

Approved 2-14-91
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH & WELFARE

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

10:00 a.m./p.m./on February 6, 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:

Chip Wheelen, Kansas Medical Society
Dr. John Lynch, Kansas Orthopedic Society
Harold E. Riehm, Ex. Director, Kansas Assn. of Osteopathic Medicine
Joe Furjanic, Ex. Director, Kansas Chiropractic Association
Dr. Gary Forshee, Chiropractor, Leavenworth
John Peterson, Kansas Association of Professional Psychologists
Gerald K. Gentry, Ph.D., Osawatomie State Hospital
James Lichtenberg, Professor of counseling psychology, K.U.
Wes Crenshaw, doctoral student, K.U.
Ellie LeCompte, Osawatomie State Hospital
Dwight L. Young, Director, Mental Health Center, Great Bend

Chairman Ehrlich called the meeting to order at 10:00 a.m.

The chair announced that fiscal notes on bills heard in committee would be distributed to the members of the committee.

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.

Appearing in opposition to SB 64 and presenting written testimony was Chip Wheelen representing the Kansas Medical Society. He stated patients should have the benefit of a differential medical diagnosis by a physician to identify the cause of pain or discomfort as his reason to oppose the bill. (Attachment 1)

Dr. John Lynch, a Topeka orthopedic surgeon, presented his testimony in opposition to SB 64. His reasons to oppose this bill was based on the problem of inaccurate diagnosis of patients. (Attachment 2) Senator Salisbury expressed concern regarding the inability of people to seek immediate treatment. Senator Walker stated that several other states have direct access to physical therapists, and Dr. Lynch stated he was not sure what was contained in the language of those bills. He stated musculoskeletal disease being diagnosed was his reason to oppose SB 64.

Harold Riehm, representing the Kansas Association of Osteopathic Medicine, appeared before the committee and presented written testimony in opposition to SB 64, questioning not the quality of training that physical therapists receive, but their diagnosis. (Attachment 3)

Joe Furjanic, Kansas Chiropractic Association, appeared in opposition to SB 64 stating that diagnosis was his main objection. (Attachment 4)

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10:00 a.m.~~p.m.~~ on February 6, 1991.

Dr. Gary Forshee, Chiropractor from Leavenworth, testified in opposition to SB 64. His main objection was diagnosis and lack of education in that area as reasons to oppose the bill. (Attachment 5)

No further questions on SB 64. The chair announced that staff review on AIDS would be given February 7. Senator Reilly stated he had copies of "HIV/AIDS Facts to Consider", which were distributed to the committee.

SB 55 - An act concerning the registration of masters level psychologists; relating to qualifications for registration; amending K.S.A. 1990 Supp. 74-5363 and repealing the existing section.

John Peterson appeared as a proponent to SB 55 and submitted written testimony in support of the amendments that would take care of a problem that arose because of an Attorney General's opinion. (Attachment 6)

Gerald K. Gentry, Ph.D., Osawatomie State Hospital appeared in opposition to the bill as written and presented written testimony on SB 55. Dr. Gentry supports the changes in SB 35 and requests changes in SB 55 that would grant candidate status in a doctoral program in psychology consistent with state universities. He felt the change requested is necessary because doctoral programs in Counseling Psychology often accept students with masters' of education degrees in Counseling, rather than a masters' degree in psychology. (Attachment 7)

James Lichtenberg, professor of counseling psychology at the University of Kansas presented written testimony and spoke in opposition to SB 55 as written. His suggested change concerns candidate status in a doctoral program in psychology consistent with the state universities of Kansas, and during such graduate program complete a minimum of 12 semester hours. (Attachment 8)

Wes Crenshaw, third year doctoral student in the Department of Counseling Psychology at the University of Kansas, spoke in opposition to SB 55 as written but in support of an amendment as presented by Dr Gentry and Dr. Lichtenberg. (Attachment 9) Ellie LeCompte also presented written testimony and appeared in opposition to SB 55 as written. She supports changes in the bill that would grant candidate status in a doctoral program in psychology consistent with state universities. (Attachment 10)

Dwight L. Young, Association of Community Mental Health Centers of Kansas presented written testimony and spoke in opposition to SB 55 as written. He proposed an alternative to the problem of registration and prefers additional language. (Attachment 11)

Question was asked by Staff Wolff regarding masters' level training in areas other than clinical work. Mr. Young replied he could not define clinical work, but clinical emphasis would be a better wording.

