

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on January 25, 1995 in Room 423-S of the State Capitol.

All members were present.

Committee staff present: Emalene Correll, Legislative Research Department
Norman Furse, Revisor of Statutes
Lois Hedrick, Committee Secretary

Conferees appearing before the committee:

Joe Furjanic, Executive Director, Kansas Chiropractic Association
James D. Edwards, D.C., Emporia
Dr. Steven R. Potsic, State Director of Health
Dr. Pat Schloesser, Pediatrician, Topeka
Charles Wheelen, Kansas Medical Society
Dr. Dennie Tietze, Kansas Academy of Family Physicians
Harold Riehm, Executive Director, Kansas Association of Osteopathic Medicine

Others attending: See Guest List, Attachment 1.

The minutes of the meeting held on January 18, 1995 were approved. Chairperson Mayans advised committee members that when a draft copy of the minutes are distributed, they will have the opportunity to make changes until 5 p.m. of that day by calling the committee secretary, at which time they will be approved.

Emalene Correll distributed copies of a memorandum dated January 20, 1995 which outlined the developments of the Credentialing of Practitioners of the Healing Arts and the Kansas Healing Arts Act (see Attachment 2).

HB 2004 - Chiropractors authorized to perform health assessments of school pupils

Chairperson Mayans opened the hearing on HB 2004.

Joe Furjanic, of the Kansas Chiropractic Association, stated that an information notebook concerning chiropractors has been distributed to each member. He introduced James D. Edwards, D.C. of Emporia, who presented testimony in support of **HB 2004** (see Attachment 3). Dr. Edwards requested that this committee accept the recommendations of the Interim Committee on Public Health and Welfare and include chiropractors in those authorized to perform health assessments. Representative Henry asked if chiropractors are able to do all phases of the assessment. Dr. Edwards answered that in the present scope they are because no invasive procedures are required. He said the education of osteopaths, physicians and chiropractors is basically the same for the first two years; the last two years are different because the physicians are trained to pursue surgical or medicinal treatment while chiropractors rely on structural adjustments and nutrition. Representative Freeborn asked if immunizations would be given at the time of assessment. Dr. Edwards replied that chiropractors do not use any drugs or surgical procedure. Also, chiropractors refer patients to laboratories for tests. Dr. Edwards stated many children are treated by chiropractors; the parents make the choice of caregiver; and that he believes the Legislature should allow parents that right of choice. Representative Hutchins asked if there was a uniform form that is used for health assessments. Emalene Correll stated the 1994 amendments prohibit the Secretary of Health and Environment from adopting a form on which the results of health assessments are to be reported. Representative O'Connor asked if chiropractors are opposed to immunizations. The reply was they are not. Representative Morrison asked if there is a difference in the standard of care between physicians, osteopaths and chiropractors. Dr. Edwards said there is no difference. He said health assessments are common ground. Representative Morrison pursued the question about chiropractors being opposed to immunizations. Dr. Edwards said the American Chiropractic Association and the Kansas Chiropractic Association are not opposed to immunizations; however, there is a caveat that chiropractors see some dangers in giving immunizations.

Dr. Steven Potsic, State Director of Health, presented the Kansas Department of Health and Environment's

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S State Capitol, at 1:30 p.m. on January 25, 1995.

opposition to **HB 2004** (see Attachment 4).

Dr. Pat Schloesser, Pediatrician and former director of KDHE's Maternal and Child Care Division, stated she is troubled with this proposal saying health assessments are a very important public health preventive procedure. Dr. Schloesser stated Kansas has a sufficient number of doctors and public health nurses to perform these assessments. She believes it is premature to tinker with existing law and therefore opposes **HB 2004**. (See testimony, Attachment 5.)

Chip Wheelen of the Kansas Medical Society, presented testimony in opposition to **HB 2004** (see Attachment 6). Representative O'Connor explained that medical professionals and parents may not be aware of a medical condition of a child until discovered at a very late stage. Representative Henry asked if there was a difference in the guidelines for care between the American Pediatrics Association, the Academy of Family Physicians, and the chiropractors, and asked if every doctor--whether a physician, an osteopath or a chiropractor--performed the very same examination. Mr. Wheelen said each has their own specified guidelines. Representative Henry asked if all doctors have laboratories; and the reply they do not, that referrals will be made when required. Representative O'Connor asked if the liability was the same for any practitioner and Mr. Wheelen indicated it was. Representative O'Connor expressed her opinion that parents should have the right to make choices as to whom their children will see.

