESTRICT FLEXIBLE AND APPROPRIATE UTILIZATION OF HEALTH CARE PERSONNEL,

a. SB 64 will allow patients with acute or recurrent musculoskeletal problems faster initiation of treatment and keep them in the medical system of care.

b. SB 64 will help reduce the non-emergency patient care load of area physicians, especially in rural areas.

8) The National Conference of State Legislatures presented a position statement stating, "alternatives should be encouraged... to include allowing direct access to physical therapy and rehabilitation services.

9) Direct access legislation is a factor in keeping physical therapists in Kansas and encouraging graduating students to stay in Kansas due to more flexibility in practice settings. This helps reduce the shortage of physical therapists in our state.

10) The citizens of Kansas are requesting this legislative change to be allowed to have the choice of coming directly to a physical therapist for treatment.

Give the people of Kansas the health care options they request. Allow physical therapists to be best utilized to help meet the health care needs of the Kansas citizens. Vote YES for the passage of SB 64.

I thank you for your consideration; and I will answer any questions.



Horton Community Hospital

"To promote health and to provide excellent health care services."

Testimony on Senate Bill 64

Steve Chandler
Director of Physical Therapy
Horton Community Hospital
240 West 18th Street
913-742-7519

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

My name is Steve Chandler. I am a physical therapist and have practiced in the rural communities of Northeast Kansas for almost 15 years. I am here today in support of Senate Bill 64, representative, I feel, of the many physical therapists that provide care in our rural communities and other practice settings. And to drive home the assertion that the academic and clinical accomplishments of the physical therapists lead to the conclusion that physical therapists, in fact, are qualified and prepared to provide a safe cost effective entry point for patients into the traditional health care system.

Attached to my testimony are letters of support from a hospital administrator and a physician from one of the communities I work in.

The confidence of the physicians in my work as a physical therapist is reflected in their referrals which usually read "Evaluate and Treat, P.T.", or a blanket phone referral from a physician saying "Do whatever you think is needed". Because of our high population of elderly in the rural area we deal often with chronic reoccurring musculoskeletal conditions. With current law, our patients are told they must obtain a physician's order prior to our initiation of treatment even though it is the same condition we had previously treated, and often, when obtained, the referral simply reads, "P.T. as necessary", or "Evaluate and treat as indicated".

240 W. 18th St. Horton, Kansas 66439

913-486-2642

Senate P H&W
Attachment #2
2-5-91

Is it not more rational and cost effective that the physical therapist perform the evaluation, establish and implement a plan of care for these patients? If symptoms are present for which physical therapy is inappropriate or symptoms indicate conditions for which treatment is outside our scope of knowledge then an appropriate referral would be made by the physical therapist to the physician.

The physician-therapist relationship I enjoy is one built on an understanding and confidence in the level of expertise that each has. The mutual desire to ensure the quality of care for our patients requires that this confidence in the others ability be justified. The blanket orders I receive in effect demonstrate this confidence in my use of sound judgment in planning and implementing physical therapy care for their patients. I also have confidence that if I call a physician concerning their patient and advise them of the need for their input or re-evaluation, it would receive action. This mutual trust is an important aspect for health care in the rural setting. Direct access should enhance this mutual confidence and, in fact, establish it more firmly.

The primary concern of physical therapy is the identification and the prevention, correction, or alleviation of acute or prolonged neuro-musculoskeletal pain and dysfunction. Our profession has an obligation to use knowledge and skill for the welfare of our patients, as well as develop and apply new knowledge in the ever changing health care environment.

In the 24 states where direct access is legal, it is not mandatory, therefore, the physical therapist who wishes to practice in the traditional referral-based type of situation may continue to do so. Direct access and referral-based practice can and do co-exist.

In conclusion, direct access does not mean not accepting referrals from physicians. In addition, it does not mean leaving the established medical community. However, it does mean a better understanding of roles; more responsibility for the therapist; better communication among all parties; and better patient care, which is of utmost importance. Senate Bill 64 will allow more timely and cost effective patient care which is the ultimate goal of direct access.

Thank you for this opportunity to testify. I would be happy to answer questions at this time.



Horton Community Hospital

"To promote health and to provide excellent health care services."

January 23, 1991

Senate Public Health & Welfare Committee:

This letter is written to support the position of the Kansas Physical Therapy Association regarding the issue of "Direct Access" to physical therapy services. It is my belief that amending the current Kansas Statutes to permit Direct Access to physical therapy services would be a positive action that would improve patient care.

I am aware that several states already allow direct access to physical therapy and that the general experience in those states has been positive. It is my feeling that no compromise in quality of care has occurred and I am of the opinion that no increase in insurance costs or liability claims has resulted because of direct access.

As the Administrator of a small rural hospital, I generally favor improving the entry points into our health care system and feel that this is one approach that I can support.

If I can be of further service, please do not hesitate to contact me.

Sincerely,

Wade H. Edwards
Administrator

Billy D. Richardson, M.D.

Forest Henney Medical Arts Building

1903 Euclid

Suite 4

Horton, Kansas 66439

Telephone (913) 486-2998

2-4-91

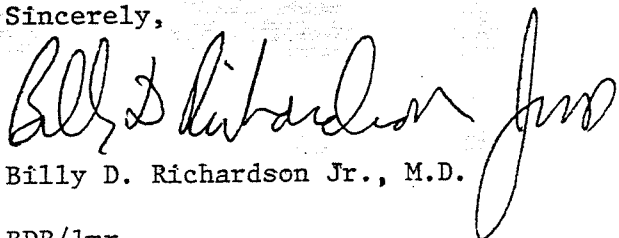
Senate Public Health & Welfare Committee:

Dear Sirs,

This letter is in regard to "Direct Access" to patients of Physical therapists. After long discussions with my local therapist and hospital administrator I have come to the conclusion that "Direct Access" would be a benefit to the community and definately in the best interest of the patient. My experience with physical therapists in the past has been that there is no tendency to usurp the authority or guidance of physicians. In general, I think their methods are supportive of sound medical care.

In conclusion, I think "Direct Access" to physical therapy services would be a good thing for the state of Kansas and should be considered seriously.

Sincerely,



Billy D. Richardson Jr., M.D.

BDR/lmr

Roffin Hartman

343 N. Parkwood

Wichita, Kansas 67208

Having been a patient of
much physical therapy I am
writing in favor to amend the
current Kansas Physical Therapy
Practices Act to allow for direct
access to physical therapy
services by the people without
the restriction of requiring a
Doctor's referral.