Senator Salisbury questioned Mary Ann Gabel, Behavioral Sciences Regulatory Board, regarding language in the bill. Ms. Gabel replied she had visited briefly with Dr. Lichtenberg, and tentative status was explained as being more beneficial. Ms. Gable also stated that time limitations would be addressed in the amendment.

The meeting was adjourned at 11:00 a.m.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-6-91

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

NAME AND ADDRESS	ORGANIZATION
KEITH R LANDIS TOPEKA	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Marilyn Bratt Lawrence	KINH
Barbara Heng Liberal	KINH
Mildred Harkness Lawrence	KINH
Alec Cannon Shawnee	KINH
Bar McQuill Shawnee	KINH
Margaret Farley Lawrence	KINH
ELIZABETH E. TAYLOR TOPEKA	ASSO OF LOCAL ^{DEPTS} HEALTH
Bob Noller P.O. KS	KINH
JOE FURJANIC TOPEKA	KCA
Gary K. Forshew DC Basehor	KCA
John Johnson KC	KCA
Janita Skov KC	KPTA
James A. Judd Wichita	RS77A
John Johnson Great Bend	ACHCK
Debra J. Lee	CMHC
Agird Hanzlich Topeka	KDA
Nichelle Jenson Topeka	KSNA
Terri Roberts Topeka	KSNA

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2/6/91

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

Alma Elliott

KIN H

Petey Perf

KINIT

Audie Martin

Judith Eulich

Dr. Harvey Hillin

Kansas SRS - MHRS



KANSAS MEDICAL SOCIETY

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

February 5, 1991

TO: Senate Public Health and Welfare Committee
FROM: Kansas Medical Society *Myra J. Furlan*
SUBJECT: Senate Bill 64; Independent Practice by Physical Therapists

Thank you for this opportunity to express our reservations about the provisions of SB 64. We recognize that Registered Physical Therapists are well-trained health care professionals who are capable of evaluating and treating patients independently when the patient's diagnosis indicates that physical therapy is an appropriate mode of treatment for the condition.

It is the diagnosis, however, that becomes the critical consideration and we believe that every patient should have the benefit of a differential medical diagnosis by a physician to identify the cause of pain or discomfort. This means that if the patient's condition is caused by an injury, illness, or disease, the physician may prescribe appropriate medication or other treatment in addition to or in lieu of physical therapy techniques. Furthermore, physical therapy may involve exercises and devices that could aggravate an injury or undiagnosed condition.

The requirement under current law for "consultation" with a physician prior to initiating treatment does not necessarily require that the patient be examined by the physician. It simply imposes a measure of safety for purposes of assuring, to the extent possible, quality health care for the people of Kansas.

Thank you for considering our concerns related to SB 64.

CW/cb

Senate P H&W
Attachment #1
2-6-91

TO: Senate Public Health and Welfare Committee

FROM: Kansas Orthopedic Society

SUBJECT: Senate Bill 64, "Direct Access" to Physical Therapists

Thank you for this opportunity to express our reservations and opposition to SB 64.

I am Dr. John Lynch, a Topeka orthopedic surgeon, representing the Kansas Orthopedic Society which is opposed to this bill.

Our organization has great respect for physical therapy and physical therapists. This discipline is an integral part of medical practice. All branches of medicine recognize and appreciate the skills and abilities of physical therapists, and particularly in my field, orthopedic surgery, much of the benefits of our specialty could not be achieved without these skilled and dedicated people. Because of this, it is with the greatest reluctance and even greater concern that we regretfully find it necessary to respectfully, but firmly, oppose their "Direct Access" position expressed in SB 64.

UNDER THIS PROPOSED AMENDMENT, PHYSICAL THERAPY EVALUATION AND TREATMENT MAY BE RENDERED BY A PHYSICAL THERAPIST WITHOUT REFERRAL FROM A PHYSICIAN. WHAT IT ESSENTIALLY MEANS IS THAT PATIENTS WITH MUSCULOSKELETAL DISEASE OR INJURIES CAN BE SEEN, DIAGNOSED, AND TREATED SOLELY BY PHYSICAL THERAPISTS WITHOUT EVER SEEING A PHYSICIAN. This concept must be opposed for the following reasons:

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

1. SAFE AND EFFECTIVE TREATMENT MUST BE PROCEEDED BY ACCURATE DIAGNOSIS. No medical treatment, physical therapy included, can be safely and effectively initiated without an accurate diagnosis. To do so invites potential harm.

Physical therapists are not qualified to make diagnoses and, therefore, should not be allowed to begin treatment until a diagnosis has been established by a physician qualified to make diagnoses. Diagnosis before treatment is essential.