Dr. Dennis Tietze, representing the Kansas Academy of Family Physicians, spoke in opposition to **HB 2004**. He distributed a packet of forms his office uses in recording examinations of pediatric patients (see Attachment 7). Dr. Tietze agreed that some diagnostic procedures are the same for all practitioners; however, where surgical intervention or other kind of treatment is needed, the chiropractors may not recognize the necessity nor make appropriate referrals for treatment. Representative Yoh stated that in rural areas, many who are not nurse practitioners act in behalf of the physician. Representative Goodwin noted that she is acquainted with many families who choose a chiropractor rather than a physician.

Harold Riehm, Executive Director of the Kansas Association of Osteopathic Medicine, stated opposition to **HB 2004** (see Attachment 8).

The hearing on **HB 2004** was closed.

Representative Morrison announced that the subcommittee on **HB 2009** (social welfare, prohibit mailing assistance payments to a post office box) will meet at 8:00 a.m., January 26, 1995, in Room 174-W of the State Capitol.

The meeting was adjourned at 3:06 p.m.

The next meeting is scheduled for January 26, 1995.

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES GUEST LIST

DATE: JANUARY 25, 1995

NAME	REPRESENTING
Louise Bayma	Rooks Co Health Dept
Sara Veselic	Sherman Co. HHS Dept
DENNIS Tietze MD	Kansas Academy Family Physicians
Chip Wheelen	Ks Medical Society
Rich Guthrie	Health Midwest
Michelle Peterson	PHARMA
PHILIP HURLEY	PATRICK J. HURLEY & CO.
Sharon Couch	Ks Chiropractic Assn
GARY Robbins	Ks Optometric Assn
Mike Meacham	Nat'l Cosmetology Assn of KS
Whitney Damron	Peto McMill Associates
Diane Ejerstad	USD 259
STEVE KEARNEY	CIGNA
James Edwards, DC	Ks Chiropractic Assn
Al Mad	Heights High School
James Abraham	" " "
Scott Abraham	" " "
Jenny Meckel	" " "
MR. Auer	" " "

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES GUEST LIST

DATE: JANUARY 25, 1995

NAME	REPRESENTING
Annora Peterson	Lanterns Medical Society
Bob W. Wainwright	KS Pharmacist Assoc.
Stacy Empson	Hein, Robert & Weir
Sarah Morris	Weights H.S., Wichita
Deborah Dowen	"
Missi Boutard	" "
Sandy Constant	Hoffmann-La Roche
Karen Sawyer	KASB
KATH R. LANDIS	CHRISTIAN SCIENCE Comm ON PUBLICATION FOR KS
David Hanzelich	KS Dental Ass'n
AROLD KIEM	KS Assoc. OSTEOP. MED.
Sydney Hardman	KS Action for Children
Larry Buning	KS Bd of Healing Arts

MEMORANDUM

Kansas Legislative Research Department

300 S.W. 10th Avenue
Room 545-N -- Statehouse
Topeka, Kansas 66612-1504
Telephone (913) 296-3181 FAX (913) 296-3824

October 20, 1994

To: Special Committee on Public Health and Welfare

From: Emalene Correll, Research Associate

Re: Development of the Credentialing of Practitioners of the Healing Arts and the Kansas Healing Arts Act

ORIGINAL BOARDS AND LICENSING LAWS

Early Licensing of Medical Doctors

The 1901 Kansas Legislature, in enacting Chapter 254, *1901 Laws of Kansas*, created a seven-member Board of Medical Registration and Examination appointed by the Governor with the consent of the Senate. The members of the Board were required to be physicians of good standing in their profession who had received the degree of doctor of medicine from some reputable medical college or university not less than six years prior to their appointment. The 1901 legislation, required representation on the Board to be representative of the different schools of practice as nearly as possible in proportion to their numerical strength in the state. The Board was required to hold regular meetings in the chief cities of the state in June and December at a time and place designated by the Board.