Thank you,

Irene J. Anderson

225 N. 83rd St.

Kansas City, Kansas

66112

1726 Fichland
KC, Mo 646111
12-30-90

Dear Robben,

I received your note from a fellow physical therapist - that you were taking endorsements for the Direct Access for PT bill to be introduced to the Kansas legislature in January.

I completely support direct access for PT. I have worked as a physical therapist for 20 years, with the last 10 years in the KC school system. Students are required to have a prescription for PT, even though they are guaranteed the service by PL 94-142. I often have to wait several months to complete the necessary paperwork to secure prescriptions, either because parents don't follow through to get prescriptions signed, or because I do not have the extra time it takes to secure them myself. The students and school personnel need PT services the day school starts, and often they cannot receive them.

I feel that my expertise is such that a preliminary prescription for a child with motor delay due to such diagnoses as cerebral palsy, muscular dystrophy, and/or spina bifida is not necessary. I continue

to consult with the students-doctors on a timely basis and accompany them to clinic appointments when indicated in order to talk with their doctors privately.

I recently completed my Masters-Degree in PT, and I can assure you that the training I received is more than adequate to allow me to make wise decisions about PT services for the children I see.

Thank you for your part in furthering the opportunity to introduce this bill to the Kansas legislature. Please let me know if there is something I can do to help. I am a "zone representative" for my geographical area and have a list of approximately 20 PT's I can contact.

Sincerely,
Mrs Sandra Jarrett MS,PT

12-26-70

After experiencing a 5 month bout of
bursitis, I heartily endorse a patient's
right to direct access to physical therapy.
My doctor never did recommend physical
therapy, I had to ask for it. If I had
to have his approval to begin and continue
the treatment. Even during the treatment
did I feel I needed the doctor, yet I had
to keep in touch with him and in one
instance treatment was slowed down because
he hadn't taken the time to sign necessary
forms. Doctors are too slow in recommending
physical therapy - they think if it's acute
it's too soon and that is just the time a
patient needs physical therapy, not when
joints suffered for weeks and joints are
frozen!

The patient deserves the choice
of direct access to physical therapy
services.

Betty Swanson

3535 W. 55th

Kansas City, Ks

913-287-6347

W6104

To whom It Concerns:

I would like to support "Direct Patient Access to Physical Therapy".

I have a physical condition that requires Physical Therapy Periodically.

It surely would make less expense and I would not have to suffer while waiting to get a Doctor's appointment.

Yours Truly

Lucile Hull
1518 N. W. 2nd

Oliver, Ks. 67410

Jan. 20, 199

Robin Hartman
343 N. Parkwood
Wichita, Ks.

I understand that a bill is to be introduced to the Kansas legislature which would allow for direct access to physical therapy services without the restriction of requiring a Doctor's referral.

I would like to give my heart-felt support for this bill. In recent years I have had to use the services of a physical therapist. They helped me tremendously. It would certainly be helpful to be able to seek the help of the therapist without having to go through the doctor.

Please do all in your power to see this bill passed.

Sincerely,
Vicki L. Ferleman



Kansas City, Kansas Public Library

Argentine Library, 28th & Metropolitan, Kansas City, KS 66106 (913) 831-2242
Main Library, 625 Minnesota Ave., Kansas City, KS 66101 (913) 621-3073 • Fax (913) 621-0963
West Wyandotte Library, 1737 North 82nd St., Kansas City, KS 66112 (913) 788-3000

Charles O. Perdue
Director of Libraries

Teresa J. Garrison
Assistant Director
of Libraries

January 8, 1991

Ms. Robbin Hartman
343 North Parkwood
Wichita, Kansas 67208

Re: Direct Patient Access to Physical Therapy in 1991

Dear Ms. Hartman:

I am writing in support of the above bill that is to be introduced to the Kansas Legislature.

Both my husband and I as well as my sister and her husband have been patients of Crossland Rehabilitation Agency, Inc. in Kansas City, Kansas over the past four years due to accidents, and/or debilitating illness.

Most orthopedic doctors have favorite clinics or else facilities in their offices often which are not always convenient for their patients. We are in support of making those choices personal by not being restricted by the requirement of a doctor's referral. Even when your doctor is supportive, often you feel the need for some followup treatment and are willing to pay the extra expense personally but cannot be offered those services unless they are referred by a physician.

We, as a family, are a testimonial to the excellence and professionalism of the treatment services offered by Cindy Kamphaus, RPT and her staff at Crossland Rehabilitation Agency, Inc. I personally feel I would not have been able to walk without the assistance of a cane or walker after a serious accident and multi-breaks in my ankle had it not been for the care I received at Crosslands. My sister, a stroke patient, completed six weeks in a stroke ward at the hospital but it wasn't until she underwent the therapy program at Crossland that she once again seemed to be inspired to work toward a productive life once again.

Please help any way you can to pass this bill.

Thanks

Pat and Gary Gaunce
7300 Waverly
Kansas City, Kansas 66109

Your library . . . a lifelong learning place

2-12-2

December 21, 1990

Mrs. Robbin Hartman, R.P.T.
Legislative Chairman
Kansas Physical Therapy Association
343 North Parkwood
Wichita, KS 67208

Dear Mrs. Hartman:

It has been brought to my attention that the Kansas Physical Therapy Association (KPTA) is in the process of introducing a bill to the Kansas Senate Public Health Committee that would amend the current Kansas Physical Therapy Practice Act. It is my understanding that this proposed amendment would allow for "direct access" to physical therapy services by persons in Kansas who need these services.

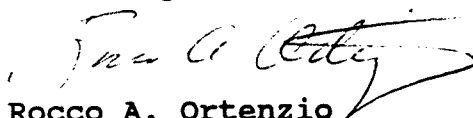
Having worked in the field of rehabilitation since 1956 and I myself being a physical therapist, support your efforts and say that I recognize the positive implications associated with "direct access". There are many solid reasons why I add my personal support for legislation in Kansas that allows for "direct access" and I have listed several of these positive implications below.

- o Provides an additional entry point into the traditional healthcare system, particularly in rural areas. This will provide a regional referral source to many patients from rural areas in Kansas who otherwise would not receive appropriate rehabilitation without direct access.
- o Gives freedom of choice in selecting health professionals and care. I support a patient's freedom of choice in selecting both healthcare professionals and providers as this helps maintain a very high level of quality services.
- o Helps reduce consumer and provider healthcare costs by eliminating unnecessary referrals and/or admissions resulting in more timely and appropriate care. The pre-admissions process would be enhanced by allowing physical therapists to participate as a vital link in the initial referral process.