- a. Physical therapists are not trained to make diagnoses. Even Kansas Law [K.S.A. 65-2901(6)], which SB 64 attempts to amend, limits physical therapists to "evaluate patients" but not to diagnose. "Diagnosis" is reserved for those "deemed in the practice of medicine and surgery" [K.S.A. 65-2869(c)], such as physicians and surgeons, not physical therapists.
- b. PHYSICAL THERAPISTS CANNOT ORDER OR EVALUATE X-RAYS [K.S.A. 65-2901(a)].

Particularly, in musculoskeletal injuries or diseases, the conditions usually treated by physical therapists, the availability of x-rays is essential in making an accurate diagnosis. Almost 100% of new

patients seen by orthopedic surgeons (a group similar to the "Direct Access" physical therapy group) require x-rays. Failure to secure x-rays on such patients greatly reduces diagnostic accuracy and exposes the orthopedist to the risk of malpractice.

Even if a therapist were otherwise qualified, inability to secure and use x-rays would seriously compromise his/her diagnostic accuracy.

SAFE AND EFFECTIVE THERAPY MUST BE PROCEEDED BY AN ACCURATE DIAGNOSIS.

2. NOT ALL MUSCULOSKELETAL DISORDERS OR INJURIES ARE OPTIMALLY TREATED BY PHYSICAL THERAPY.

Some are best left untreated, some require medication, and others may need timely surgery.

- a. Physical therapists may not be aware of or know of medication which might enhance treatment.
- b. Since physical therapists are not surgeons, they may not be able to evaluate the indication for surgery.

In some instances, because of inaccurate diagnosis or inadequate knowledge of surgical indications, necessary and timely surgery may be delayed or not performed, to the detriment of the patient.

CONCLUSIONS

1. SAFE AND EFFECTIVE TREATMENTS MUST BE PROCEEDED BY ACCURATE DIAGNOSIS.
2. INDEPENDENTLY PRACTICING PHYSICAL THERAPISTS DO NOT HAVE THE TRAINING NOR THE AVAILABILITY OF X-RAY IN ORDER TO DIAGNOSE ACCURATELY.
3. CONSEQUENTLY, IT IS DOUBTFUL IF SAFE AND EFFECTIVE TREATMENT CAN OCCUR UNDER A "DIRECT ACCESS" SYSTEM OF PHYSICAL THERAPY.

Because of the above reasons, I respectfully urge that you reject SB 64.

Thank you for listening.

Kansas Association of Osteopathic Medicine

Harold E. Riehm, Executive Director

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

February 5, 1991

To: Members, Senate Public Health Committee
From: Harold E. Riehm, Executive Director, Kansas Association of Osteopathic
Medicine
Subject: S.B. 64

Mr. Chairman and Members of the Committee:

I appear before the Committee in opposition to S.B. 64, a Bill that would permit Physical Therapists to commence both evaluation and treatment of patients without referral of a physician.

Physical Therapists are important participants in the provision of health care to Kansas Citizens. Physicians appreciate and respect their area of expertise. Yet we question whether this proposed expansion of their practice act is consistent with improving the health care of Kansas citizens--both in quality and access.

The question is not one of the quality of training Physical Therapists receive; we do not question that. It is whether the training is sufficient to commence treatment after their own diagnosis in all cases--including the relatively few instances in which outer symptoms appear to suggest physical therapy, but the problem may stem from a more serious cause we think more likely to be correctly diagnosed by a physician.

The system as structured, provides an important extra quality check in which the views of physicians and physical therapists reinforce each other in arriving at the appropriate and medically correct treatment. We think this system has proven its worth and should be maintained.

In a broader perspective, we remain curious, too, as to what other health care provider groups may come to you with similar requests were this to pass.

Any enhanced access, we think, must take a second place to the above noted quality check we think the present system provides.

Thank you for this opportunity to testify.

Senate P H&M
Attachment #3
2-6-91

TESTIMONY OF JOE FURJANIC, EXECUTIVE DIRECTOR
OF THE KANSAS CHIROPRACTIC ASSOCIATION
BEFORE THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE
IN OPPOSITION TO SENATE BILL NO. 64
February 5, 1991

It is a pleasure to speak to you today concerning these issues of importance you now consider. I am here, of course, representing the second largest group of physicians in the state of Kansas, the Kansas Chiropractic Association. I am Executive Director of the KCA having been chosen for that position in August of last year. With me today are Dr. Gary Forshee from Leavenworth and Dr. Byron Tomlins from Salina.