Article 10 of Chapter 65 of the *1949 General Statutes of Kansas* included G.S. 1949 65-1001 through 65-1011 which provided generally for the examination and registration (licensing) of all persons intending to practice medicine or surgery after the passage of the 1901 act. The statutes required an application for a license to be made in writing to the Board of Medical Registration and Examination, stating the age and residence of the applicant and accompanied by proof the applicant was of good moral character and by satisfactory evidence the applicant had devoted not less than four periods of not less than six months each to the study of medicine and surgery. All applicants for a license, except those exempted by law, were required to submit to an examination to test their qualifications as practitioners of medicine and surgery, with such examination required to embrace all those subjects and topics a knowledge of which was generally required by reputable medical colleges in the United States for the degree of doctor of medicine. (The original 1901 act had required all persons engaged in the practice of medicine at the time of the passage of the act to apply for examination and a license, but also made provision for "grandfathering" practitioners who had been in continuous practice for seven years prior to passage of the act and those physicians who could show evidence of graduation from "chartered medical institutions" under "certain regulations.")

HOUSE H&HS COMMITTEE
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Attachment 2-1

The 1949 statutes provided for the issuance of a temporary permit to practice to applicants for a license who were graduates of a legally chartered medical institution of the United States or any foreign country or a person licensed by another state or foreign country with equivalent standards of practice. The temporary permit could be in effect until the next meeting of the Board.

Pursuant to the laws in effect prior to the passage of the Kansas Healing Arts Act, on the completion of an examination, the Board issued a certificate to practice medicine and surgery in Kansas. Within 30 days following the issuance of such certificate of licensure, the holder thereof was required to record the certificate in the office of the county clerk in the county in which such person resided or, if not a resident, in the county in which he had an office or intended to practice. It was unlawful to practice until the recording by the county clerk had been completed. The county clerk was responsible for keeping a list of the recorded certificates and for annually furnishing the Secretary of the Board a list of all certificates recorded and in force, as well as a list of certificates that had been revoked or whose holders had moved from the county or died during the year.

The statutes in effect prior to passage of the Kansas Healing Arts Act provided for a statutory maximum or minimum for various fees that were to be set by the Board of Medical Registration and Examination; for compensation of \$6.00 a day for members of the Board when actually engaged in duties of the Board, along with actual travel expenses, until 1953 when the compensation was raised to \$10 a day plus 7 cents a mile for travel; and for a salary for the Secretary of the Board, who was also the administrator of the Board, of not to exceed \$800 a year until 1953 when the law was changed to allow the Board to set the salary of the Secretary. There were also statutory provisions relating to the transfer by the Treasurer of fees collected and deposited in the state treasury to the General Revenue Fund and a fee fund from which the expenses of the Board were paid.

G.S. 1949 65-1005 defined persons engaged in the practice of medicine and surgery as those:

“who shall prescribe, or who shall recommend for a fee, for like use, any drug or medicine, or perform any surgical operation of whatsoever nature for the cure or relief of any wounds, fracture or bodily injury, infirmity or disease of another person, or who shall use the words or letters “Dr.,” “Doctor,” “M.D.,” or any other title, in connection with his name, which in any way represents him as engaged in the practice of medicine or surgery, or any person attempting to treat the sick or others afflicted with bodily or mental infirmities, or any person representing or advertising himself by any means or through any medium whatsoever or in any manner whatsoever, so as to indicate that he is authorized to or does practice medicine or surgery in this state, or that he is authorized to or does treat the sick or others afflicted with bodily infirmities, but nothing in this act shall be construed as interfering with any religious beliefs in the treatment of disease; *Provided* That quarantine regulations relating to contagious diseases are not infringed upon.”

The statute further stated the act did not apply to any registered osteopathic physician or any chiropractic practitioners of the State of Kansas, any commissioned officer of the United States army, navy or marine service in the discharge of his official duties, any legally qualified dentist when engaged in the legitimate practice of his profession, or to a consulting physician from another state. Further, the statute stated it did not apply to the administration of domestic medicines nor prohibit gratuitous services. Persons who had a diploma issued by an optical college and who had studied anatomy of the eye and contiguous parts, human physiology, and natural philosophy for at least six months under a competent teacher, and who passed an examination satisfactory to the State Board of Medical Registration and Examination were eligible to register as an optician or doctor of optics and be governed by the act as far as applicable.

Practicing medicine and surgery without a certificate of licensure or violations of the act were classified as a misdemeanor and, on conviction subjected the violator to a fine of not less than \$50 and not more than \$200 for each offense. Pursuant to G.S. 1949 65-1006, a person who violated the provisions of the act was prohibited from receiving compensation for the services rendered. Statutory authority was given to enjoin any unlicensed person from the practice of medicine and surgery. Criminal prosecution and punishment for the unlawful practice of medicine and surgery was also recognized in the law.