- o Promotes prevention of health problems, rather than merely treatment after the problem has developed. "Direct access" would offer various out-patient education and prevention programs of which "direct access" would permit more patients and their families to participate thus creating an atmosphere of prevention.
- o Allows early intervention and on-site physical therapy treatment of injuries in schools and industry.
- o Decreases long-term care due to easier access to necessary services. Patient discharge, when appropriate, directly to physical therapists has the potential to decrease excessive stays in long-term care facilities and reduce its cost.
- o Does not increase health insurance costs. Studies in both Arizona and Maryland conducted by Blue Cross/Blue Shield demonstrated that "direct access" to physical therapy has not resulted in increased insurance costs. It is my opinion that these same studies would apply to Kansas and the end result would be very much the same.

Many patients, employees and insurance carriers will realize these positive implications if "direct access" to physical therapy services are permitted in Kansas.

Sincerely,


Rocco A. Ortenzio

113004

I feel physical therapists should be allowed by law to begin treating patients prior to being seen by a physician to alleviate pain or symptoms for a more speedy recovery.

Lenny Barber
P20 5.11+1/2
Salina, Kansas



Robert O. Dickey Company, Inc.

OVER 35 YEARS
OF SERVICE

3856 W. 75th ST. • P.O. BOX 8049 • PRAIRIE VILLAGE, KS 66208-0049 • (913) 262-0784

January 14, 1991

Ms. Robbin Hartman
Physical Therapist
383 No. Parkwood
Wichita, KS 67208

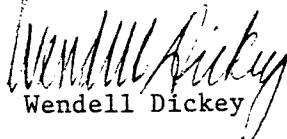
Dear Ms. Hartman:

This letter is in support of direct access to receive physical therapy services including treatment. My experience has been that physical therapists communicate well with my physician but at times I would benefit from their input without first needing to return to my physician.

A personal experience was a request for a physical therapist to instruct my son on proper exercises for his back like I had received. I was disappointed to learn that the therapists license did not allow this unless my son first was seen by a physician. As you might understand, seeing a physician would be an unnecessary expense and these days this would be a large expense since this office visit would probably result in a charge of around \$75.00 to \$100.00.

I certainly hope this letter of support for physical therapists can be passed on to the necessary individuals so that perhaps a change will be made so that it is possible to go to the physical therapist first.

Cordially,


Wendell Dickey

WD/dd



IOWA • KANSAS • MISSOURI • NEBRASKA • SOUTHERN ILLINOIS



2-16-2

ORRIN W. SHEPHERD

1120 Hoel Parkway
Kansas City, Kansas 66102
913/371-5924

January 9, 1991

Ms. Robbin Hartman
343 N. Parkwood
Wichita, KS 67208

Dear Ms. Hartman:

I have been visiting with Cindy Kamphaus, who has the Crossland Rehabilitation Agency at 7860 Washington Avenue, Kansas City, Kansas, in regard to physical therapy services being available by direct access without the restriction of requiring doctor's approval.

In reading the enclosed information that Cindy sent to me, it is indicated that there would be no increase in the cost of services on an overall basis if the practice of allowing the patient to go directly to physical therapy rather than through the present procedure of having to go through a doctor. Delay time would be eliminated and the treatments could be started in many cases on a more timely basis.

I have been a patient at Cindy's on several occasions and as I recall, the first time was approximately 7 or 8 years ago. She is highly knowledgeable in her profession and on each occasion that I have found it necessary to utilize the services of her organization the results have been extremely beneficial. I have recommended Crossland to a number of my friends and under the present regulations they have found it necessary to go through a doctor before they could begin their treatment. Without exception, however, they have been highly complimentary of the results of the therapy.

I plan to visit personally with my representative, Bill Reardon, and also with Senator John Strick, as well as Senator Dick Bond, who happens to be the Chairman of the Board at the Home State Bank and I serve on that board, as well as the loan committee so I am quite well acquainted with Dick.

In view of the fact that the results from the states that have agreed to allow direct contact by the patient rather than going through a doctor have indicated that there have been no increase in the costs of the physical therapy and actually the cost of a doctor's consultation has been eliminated, I feel strongly that Kansas should adopt this same procedure which would be helpful to the prospective patient and also expedite the starting of the therapy proceedings.

Sincerely yours,


Orrin W. Shepherd

OWS:jec

cc: Cindy Kamphaus

2-17-2

December 26, 1990

Dear Rabbin

I would like to see the Bill passed
that would allow myself direct access
to physical therapy, without the
restriction of a Doctors referral.
I was hurt at my job, the company
sent me to a Doctor, no help at all,
just Bills. I final went to a
physical therapy person and they
helped me very much.

Thank you.
William D. Certel

**WILLIAM CERTEL
2805 N. 82nd STREET
KANSAS CITY, KANSAS 66109**

Oct. 1990

To Whom it may Concern:

For the past five weeks I have been a physical therapy patient and wish to express my complete satisfaction with all aspects of the treatment and considerations I received.

Today is the final treatment I can receive without the unnecessary inconvenience and expense of contacting my physician before I can call for additional physical therapy services.

Please consider this as a request that you vote for "Direct Access to Physical Therapy."

Sincerely

Hilda Carlile

412 N.E. 12

Abilene, Ks.

67410

9/18/90

To Whome It May Concern:

It is imperative that the Physical Therapist be available by direct contact to persons needing her knowledge and skill.

After four days of excruciating pain the way was cleared for me to obtain the care I needed.

I come to the department in an acute situation.

I cannot praise the Physical Therapy Department ~~personal~~ highly enough.

Sincerely,

(Mrs) Louise Heddlsta
Chapman

712 Hillside Dr KS
67431

Ref:
Abilene Memorial
Hospital
Physical Therapy Dept

September 18, 1990

TO WHOM IT MAY CONCERN:

For many weeks I have needed therapy for Fibromyalgia and continue to need it. Due to regulations, chronic conditions ca not be treated over an extended period of time unless continued improvement can be shown. Some conditions do not get "well", but under skillful hands can be made more tolerable.

For chronic conditions(already under care of Physician), Nursing Home Residents, Home Care Patients, and many other examples, direct access to Physical Therapists could not only expedite care, but relieve the patient sooner.

I would like to extend my support for the upcoming Bill in the 1991 Legislature to allow persons the choice of direct access to treatment and consultation of a Licensed Physical Therapist.