I have only been the Executive Director of the KCA since last August. However, before being honored by the Kansas Chiropractic Association with this position I was the Disciplinary Counsel for the Kansas Board of Healing Arts. I held that position for 4 years. During that period of time I had the responsibility for investigating complaints of the public concerning health care practitioners in this state. Those responsibilities gave me the unique opportunity to examine the health care providers of this state from the perspective of the patient, the health care provider and the regulatory agency. It is that experience as much as anything which brings me before you today to testify in opposition to Senate Bill 64. It is not only from my present position but from the perspective I gained with the Board of Healing Arts that leads me to believe that passage of Senate Bill 64 would represent a grave danger to the people of the state of Kansas.

In order to analyze this situation, it may be best to briefly mention the role of physicians in the health care process. There

are many types of health care professionals including nurses, physical therapists, dentists, x-ray technicians, rehabilitation specialists and others. But it is the physician who is and should be in charge of the activities of these health care professionals. Medical doctors licensed according to K.S.A. 65-2869, osteopathic physicians according to K.S.A. 65-2870, chiropractic physicians according to K.S.A. 65-2871. In each of those statutes you will find one key word.

Diagnosis. The key word is diagnosis.

Several of you have taken the opportunity to learn a great deal about chiropractic physicians by attending National Chiropractic College in Lombard, Illinois. Those of you that have had that opportunity realize chiropractic physicians spend an extraordinary amount of time learning how to perfect their diagnostic skills. In other words, they learn how to figure out what is wrong with the patient. These same diagnostic skills are acquired by medical physicians and osteopathic physicians. Those courses in diagnosis are required. The reason they are required is that before a patient can be treated it is helpful if the physician, the nurse or the x-ray technician have a good idea of what is wrong with them.

Medical procedures, including physical medicine can be dangerous. I will leave it to the doctors who are with me to explain those dangers further. But the point is in order to know whether or not a particular treatment is dangerous to one patient or another, we have to know what is wrong with the patient. There has to be a diagnosis.

Physical therapists have a distinct place in the health care delivery system. They are and should be trained for what they do. However, they are not trained in the art and science of diagnosis. There is no requirement comparable to that of M.D.s or D.C.s that physical therapists have a certain number of hours of education concerning diagnosis. In addition to literally thousands of hours in anatomy, physiology, neurology and orthopedics, medical doctors are required to have 374 hours of diagnostic training. Chiropractic physicians are required to have 370 hours of diagnostic training. There isn't a requirement that even comes close in the curriculum of the physical therapist. Passage of Senate Bill 64 would allow the citizens of this state to initiate treatment with a health care practitioner that is not qualified to diagnose their illness.

For that reason, the Kansas Chiropractic Association strongly opposes Senate Bill 64. I would now like to introduce my guests to present their testimony to the committee.

Feb 2, 1991

**THE UNIVERSITY OF KANSAS MEDICAL CENTER
SCHOOL OF ALLIED HEALTH
PHYSICAL THERAPY PROGRAM - ENTRY LEVEL**

GENERAL INFORMATION

Physical Therapy Education at the University of Kansas Medical Center gives the student the theoretical and practical background necessary to enter the field and practice effectively. Inasmuch as physical therapy is considered an integral part of the practice of medicine, with all its legal and professional ramifications, the application of physical therapy must be carried out in accordance with the laws of the state in which one is employed. In Kansas, after graduation from an accredited school, physical therapists must apply for registration and pass the examination required by the Physical Therapy Examining Committee of the Kansas State Board of Healing Arts before they are legally permitted to practice.

CURRICULUM

In 1988, the University of Kansas Medical Center, Department of Physical Therapy Education, began offering an entry level Master's degree program. Students will be eligible to apply to this program if they already possess a Baccalaureate degree and have completed the necessary prerequisites. This professional program is 24 months in length (6 semesters, including 2 summer sessions). Prior to graduation at the Master's degree level, the student must pass a comprehensive examination covering all course work and must successfully meet the research requirements of the degree.

ADVISEMENT

All KU pre-physical therapy students should enroll with the Physical Therapy Advisor or an Allied Health Advisor on the Lawrence campus (see last page). Students in other Kansas colleges should meet with their local campus advisor. Out-of-state students should contact the Department of Physical Therapy Education at The University of Kansas Medical Center. If all the required prerequisites are to be obtained, it is essential that the student contact the appropriate advisor as early as possible.