Early Licensing of Doctors of Osteopathy

Twelve years after the creation of the Board of Medical Registration and Examination the 1913 Legislature enacted Chapter 290, *1913 Laws of Kansas*, which provided for the creation of a five-member Board of Osteopathic Examination and Registration and the licensing and regulation of osteopathic physicians.

The 1913 legislation directed appointment of the first members of the Board of Osteopathic Examination and Registration by the Governor from a list of not less than 15 persons recommended by the Kansas State Osteopathic Association. Subsequent appointments to fill vacancies on the Board required the submission to the Governor of a list of five recommended osteopathic physicians. In order to be eligible for appointment to the Board an individual had to be a reputable practitioner of osteopathy, a graduate of a reputable school or college of osteopathy, and have been in practice in Kansas for at least three years. The Board was required to meet in Topeka in February and June of each year and in such other places and times as a majority of the Board designated. As was the case of the Board of Medical Registration and Examination, the Secretary of the Board served as the administrative officer of the Board.

The 1913 law required any person not registered as an osteopathic physician in Kansas, before engaging in the practice of osteopathy, to apply to the Board for a certificate (license) to practice. Applicants were required to be 21 years of age, a graduate of a school or college of osteopathy which was of good repute at the time of the applicant's graduation, to submit evidence the applicant's diploma was granted on the basis of personal attendance and completion of a course of study of not less than four terms of five months each, and to submit evidence the applicant was of good moral character. No one holding a diploma issued after June of 1907 could be admitted to the required examination or be issued a certificate to practice unless such person had graduated from a high school, academy, state normal school, college or university, or had a certificate of admission to the freshman class of a reputable literary or scientific college approved by the Board as a preliminary education before "taking up the study of osteopathy" and was a graduate from a school or college of osteopathy, after personal attendance, wherein the course of study consisted of at least three years of nine months each in three separate years. After June of 1915, applicants were required to meet the preprofessional educational requirements noted above and be a graduate of a school or college of osteopathy in which the course of study consisted of at least four years of at least eight months in each year. As a alternate to the latter qualifications, an applicant could be a graduate of an osteopathic school or college with a course of study of three years of nine months each and a postgraduate course of at least five months or an aggregate of at least 32 months of professional training. Provision was also made in the 1913 laws for licensure of an individual who had a physician's certificate issued by a reputable school of osteopathy to a graduate from a reputable school of medicine who, prior to 1908, had completed at least two terms of at least five months each of training in an osteopathic school or college; after 1908 at least two terms of at least nine months in two separate years; and after 1915, at least three terms of at least eight months in three separate years.

Applicants for licensure to practice osteopathy were required to pass a written examination in anatomy, physiology, physiological chemistry and toxicology, pathology, diagnosis, hygiene, obstetrics

and gynecology, surgery, principles and practice of osteopathy, and such other subjects as required by the Board. At the discretion of the Board the requirement of an examination could be waived for (1) an osteopathic physician licensed by examination in another state, the District of Columbia, or a foreign country with requirements of equal grade with Kansas, or (2) an osteopathic physician who had been in actual practice for five years prior to relocating to Kansas and who was a graduate of a reputable school or college of osteopathy. Reputable school or college was defined in the law to mean those that were legally incorporated, that had a course of study covering the lengths of time prescribed in the act, that included all the subjects that were required to be included in the Kansas examination, that required the personal attendance of the student, and that met requirements "in no particular" less than those prescribed by the American Osteopathic Association.

The 1913 laws found at G.S. 1949 65-1201 through 65-1202 prescribed the duties of osteopathic physicians in regard to contagious diseases and vital statistics; required the certificate issued by the Board to be recorded in the office of the county clerk in the county in which the holder intended to practice; and required annual renewal of the certificate to practice. The law was amended in 1936 to include, beginning July 1, 1938, a requirement for completion of continuing education for annual renewal of the certificate. In order to renew his certificate, an osteopathic physician was required to submit evidence of attendance at least two days of the annual education program conducted by the Kansas State Osteopathic Association or its equivalent.

The 1913 laws set out those acts that constituted a crime under the act in some detail and provided that such crimes constituted a misdemeanor, subject to a fine of not less than \$50 and not more than \$200 for each offense or imprisonment in the county jail for not more than six months, or both. The Board was authorized to refuse to grant a certificate to an applicant convicted of a felony or of gross unprofessional conduct or who was addicted to any vice to such a degree as to render him unfit to practice. The Board was also authorized, after due notice and hearing, to revoke a certificate.