Marjorie J. Martin
401 South A Street
Herington, Kansas 67449

Dec 31st 1990

Robbin Hartman,

I am writing you to support the Crossland Rehabilitation Agency, Inc. In regards to the direct access to physical therapy services by the people without the restriction of requiring a doctor's referral. When I was going to Crossland thru Workmen's Comp, due to injury on job, the relief and the care of these Therapists were just wonderful. Now that I'm no longer deal with Workmen's Comp, and still have terrible discomfort from injuries, I've have wish a million times I could go back to them for help. With this new bill, it would make it possible for me to do so.

Thank you for the time of
reading this letter

Sincerely,

Beverly Allen

5336 Klammer

Kansas City, Kansas 66106

(913) 287-1210

December 4, 1990
Derryton, Kansas

To Whom It May Concern:

Over the past twenty-five years, I have been a patient in physical therapy many times.

I recently took advantage of the physical therapy services offered by the Rehabilitation Services of Topeka. I was unable to obtain an appointment with my doctor (I would have had to wait for a period of seven days before getting an appointment) and I was able to get immediate treatment at Rehabilitation Services, and the results were very satisfactory.

Sincerely,
Don E. Luce

January 18, 1991

To whom it may concern;

Recently, I recieved an injury to my neck, that according to my Doctor, I was a canidate for surgery. My injury now, does not require surgery, due to the Physical Therapy I recieved at Asbury Hospital. I found out during my Therapy that, therapists do not have much say in their patient care without a Doctor's prescription. I could see, especially in the case of a reoccurrance, that a patient might wait for as much as a week to get in to see a doctor to get this prescription. If, a therapist could see this patient immediately, care could begin sooner releaving the patient of pain and discomfort. This could also, lower patient cost. Thank you for any consideration to change the current laws concentering this problem.

Sincerely,

James H. Bishop

James H. Bishop

31st Hill Drive

Salina, Kansas 67401

January 17, 1991

DIRECTOR OF PHYSICAL THERAPY DEPARTMENT
ASBURY / SALINA REGIONAL MEDICAL CENTER
400 SOUTH SANTA FE
SALINA, KANSAS 67401

SIR:

AS I UNDERSTAND AT PRESENT PHYSICAL THERAPISTS ARE NOT ALLOWED TO BEGIN THERAPY WITHOUT A PHYSICIAN'S ORDER. I ENCOURAGE THE KANSAS LEGISLATURE TO AMEND THE REGULATION RESTRICTING THEIR PRACTICE TO ALLOW PHYSICAL THERAPISTS TO BEGIN TREATMENT WITHOUT A PHYSICIAN'S ORDER.

CURRENTLY I AM RECEIVING THERAPY FOR A HERNIATED LUMBAR DISC. THERAPY EVEN BEFORE I WAS ABLE TO SEE MY PHYSICIAN WOULD HAVE BEEN VERY BENEFICIAL. IN THE FUTURE IF I WOULD HAVE A RECURRENCE OF MY SYMPTOMS IT WOULD BE VERY HELPFUL TO BEGIN TREATMENT PRIOR TO SEEING MY PHYSICIAN.

Sincerely yours,
Dennis Bunker

ROBBIN HARTMAN

IN JANUARY 1991 A BILL WILL BE INTRODUCED TO THE KANSAS LEGISLATURE THAT WOULD AMEND THE CURRENT KANSAS PHYSICAL THERAPY PRACTICES ACT TO ALLOW DIRECT ACCESS PHYSICAL SERVICES. IN JAN.1983 MY WIFE HAD A STROKE, SHE HAS HAD FOUR MORE STROKES AFTER THAT. EACH TIME IN ORDER TO GET PHYSICAL THERAPY WE HAVE TO GO TO OUR DOCTOR TO GET A PRESCRIPTION FOR THE THERAPY. THE DOCTOR ASK VERY LITTLE AS THAT IS NOT HIS LINE OF WORK,BUT EACH TIME WE GO TO HIS OFFICE FOR THE PRESCRIPTION, THAT IS AN OFFICE CALL. WE PAY \$20 TO \$35 FOR AN OFFICE CALL. THE TRICKLE DOWN WE PAY MORE FOR OUR INSURANCE. TO SOME THAT MIGHT NOT BE MUCH MONEY, BUT TO A RETIRED K.C. KS.FIREFIGHTER (1980) THAT IS MONEY WOULD BETTER SPEND. SO PLEASE WILL YOU CONSIDER THIS BILL WITH A LOT OF STUDY..

)

THANK YOU FOR YOUR TIME
LESLIE R. DEAN
P.O. BOX 13238
EDWARDSVILLE, KS. 66113

Merced Alcala
2538 Indiana
Topeka, Ks. 66605

Dear Carolyn Bloom,

Just want you to know that both my husband and I would support the bill that would allow us direct access to Physical Therapy services, without the usual waiting.

My husband had to wait over 2 weeks before he could get some relief from shoulder pain, which at times was agonizing.

This bill would certainly be welcome in Kansas.

Yours Truly,
Mrs. Mercedes Alcala

January 10, 1991

Robbin Hartman
343 North Parkwood
Wichita, KS 67208

Dear Robbin,

I am writing in response to a bill that is proposed to be introduced to the Kansas Legislature which would allow direct access to physical therapy services without the restriction of requiring a Doctor's referral.

For several years I have experienced severe pain in my right side and in 1989 I was checked for liver functioning and because of abnormal test results I was scheduled for several tests. These tests cost me several hundred dollars plus the amounts paid by my insurance company. After the tests - my doctors decided the pain was a muscular-skeletal problem - but the doctors never suggested physical therapy or any other solution except medication to alleviate the pain. The pain continued and was becoming very difficult for me to live with.

Because of an accident, I ended up at Crossland Rehabilitation Agency and the reason for the pain was discovered in my therapy sessions because it related to my accident.

I have been mostly free of pain now for about a month since my physical therapy began. I can't believe the difference in how I feel.


My point in telling you this - is to say, if I had been able to go directly to a Physical Therapist - I probably would have instead of having all the tests. I have had physical therapy before for other problems and understand how they can help. I probably would go to a Physical Therapist for my headaches also because medication does not help the problem that much and many chiropractors do not seem to keep up with the latest developments and still rely much on force to give adjustments.

I hope Kansas will amend the current Physical Therapy Practice Act to allow for direct access to physical therapy services. I would hope my care could continue with Crossland if my pain returns or my headaches continue. But, I live in Missouri and have to go through my doctor.

I have received the most professional and concerned care from my Registered Physical Therapist and the staff at Crossland who are responsible for my different therapies.

Best luck with your efforts to improve the Health Care System in Kansas. I hope the bill passes.