Information regarding an appointment to confer with a Physical Therapy Advisor in Kansas City is available through the Department of Physical Therapy Education on the Medical Center Campus.

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.

REQUIREMENTS FOR ADMISSION (continued)

2. A minimum 3.0 cumulative grade point average (4 point scale). The cumulative GPA will be calculated using ALL college work completed (undergraduate and graduate). A minimum 3.0 science grade point average (4 point scale) is also required for the prerequisite science and mathematics courses.
3. Three letters of recommendation (forms provided at time of application).
4. GRE score (General Test).
5. A minimum of eight hours observing a physical therapist at work. At least four hours of this time should be spent in an acute care hospital setting. The observation hours must be fulfilled within the 12 months prior to the application deadline. Verification forms will be provided with the application packet.
6. Personal interview (scheduled during the spring of the year of application to program). Interviews for 1991 entering class will be held on March 14-15, 1991 at the Medical Center campus. You must be available one of these two days to continue the admissions process.

ADMISSION PROCEDURES

Admission procedures are formulated by the Physical Therapy Admissions Committee and are given to the student on application to the professional program.

Maximum class size is 32, and the starting date is in August of each year. Preference is given Kansas residents in the admission process. Non-resident students may be admitted if there is available space AND if their scholastic records are outstanding.

TIMETABLE FOR APPLICATION

- | | |
|---------------------------|--|
| December 1 - January 31: | Obtain application. <u>(The request for an application MUST BE MADE IN WRITING. NO requests made by phone will be considered).</u> |
| February 15: | Deadline for submission of completed application and all supporting materials. |
| Spring Break (mid-March): | Interviews at KUMC. (March 14-15, 1991). |
| August: | Orientation for new students. Classes begin. |

ENTRY LEVEL MASTER'S DEGREE COURSEWORK**FALL 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

EXPENSES - ESTIMATE (SUBJECT TO CHANGE)

Tuition per semester	(includes Campus privilege, library & fitness center building fees)
	868.00 Kansas resident
	2,436.00 Non-resident
Books & supplies (approximate)	600.00 1st semester
	200-400.00 subsequent semesters
P.T. Education Supply Fee	25.00/semester
Lab jacket (approximate)	30.00 1st semester only

Expenses vary during the full-time clinical semester depending upon the affiliation site.

FINANCIAL AID

Assistance is available through scholarships, traineeships and loans. Information is given upon request. Contact: Billie Jo Hamilton, Director, Student Financial Aid, AC913 588-5170. Financial aid packet should be requested in January. Deadline for submission of completed application for financial aid is May 1.

Separate application required for Medical Center campus.

SPECIAL REQUIREMENTS

1. Clinical and lab uniforms are required.
2. Students will be required to transport themselves between various clinics in and around the Kansas City area.
3. Students will be required to furnish their own living and travel expenses for out-of-city and out-of-state (optional) clinics.

INSURANCE

Health insurance is mandatory while in the professional program. Student Blue Cross-Blue Shield coverage must be obtained while at the Medical Center and is payable at the time of registration, OR the student must be enrolled in a group Blue Cross Blue Shield plan. Students must show proof of Blue Cross-Blue Shield group coverage when enrolling for each semester of the program. (Only Blue Cross-Blue Shield group coverage is acceptable.)

Plan	1990 Semi-Annual Premium (Subject to change)
Individual	\$ 495.96
Student/Spouse	1,632.48
Family	2,070.78
Student/Children	1,095.66

Professional liability insurance is provided by the state of Kansas for each student.

The University of Kansas Medical Center is committed to a policy of providing equal opportunity for all. In all matters involving admissions, registration, and all official relationships with students, including evaluation of academic performance, the University insists on a policy of non-discrimination. It is institutional policy that there shall not be any discrimination against any student because of race, color, religion, sex, age, national origin, or physical handicap.

THE PHYSICAL THERAPY PROGRAM ADHERES TO AND FULLY SUPPORTS THE POLICIES HEREIN CONTAINED.

For further information - please address inquiries to:

Department of Physical Therapy Education/1002 Hinch Hall
School of Allied Health
The University of Kansas Medical Center
39th & Rainbow Boulevard
Kansas City, Kansas 66103
(913) 588-6799

ADVISOR - Lawrence Campus

Camilla M. Wilson - available 1 day/week during Fall & Spring semesters
Advising Support Center
4017 Wescoe
(913) 864-4371 - call for an appointment

Testimony of John Peterson
Senate Committee on Public Health & Welfare
February 6, 1991

1991 Senate Bill 35 & 55

Mr. Chairman & Members of the Committee:

My name is John Peterson and I am appearing today on behalf of both the Kansas Association of Professional Psychologists and the Kansas Psychological Association. The Kansas Association of Professional Psychologists represents approximately 100 licensed psychologists who are in private practice. The Kansas Psychological Association is a much larger umbrella organization including not only those who are engaged in private practice, but also those who work in community mental health centers and other institutional settings.