Sincerely,



Marsha Cagle
11315 Cleveland
Kansas City, MO 64137

Dennington Financial Services

BANK IV TOWER, SUITE 1405 • TOPEKA, KANSAS 66603 • (913) 357-5135

DEAN DENNINGTON, C.L.U.

GARY DENNINGTON

December 11, 1990

Ms. Carolyn Bloom, P.T.
Rehabilitation Services of Topeka, P.A.
Fleming Place
1045 SW Gage
Topeka, Kansas 66604

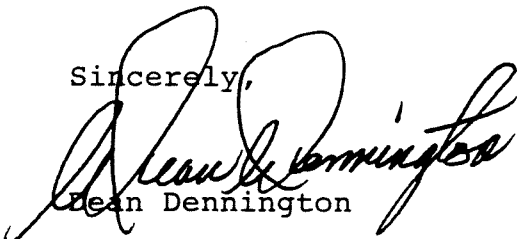
Dear Carolyn:

The experience I had last fall with a severe muscle pull and the resulting treatment given by you was nothing less than outstanding. Having been on the Board of a local hospital for fifteen years, I am familiar with the protocol that many times stands in the way of important but seemingly routine medical services delivery.

The delays I encountered when I came directly to your office, due to your being required to contact my doctor, seemed unnecessary. I am acquainted with most of the physical therapy departments in the local hospitals and many of the independent therapists. The professionalism of the group is certainly beyond question, and I would support any legislative endeavor to allow the public to direct access to members of the Kansas Physical Therapy Association. The Association would be better able to monitor and police its members and I believe complement the treatment provided by physicians in a more efficient manner.

You may use this letter in testimony to the fact that I have never found any reason to doubt the professionalism and adequacy of my physical therapist, and I would prefer to be able to use those services without the delays caused by contacting my physician.

Sincerely,



Dean Dennington

DD/jb

Lange & Associates PROFESSIONAL REHABILITATION

SHARRON LANGE, R.N. • P.O. BOX 37120 • KANSAS CITY, MISSOURI 64138 • PHONE (816) 353-0351

DECEMBER 4, 1990

KANSAS STATE LEGISLATURE
C/O REHAB SERVICES OF TOPEKA
P.O. Box 976
235 SOUTH TOPEKA AVENUE
TOPEKA, KS 66601
ATTN: CAROLYN BLOOM

TO WHOM IT MAY CONCERN:

I AM A BUSINESS OWNER AND REGISTERED NURSE WORKING IN THE FIELD OF REHABILITATION. I FULLY SUPPORT AND ENDORSE THE BILL FOR DIRECT ACCESS TO THE PATIENT PRESENTED BY THE PHYSICAL THERAPIST FOR THE STATE OF KANSAS. IT HAS BEEN MY EXPERIENCE THAT THIS WOULD BE VERY VALUABLE AND HELPFUL IN TREATING ALL TYPES OF INJURIES AND TO HELP WITH THE HEALING PROCESS.

SINCERELY YOURS,

Sharron Lange R.N. C.I.R.S.
SHARRON LANGE, R.N., C.I.R.S.

VB

DAVID W. CZIRR
112 S. PINE
GARDNER, KS. 66030-1128

1-9-81

ROBBIN HARTMAN
343 NORTH PARKWOOD
WICHITA, KS. 67208

ROBBIN,

I WAS A PATIENT AT CROSSLAND REHAB, K.C.A.
IN MY FOUR MONTHS OF P.T. I WAS REQUIRED TO
SEE MY DOCTOR REGULARLY, ONLY TO BE SENT BACK
TO P.T. @ CROSSLAND REHAB EACH TIME.

THIS CAUSED ME A GREAT DEAL OF UNNECESSARY
COSTS CONCERNING DR'S VISITS.

I URGE YOU TO DO WHATEVER NECESSARY TO
SEE THIS BILL THROUGH THE ~~LEGISLATURE~~ KANSAS LEGISLATURE,
IT IS VERY IMPORTANT TO THE HEALTH AND
WELL BEING OF PATIENTS, AND ALSO REDUCES
MEDICAL COSTS TO INSURANCE COMPANIES.

THANK YOU,



DAVID W. CZIRR
112 S. PINE
GARDNER KS. 66030-1128

2-31

Jan 28, 1991

To: Kansas Legislators
From: Bettie Phelps

I, Bettie Phelps, have received physical therapy and know the benefit and professionalism of physical therapists in Kansas. I speak to support Senate Bill #64 and request that you also support this bill.

My personal experience in receiving physical therapy could be considered extensive, having received P.T. treatments prior to and after surgery for the removal of a disc in my back. The time wasted in waiting for appointments with an M.D. to obtain a referral to a physical therapist and the subsequent wait for the next appointment can be rather extensive.

For a recurrent problem, the patient should be able to go directly back to the therapist who gave them relief in the past for the same problem. Most patients are intelligent enough to know if the pain is different from the muscle + joint pain, and would

not go directly to a therapist for severe illness. I have confidence in my physical therapist to contact my doctor if and when needed. My doctor leaves the determination of what treatment should be given and the number and length of services basically to my therapist with my input.

I would like to be able to drive when I need to go directly and promptly to my physical therapist for care, and this bill will allow me to do this. It is necessary that I see a physical therapist on a regular basis so that I may continue to function viably on my job. I ask for your support in passing SB #64. Thank you for your time.

Bette M. Phelps
3413 Illinois
Hopeka KS

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

My name is Leonard W. Smith. I am a health care professional who has received physical therapy services as a patient, and have worked closely with therapist in the clinical setting. I know the benefit and professionalism of physical therapist in Kansas. I speak to support a language change in the Kansas Physical Therapy Act, K.S.A. 65-2901-2919. This change will allow direct access to physical and rehabilitation services.

My experience in receiving physical therapy services stemmed from severe back muscle spasm and a diagnosed herniated disc and spinal stenosis. Tests showed that my back was stable, but nothing could be done surgically to relieve the "pinched nerve", without risking the stability of my back. Therapy has proven to be successful in strengthening the spinal muscles and relieving spasm. The doctor however, says that there will be good times and bad times, even with proper exercise.

There are many patients with this same situation, who now know when they are in need of therapy, and should be able to go directly back to the therapist for relief of these recurrent problems. In my case having quicker access to treatment could have saved at least one trip to the emergency room by reducing the spasm before it progressed to a point disability. Physician referrals take time. I have confidence in my physical therapist to contact my doctor if and when needed. My doctor would leave the determination of what treatment should be given, and the number and length of services to my therapist with my input.