A couple of weeks ago, I presented testimony in support of the amendments to Senate Bill 35 which were proposed by Dr. Stuart Frager, Ph.D., in his capacity as chairman of the Council of Administrative Psychologists. Those amendments, which are also contained in Senate Bill 55 as it was introduced by this committee, take care of a particular problem that arose because of an attorney general's opinion. I would again urge you to pass a Senate Bill 55 as it was introduced (or Senate Bill 35 with the appropriate amendments) so that the problem created by that opinion can be addressed.

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

**Testimony
Senate Public Health and Welfare Committee
February 6, 1991**

Senate Bill 55

Mr. Chairman and distinguished members of the committee, "Good morning". My name is Gerald Gentry. I am a native Kansan who was fortunate to receive all ten years of his psychology training in our great state!

I have been Chief Psychologist at Osawatomie State Hospital for almost a dozen years. My greatest challenge has been to recruit well-trained clinicians to work in the public sector. The best decision I have made in this regard was to begin hiring in 1983 two - four doctoral psychology candidates from The University of Kansas and The University of Missouri -- Kansas City each year to work as part-time staff psychologists at Osawatomie. They loved the work, went back to campus and told other students, and soon I was getting job inquiries from new graduates who had worked (or their friend had worked) part-time at Osawatomie as a doctoral candidate.

I support the changes contained in Senate Bill 55. I am sure Dr. Frager did a good job last week of explaining the rationale. I only have one revision which could not be included due to time constraints for submission of proposed bills.

The change I request is necessary because doctoral programs in Counseling Psychology (including both KU and UMKC) often accept students with master's of education (M.Ed.) degrees in Counseling, rather than a master's degree in psychology. However, prior to being elevated to "candidate" status, these psychology doctoral students complete all of the course requirements for RMLP registration, as well as many additional courses. In fact, the only difference between these individuals and those presently eligible for RMLP status is the title of their master's degree.

Please make the following change in Senate Bill 55 at lines 40-42, ". . . or has been granted 'candidate' status (i.e., completed comprehensive examinations) in a doctoral program in psychology consistent with state universities of Kansas and during such graduate program completed a minimum. . ."

Today, we have three doctoral candidates on staff at Osawatomie who will have to be terminated from employment without this change. Such action would deprive our patients of excellent care, and lose the state three clinicians just as they are nearing completion of a decade of psychology study! Since both the KU and UMKC Counseling Psychology doctoral programs are fully accredited by the American Psychological Association and their graduates are licensable in Kansas, it is logical and appropriate that their doctoral candidates be eligible for registration.

Thank you for your time and consideration.

**Gerald K. Gentry, Ph.D.
Clinical and Child Psychologist**

Senate P H&W
Attachment #7
2-6-91

Testimony
Senate Public Health and Welfare Committee
February 6, 1991

Senate Bill 55

Mr. Chairman and members of the committee. My name is James Lichtenberg. I am a professor of counseling psychology at the University of Kansas, and one of the co-directors of training for the university's doctoral program in counseling psychology. I am here this morning to testify in support of Senate Bill 55's proposed changes in the qualifications for registration of master's level psychologists (K.S.A. 1990 Supp. 74-5363).

The doctoral program in counseling psychology at the University of Kansas is one of only 56 such programs nationally that is formally accredited by the American Psychological Association. It is a strong and nationally recognized program, attracting applicants from across the country, and training exceptionally qualified mental health practitioners, most of whom remain in the State of Kansas to practice their profession upon completing their degree. It is also the only doctoral program in counseling psychology in the state.

Students admitted into the program enter with a diversity of academic backgrounds. Although some enter with degrees in psychology, others enter with degrees in counseling, education, or sociology.

Regardless of the focus of their undergraduate or master's work, the doctoral program requires of its students over 100 semester credit hours of graduate-level course work beyond those obtained in pursuit of the master's degree. The program of studies covers fully the psychological foundations and professional core specified in the qualifications for registration as a master's level psychologist. By all accounts, individuals who have completed the curriculum in counseling psychology have received a level of training that exceeds that required for registration as a master's level psychologist. Indeed, the doctoral curriculum in counseling psychology satisfies the academic criteria for licensing as a psychologist in Kansas. However, under the current wording of the statute, unless the person has received a master's degree in (clinical) psychology, she or he is not qualified for registration as a master's level psychologist.

As Dr. Gentry has indicated, this fact has created an extremely unfortunate situation in our state, as it is depriving the state of the psychological services that these individuals are trained and qualified to provide. It also creates a situation in which individuals prepared as counseling psychologists in Kansas may have to leave the state in order to secure employment--a situation that could have adverse long-term consequences for mental health services in the state.

Senate Bill 55 appears to me to be an attempt to address the disparity in the current registration qualifications and to address both of the above situations. I respectfully would request, however, your consideration of one change in the wording of Senate Bill 55; the suggested change is simply an echo of that shared by Dr. Gentry. Specifically, beginning at the end of line 40 through line 42, I would propose that the text be changed to read:

" ... or has achieved candidate status in a doctoral program in psychology consistent with the state universities of Kansas and during such graduate program completed a minimum ..."

At the University of Kansas, candidate status in one's doctoral program is awarded upon completion of one's doctoral comprehensive examinations which are taken at, or very near, the end of one's doctoral program. Although the change in the registration criterion to "candidacy status" makes the criterion somewhat less restrictive than that in the current wording of Senate Bill 55 (1-24), it still assures a level of graduate training in psychology at least equivalent to that of

registrants holding only a master's degree while at the same time addressing the concerns created by the current wording in the statute.

I believe that the proposed wording change will bring parity between those with master's degrees in (clinical) psychology and those whose master's degrees may not be designated as degrees in "psychology," but whose doctoral programs most certainly qualify them for registration and a similar level of professional practice.

Thank you for your consideration of my comments.

James W. Lichtenberg, Ph.D.
Professor, Counseling Psychology

Testimony
Senate Public Health and Welfare Committee
January 31, 1991

Senate Bill 55

Mr. Chairman and members of the committee. My name is Wes Crenshaw. I am a third year doctoral student in the Department of Counseling Psychology at the University of Kansas. I am speaking in support of Bill 55 as a way of allowing graduates of our program to obtain the two years supervised experience necessary for licensure in the state. However, I urge the committee to consider amending the bill as suggested by Dr. Gentry and Dr. Lichtenberg.

I, like Dr. Gentry, am a product of Kansas Education. After receiving my BA from Southwestern College in Winfield, I received a masters degree from Wichita State University in 1988. It has always been my goal to practice in Kansas, and to that end I applied to only one doctoral program, the department Counseling Psychology at KU. At the end of this semester I will have completed many more than the 12 hours of graduate work in the psychological foundations specified in KSA 74-5363. I will have completed many more than the 24 hours of coursework in professional core courses specified by this law. In fact, I will have completed nearly 100 graduate hours in progression toward my Ph.D. I will have completed courses in the *history of psychology, psychology of learning and perception, statistics, psychotherapy, testing, personality theory and psychopathology, research methods in psychology, social psychology, and the biological bases of psychology*. Each of these courses is designed to support my licensure application in Kansas following my post-doctoral supervision. Additionally, I have already completed four practicums and two extra "field experiences," totaling over 600 supervised practicum hours.

By all accounts, I am qualified for registry as an RMLP as specified by KSA 74-5363. By all accounts, but one...the masters degree I received at WSU was a Masters of Education in Counseling and School Psychology, not a clinical degree or a "generic" psychology degree. I intentionally chose my masters program because it offered an excellent counselor training model. Alone, this program did not, and *should not*, qualify me for RMLP status. However, this masters degree, combined with the extensive post-masters training and supervision I have received, places me in a very favorable position when compared to persons possessing a terminal masters. The KU Counseling Psychology doctoral program

(continued on reverse)

provides more psychological coursework, more training in psychotherapy, and more academically supervised practicum than any terminal masters program in the State of Kansas. This is evidenced by the fact that I will be eligible for *licensure* as a graduate of this program, but not for *registry*. While the changes proposed by Bill 55 *would* allow me to be registered *after* my internship, it still does not afford parity between the terminal masters and the advanced, pre-internship doctoral candidate (i.e. one who has completed his/her comprehensive exams and may begin internship and dissertation work). In short, this will mean that, after profiting extensively from the educational opportunities available in Kansas, I will be forced to leave the state in order to work in my chosen profession. I cannot believe that this was the intended outcome when KSA 74-5363, and Bill 55 were written. Yet leaving them in their present wording amounts to a large State investment in mental health (via funding for the Ph.D program in Counseling Psychology) *and* a barrier to realizing the full benefit from that investment (by preventing our advanced candidates and graduates from practicing as RMLPs). It is certainly in our State interest to retain as many licensable graduates as possible for practice in Kansas. However, in no way is this interest served by the present wording of KSA 74-5363, and only minimally served by the present wording of Bill 55.