Having worked in a mobile diagnostic service, I have travelled to many of the smaller communities, where many problems such as blood clots, and loss of extremity range of motion could have been prevented with quicker access to therapy services.

I would like to be able to decide when I need to go directly and promptly to my physical therapist for care, and this bill will allow me to do this. I ask for your support in amending The Kansas Physical Therapy Act, K.S.A 65-2901-2919. Thank

you for allowing this letter to be read.

Leonard W. Smith



PHYSICAL THERAPY

CENTERS

SALINA
3023 Canterbury Drive
Salina, Kansas 67401

SALINA
Education Center
219 South 3rd
Salina, Kansas 67401
Phone: 827-9327

ABILENE
603 South Buckeye
Abilene, Kansas 67410
Phone: 263-1773

Testimony on Senate Bill 64

Clara R. Martin
Physical Therapist for Central Kansas Cooperative In Education
2765 S. Donmyer Road
Gypsum, Kansas 67448
(913) 536-4489

Mr. Chairman & Members of the Senate Public Health & Welfare Committee:

I am Clara Martin, a Physical Therapist for the Central Kansas Cooperative In Education. The current Physical Therapy practice act is written in such a way that problems are created in providing timely physical therapy services to the children in our schools.

We, as Physical Therapists, need to be able to provide services to the handicapped children in our schools as soon as we have evaluated them, determined an educational need for physical therapy, and written an individualized educational plan. As it stands now, we must wait days, weeks or sometimes months before beginning physical therapy services due to delays in obtaining referrals from physicians. Such was the case of one little (wheelchair confined) spina bifida girl I evaluated in August of 1990 and treated for the first time in January of 1991. She and her parents had moved to Kansas from Florida and did not have a local physician. She had received physical therapy services in the Florida school system which she attended and after evaluating her (here in Kansas) it was obvious she had mobility deficits and other problems which would hinder her academic performance. But I could not treat her or teach her paraprofessional what to do with her in school until her parents located a

Senate P H&W
Attachment #3
2-5-91

PROVIDING EDUCATIONAL SERVICES FOR CENTRAL KANSAS

ABILENE—U.S.D. #435
TWIN VALLEY—U.S.D. #240

CHAPMAN—U.S.D. #473
ELL-SALINE—U.S.D. #307

ELLSWORTH—U.S.D. #327
HERINGTON—U.S.D. #487

LORRAINE—U.S.D. #328
MINNEAPOLIS—U.S.D. #239

RURAL VISTA—U.S.D. #481
SALINA—U.S.D. #305

SOLOMON—U.S.D. #393
SOUTHEAST OF SALINE—U.S.D. #306

physician and obtained a referral which simply read "Physical Therapy evaluate and treat as indicated". A whole semester of valuable physical therapy service was lost for this little girl. And this is but one example. I couldn't begin to estimate how many other handicapped children in Kansas schools have had to suffer the consequences of delayed physicians' referrals.

Direct access would greatly benefit these students by providing more timely physical therapy services. As we have learned through research, the sooner we intervene with a physical problem, the better the outcome for the student.

Our physically and mentally challenged students deserve better. They need the changes in Senate Bill 64, therefore I hope you will support and pass Senate Bill 64.

Testimony on SB 654

Keith G. Hauret
Chief, Physical Therapy Clinic
Irwin Army Community Hospital
Ft. Riley, Kansas 66442
(913) 239-7964 (W)
(913) 784-6998 (H)

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

I am the Chief, Physical Therapy Clinic, Irwin Army Community Hospital, Ft. Riley, Kansas. My experience in physical therapy includes 7 1/2 years as a staff physical therapist, and 5 1/2 years as a chief, physical therapist (clinic director). I am a graduate of the US Army-Baylor Program in Physical Therapy (1976).

As a preface to my testimony, allow me to make clear that the views expressed in this testimony are my own, and do not reflect official policy or position of the Department of the Army, the Department of Defense, or the U.S. Government.

In the Army, physical therapists have performed "primary musculoskeletal evaluations" for more than 16 years. As "primary musculoskeletal evaluators," physical therapists evaluate and treat patients with musculoskeletal pain and dysfunctions, whether or not the patients are referred from a physician, dentist, podiatrist, etc. The majority of patients are either self-referred to physical therapy, or are referred by Physician's

Senate P H&W
Attachment #4
2-5-91

Assistants who have performed "screening evaluations." The physical therapists review the medical records, evaluate the patients, order radiographs (x-rays) when appropriate, establish treatment programs, and refer patients to other specialty clinics as needed.

The essential point to emphasize is that the physical therapists perform "primary evaluations." Patients have direct access to the physical therapy clinic, wherein the physical therapist will be the first health care provider to evaluate the patient's condition and establish appropriate treatment programs. In these instances, physical therapy has become one of the entry points into the health care system.

There have been many advantages to the Army health care system and to patients as a result of physical therapists fulfilling this role as "primary musculoskeletal evaluators." Among these advantages are:

1. In most cases, patients are afforded quicker and easier access to physical therapy. From experience, this early intervention greatly facilitates the patient's recovery.

2. A greater role in the prevention of further injury is afforded by early intervention, especially in regards to the various types of overuse injuries.

3. Physical therapists have been able to work closely with the various athletic teams on post, as well as with the schools

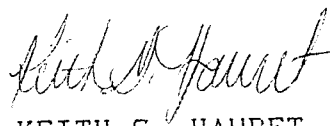
on post, to assist the athletes in receiving earlier treatment for their injuries, and to assist in injury prevention.

4. Patients with recurring musculoskeletal conditions greatly appreciate the ability to return directly to physical therapy rather than wait to see their physician to obtain another referral to physical therapy.

These same advantages would be afforded patients if they were allowed "direct access" to "civilian" physical therapy. In addition, there may be a decrease in the cost to patients and insurance companies since the mandatory visit to another health care provider (the physician) would be eliminated. All of these advantages are extremely important in this time of rising health costs.

In actual practice, the role of a "primary musculoskeletal evaluator" is the same as the role physical therapists in Kansas are seeking with "direct access." I am firmly convinced that civilian physical therapists, not only Army physical therapists, are capable of fulfilling this role.

I am in strong agreement with my civilian counterparts in their attempt to amend current Kansas statutes to permit "direct access" to physical therapy services.