In summary, I urge the committee to amend Bill 55 to permit doctoral candidates to be employed as RMLPs. This revision will ultimately improve a greater return on Kansas' investment in its mental health providers without sacrificing the quality of those providers.

I thank you for your time.

Testimony
Senate Public Health and Welfare Committee
February 6, 1991

Senate Bill 55

My name is Ellie Le Compte. I came to Kansas from Colorado in 1983 with a Masters in Counseling from the University of Colorado to begin work on a doctorate in Counseling Psychology at the University of Kansas. During my stay, I came to love this state. As much as I would like to stay, I cannot work as a psychologist in Kansas, even with a Ph.D. in Counseling Psychology.

To this end, I accepted a job at Osawatomie State Hospital in 1987. The position gave me experience I needed as well as time and support to complete my dissertation. With current laws, I would not have been qualified for this position. This fall, I was told that I needed an R.M.L.P. At the time I thought that this would not present any problems. How wrong I was! Over a period of six weeks or so, I learned that I was not eligible for this certification because my Masters degree was in Counseling. My employer downgraded my position to that of a Psychology Trainee. I am earning 60% of what many others make, some of whom do not have doctorates at all. It is ironic that even with a Ph.D. in Counseling Psychology and a year-long internship in clinical psychology at Topeka State Hospital, I am unqualified for many jobs requiring only a Masters degree. I am earning less money now with a Ph.D. than I was with an M.A. two years ago while a Psychologist I at Osawatomie State Hospital.

Although I looked into other positions in the state, I must have an R.M.L.P to work as a psychologist at a mental health center. Although I could work as an Unlicensed Assistant in private practice, I would receive no benefits and would not be guaranteed a specific number of hours of work. I could take a position as a case manager or a counselor, but then I would not be accumulating required hours toward licensure as a psychologist. I feel caught between the devil and the deep blue sea; nothing looks very promising. I consider selling my house and leaving, all because of a few words in the statutes.

I sincerely hope that you will make the following change in Senate Bill 55 at lines 40-42, "...or has been granted 'candidate' status (i.e. completed comprehensive examinations) in a doctoral program in psychology consistent with state universities of Kansas and during such graduate program completed a minimum..." Without this change, many people like me will not have the opportunity to work in state hospitals or mental health centers for all the years between completing coursework until licensure. You will surely lose us all to another state.

Thank you for your time.

Senate P H&W
Attachment #10
2-6-91



**Association of Community
Mental Health Centers of Kansas, Inc.**

835 SW Topeka Avenue, Suite B, Topeka, KS 66612
Telephone (913) 234-4773 Fax (913) 234-3189

**SENATE HEALTH AND WELFARE COMMITTEE
S.B.55**

**February 6, 1991
Dwight L. Young**

John G. Randolph
President
Emporia

Eunice Ruttinger
President Elect
Topeka

Ronald G. Denney
Vice President
Independence

Donald J. Fort
Secretary
Garden City

Don Schreiner
Treasurer
Manhattan

Dan Watkins
Member at Large
Lawrence

Kermit George
Past President
Hays

Paul M. Klotz
Executive Director
Topeka

I appreciate the opportunity to present to the committee regarding S.B. 55. I would like to offer an alternative to deal with the issue of individuals seeking practice prior to completing their doctorate.

The current law in K.S.A. 74-5367 provides for a temporary permit. I propose that a third clause be added to that paragraph which would define the "all but dissertation" training as being eligible for the temporary permit for a period not to exceed two years. This would require a clause #3 and an addition to paragraph "b", setting the conditions for the above named clause.

This would allow these individuals to function as psychologists while completing their degrees. The RMLP law should be as inclusive as possible. The amendments to this bill and/or S.B. 35 offered by Rebecca Rice and the Association of Community Mental Health Centers of Kansas, Inc. helps do that.

I appreciate your time and interest in this matter. I would be available to answer any questions you might have.

Dwight L. Young
5815 Broadway
Great Bend, KS 67530
(316) 792-2544

Senate P H&W
Attachment #11
2-6-91