KEITH G. HAURET
MAJ, SP



The
Wichita
State University

Department of Physical Therapy

Testimony on SB 64

Susan Hanrahan, PhD Candidate, PT
Teaching Fellow, The Wichita State University
Ahlberg Hall- Physical Therapy Department
Wichita, Ks 67208
316-689-3604

Mr. Chairman and members of the Senate Public Health and Welfare Committee:

My name is Susan Hanrahan and I am a full-time faculty member in the College of Health Professions Physical Therapy Department at The Wichita State University. The University of Kansas and The Wichita State University have the only two physical therapy curriculums in the State of Kansas. I will be representing both programs and discussing didactic and clinical components of physical therapy education.

Attached as appendices are general requirements for admission to the physical therapy program as well as a two year curriculum for physical therapists. Within the last three years, students at both Universities were required to enter the physical therapy program with a baccalaureate degree. Many educational institutions across the country redesigned their curricula to a master's entry level program to prepare physical therapist's to deal effectively with the health care needs of the 1990's and beyond because of broad demographic and health system changes. Such changes included advances in medical science and technology, the shift of care from

Senate P H&W
Attachemnt #5
2-5-91

inpatient to ambulatory settings and the aging of the population. As a result of scientific, technological and cultural changes, physical therapist's now treat patients who have increasingly complex pathologic, neurologic, musculoskeletal and sociocultural problems.

Today's physical therapy graduate is a clinician with a focus on evaluation skills, a teacher, an administrator, a community consultant and a researcher. Practitioners not only apply technical skills but make clinical judgments or decisions in situations where there are no rules or guidelines to follow. The clinical generalist in physical therapy is expected to be competent in the diagnosis of movement dysfunction and in creating and carrying out a plan of care designed to eliminate, alleviate or minimize the identified dysfunction.

Besides skill in evaluation and treatment of motor function, our curriculum provides students the opportunity to be prepared with skills needed to respond to future population needs in a cost-effective way. Prevention of musculoskeletal conditions through primary screening or early detection of such problems has been demonstrated to deter or eliminate costs that would be associated with long term care.

Students are also taught to work collaboratively with professional colleagues and to effectively refer to, delegate to and supervise appropriate practitioners. With the wealth of qualified health practitioners that exist, it is imperative that all health occupations recognize and utilize each others area of expertise in the best interests of their patients.

Physical therapy programs in Kansas are accredited by the Council on Education, American Physical Therapy Association (APTA). Upon graduation, individuals must pass an examination administered by the Physical Therapy Examining Committee of the Kansas Board of Healing Arts and meet other eligibility requirements to practice in the state. Programs in Kansas graduate over 50 physical therapy practitioners yearly with a near 100% pass rate on the state board licensing examination and a 100% graduate placement rate in a wide variety of clinical settings.

Most of our students come from other academic institutions in Kansas and are native Kansans yet our graduate placement attrition rate to other states is 50%. Kansas physical therapy students have said that direct access to physical therapy services is a factor in determining where they will work after graduation. Currently, Kansas has physical therapy openings in over 100 clinical facilities.

In conclusion, our goal in education is to develop a graduate who is capable of providing a means of entry into the health care system and providing excellence in physical therapy care. This graduate also recognizes that interdependence of health care professions provides better access as well as more effective and efficient health care for all individuals. The purpose of SB 64 is to allow patients to make the best use of those services.

Thank you for this opportunity to testify. I am always available to answer any questions that you might have now or in the future.

Appendices attached

REQUIREMENTS FOR ADMISSION TO THE PROFESSIONAL PROGRAM

1. A baccalaureate degree from an accredited college or university by the end of Spring term before final admission into the fall class. The degree can be in any field but must include the following prerequisites for the Physical Therapy program.

Humanities (6) Courses

2 courses in English composition, 1 course in literature, 1 course in speech, 2 courses in history, philosophy, or KU-approved humanities courses.

Social Sciences (4) Courses

general psychology, abnormal psychology, sociology, normal development

Basic Sciences

2 semesters inorganic chemistry with laboratory

(choose the level of chemistry which is required for life science majors)

2 semesters general physics with laboratory (life science majors)

1 semester general biology with laboratory (life science majors)

1 semester anatomy (comparative OR mammalian OR human) w/dissection lab

1 semester physiology (mammalian OR human) with laboratory

1 semester microbiology

Mathematics

college algebra and trigonometry OR calculus

(precalculus math will satisfy the math requirement IF it includes trigonometry)

statistics

Miscellaneous

1 course in first aid or Red Cross certification (must be standard or advanced)

Recommended courses

business/management computer survey

physiological psychology kinesiology

muscle-nerve physiology biochemistry

embryology

*** Proof of current enrollment in or completion of all prerequisites listed above MUST accompany application materials.

*** All courses must be taken on a level comparable to the prerequisite courses given at the University of Kansas and must be completed by the end of the spring term before final admission into the fall class is granted. (THIS MEANS YOU CANNOT TAKE ANY NECESSARY COURSE(S) DURING THE SUMMER PRIOR TO FALL ADMISSION TO THE PROGRAM, AS THE CLASS IS SELECTED BEFORE SUMMER COURSES ARE COMPLETED. THIS INCLUDES ANY COURSES FOR DEGREE REQUIREMENT.)

To verify course level, write the Department of Physical Therapy Education and enclose a copy of the course description.

*** Prerequisite courses must be taken for a grade or competency exemption (according to KU catalog.) Prerequisite courses CANNOT be taken pass/fail or credit/non-credit. If a course is retaken, an average of the two grades will be used in determining GPA.

ENTRY LEVEL MASTER'S DEGREE COURSEWORKFALL SEMESTER (#1) [20 HOURS TOTAL]

ANAT 880: ADVANCED TOPICS IN HUMAN ANATOMY	[5 HOURS]
PHSL 705: ADVANCED HUMAN PHYSIOLOGY	[4 HOURS]
PHTH 700: PHYSICAL THERAPY PROCEDURES	[4 HOURS]
PHTH 710: APPLIED KINESIOLOGY & BIOMECHANICS	[5 HOURS]
PHTH 730: CLINICAL EDUCATION I	[2 HOURS]

SPRING SEMESTER (#2) [18 HOURS TOTAL]

ANAT 842: NEUROSCIENCE	[5 HOURS]
MTEC 705: FUNDAMENTALS OF PATHOPHYSIOLOGY	[3 HOURS]
PHTH 750: LIFE CYCLE DEVELOPMENT	[2 HOURS]
PHTH 760: EVAL. METHODS & PRINCIPLES OF TREAT- MENT OF MUSCULOSKELETAL DISORDERS	[5 HOURS]
PHTH 770: CLINICAL EDUCATION II	[2 HOURS]
PHTH 775: INTRODUCTION TO RESEARCH IN PHYSICAL THERAPY	[1 HOUR]

SUMMER SEMESTER (#3) [9 HOURS TOTAL]

PHTH 810: SPORTS PHYSICAL THERAPY	[2 HOURS]
PHTH 820: THE SPINE	[3 HOURS]
PHTH 825: CLINICAL NEUROLOGY	[2 HOURS]
PHTH 833: SPECIAL TOPICS	[1 HOUR]
PHTH 835: CLINICAL RESEARCH IN PHYSICAL THERAPY	[1 HOUR]

FALL SEMESTER (#4) [19 HOURS TOTAL]

PHTH 815: NEUROMUSCULAR THERAPEUTICS	[4 HOURS]
PHTH 830: CLINICAL EDUCATION III	[5 HOURS]
PHTH 845: ADVANCED CARDIOPULMONARY THERAPEUTICS & HEALTH PROMOTION	[4 HOURS]
PHTH 850: RELATED THEORIES & PROCEDURES	[4 HOURS]
PHTH 855: PHARMACOLOGY FOR PHYSICAL THERAPISTS	[1 HOUR]
PHTH 899: THESIS or NON THESIS	[1 HOUR]

SPRING SEMESTER (#5) [10 HOURS TOTAL]

PHTH 872: CLINICAL EDUCATION IV	[10 HOURS]
---------------------------------	------------

SUMMER SEMESTER (#6) [9 HOURS TOTAL]

PHTH 880: CLINICAL EDUCATION V	[4 HOURS]
PHTH 882: LEGAL ASPECTS OF PHYSICAL THERAPY	[1 HOUR]
PHTH 884: ADMINISTRATION	[3 HOURS]
PHTH 899: THESIS or NON THESIS	[1 HOUR]

TOTAL HOURS: 85

Testimony on SB

Chairman Ehrlich and members of the Senate Public Health and Welfare Committee:

My name is Pauline D. Beatty. I reside in Topeka, Kansas. I have received physical therapy services for several problems in the past and a current chronic problem. I recognize the benefit and professionalism of physical therapists in Kansas. Because of my personal experience, I also recognize the need for a change in the existing Kansas Statute to allow direct access to primary care; I speak in support of SB 64.

I refer you to the November 28, 1990 "Report and Recommendations on the Kansas Health Care System" by the Governor's Commission on Health Care. Recommendation #27 under "Access to Primary Care", page 26 deals with the very issue that SB 64 addresses - that of Access to Primary Care. The important issues of savings to the consumer and the practitioner, in both time and money, is also addressed. In simple language, passage of SB 64 would allow me to contact my physical therapist directly when I am in need of treatment.

While I resent the unnecessary waste of my resources to have to go to the doctor for a referral under the present system, I can still survive it. I am fortunate to be ambulatory, in good health, in control of my transportation source and with a good support system. On the other hand

Senate P H&W
Attachment #6
2-5-91

consider thoughtfully the circumstances of an older person in need of physical therapy, who perhaps uses a waiker, is near poverty-level income, must rely on public transportation, and has no adequate support system. The extra cost to see a doctor before receiving physical therapy increases the inconvenience and the time delay before receiving treatment, which can be a serious burden. All this is in a time of constantly rising living costs plus other real stresses relating to survival. I speak for the hundreds, perhaps thousands, such Kansans with similar case histories who need your help.

I guarantee you this matter relates to the rising cost of medical care to which we must constantly give serious consideration. Why continue such an unnecessary and unproductive practice as now exists? Direct access is the very heart of SB 64. I urge your support. Thank you for hearing me.

Pauline D. Beatty
Testimony presented
February 5, 1991



The Kansas Rehabilitation Hospital

Senate Public Health & Welfare Committee

February 5, 1991

Proponent for Senate Bill #64

Chairman Ehrlich and members of Senate Public Health and Welfare Committee:

I am Ann Carver, a practicing physical therapist in Topeka. I join with the 628 members of the Kansas Physical Therapy Association to request your support of Senate Bill #64 which amends Kansas Statutes to permit direct access to physical therapy.

Before I was a physical therapist, I was a yoga instructor. In 1973, I began teaching hatha yoga, or physical yoga, which consists of stretching, breathing exercises and relaxation. Eventually, I started getting students with (1) back pain related to arthritis, disc disease, postural problems, scoliosis and (2) peripheral joint problems such as frozen shoulders or arthritic knees. They began asking me, a yoga instructor, for advice on what they should or should not do. A lot of people are more inclined to ask their yoga or aerobics teacher for advice than to seek help from their physician or another professional in the field. As a yoga instructor, I had no legal restrictions on what I was allowed to recommend. The only restrictions I had were self-imposed. Initially, I had no specialized training in the pathology and treatment of the spine or peripheral joint disease upon which to base my recommendations. There were no required training programs, no testing requirements, or no licensing procedures.

But, I began feeling uncomfortable with the trust these people with serious physical problems had in me, considering the fact I lacked specialized education and training, so I began in 1978 taking courses at Washburn University in anatomy, physiology, kinesiology, etc. and eventually spent two years in graduate school at K.U. Medical Center. I received my Master of Science in Physical Therapy in July 1990.

Now I am employed as a physical therapist at The Kansas Rehabilitation Hospital in Topeka and am a Registered Physical Therapist. The irony of the whole situation, because of the restriction in Kansas law, is that I am more limited as a physical therapist than I was as a yoga teacher. For example, when a patient is assigned to me, I am not allowed, without a

Senate P H&W.
Attachment #7
2-5-91

1504 S.W. 8th Street, Topeka, Kansas 66606
(913) 235-6600

Working To Make Life Better

A Continental Medical Systems facility



physician's referral, to teach him/her the same stretches I utilized when teaching yoga. The patient may have to wait X number of days and pay X amount of dollars to see a physician before receiving a prescription for physical therapy.

There are a lot of people out there teaching aerobics, yoga, nautilus, weight lifting, and slimnastics in health clubs and community centers telling people with many physical problems what to do or not to do. There are no licensing requirements or restrictions for these instructors. Existing law imposes a restriction on state regulated bona fide health care professionals while there are no restrictions on the previously mentioned groups.

Under Senate Bill #64, physical therapists would, for the most part, continue to practice with practitioner referral, and communication would continue accordingly. Direct access would only eliminate the need for written referral, not for communication.

Thank you for your consideration. I urge your support of Senate Bill #64 and I will be happy to answer any questions you or anyone might have.