Unlike the statutes governing the practice of medicine and chiropractic, the act relating to osteopathic physicians did not set out a specific scope of practice. G.S. 1949 65-1201 did state that the Board would issue a certificate granting the right to practice osteopathy in Kansas as taught and practiced in the legally incorporated colleges of osteopathy of good repute.

Early Licensing of Chiropractors

The 1913 Legislature also enacted Chapter 291, *1913 Laws of Kansas*, which provided for the creation of a Board of Chiropractic Examiners and the licensing of persons to practice chiropractic.

G.S. 1949 74-1301 through 74-1306 stated the Board of Chiropractic Examiners was to be composed of one ordained minister, one school teacher, and three practicing chiropractors of integrity and ability who were residents of the State of Kansas and who had practiced chiropractic continually in the state for a period of not less than two years. No two members of the Board could be graduates of the same school of chiropractic. The chiropractic members of the Board were appointed by the Governor pursuant to G.S. 1949 74-1302, but the statute was silent on the appointment of the minister and teacher. Provision was made for the first three chiropractors appointed to the Board to be licensed at the first meeting of the new Board on payment of the application fee.

The Board was required to meet annually in the first week of January, April, June, and October and to publish the dates of examinations and meetings in a newspaper of general circulation at least 15 days prior to the meeting. Specific authority to adopt rules and regulations was given to the Board, an

authority not specifically granted to the other two Boards, as well as a directive to adopt a schedule of minimum educational requirements, which were to be without prejudice, partiality, or discrimination as to the different schools of chiropractic. The Board was required to file a copy of its rules and regulations with the Secretary of State. Apparently, the secretary-treasurer of the Board acted as chief administrator.

G.S. 1949 65-1301 made it unlawful to practice chiropractic without a license. Nothing in the act was to affect the practice of any persons actually engaged in the practice of chiropractic at the time the act became effective. G.S. 65-1304 provided for the issuing of a license to any chiropractor practicing in Kansas six months prior to passage of the 1913 act without examination, if application for such license was made within 60 days after the effective date and was accompanied by the required license fee. Pursuant to the provisions of 65-1302, all other applicants for a license had to be graduates of a chartered chiropractic school or college that taught a course of three years of six months or more in each year and that required actual attendance. The applicant had to furnish information as to his education and experience in matters pertaining to the care of the sick, how long he had studied chiropractic, under what teachers, what collateral branches, if any, he had studied, and the length of time he had engaged in clinical practice.

Applicants for a license, except those "grandfathered" under the law, were required to complete an examination given by the Board and to score at least the statutorily prescribed percentages on the examination in order to be eligible for a license. The Board was authorized to waive the examination for applicants for a license by reciprocity from another state having requirements equal to those of Kansas. Under the law, the examination was required to include anatomy, physiology, hygiene, and symptomology required of practitioners of medicine and surgery in Kansas. Any chiropractor who complied with the provisions of the act was authorized to "adjust by hand any displaced tissue of any kind or nature, but shall not prescribe for or administer to any person any medicine or drugs now or hereafter included in materia medica, perform any minor surgery, only as hereinbefore stated, nor practice obstetrics." (G.S. 1949 65-1303)

G.S. 1949 65-1305 authorized the Board to refuse to grant a license or to order the removal of the name of a licensee from the office of the appropriate recorder of deeds on the basis of specific grounds set out in the statute. Licensees were required to have the license recorded in the office of the county recorder of deeds in the counties in which they intended to practice prior to beginning practice. Licensees were also to be subject to all state and local regulations relating to the control of contagious and infectious disease, the signing of death (but not birth) certificates, and other public health matters. Licenses had to be renewed each year.

G.S. 1949 1310 set out those acts that were unlawful, *i.e.*, practicing chiropractic without a license, fraudulently obtaining a diploma or license, using the title chiropractic, D.C., or Ph. C. or any other title or word to induce the belief the individual was engaged in the practice of chiropractic without being licensed, or any violation of the act. Such acts constituted a misdemeanor, subject to the same penalties as unlawful acts relating to the practice of osteopathic physicians. The act also specified that the several prosecuting or district attorneys had a duty to prosecute all persons charged with violations of the act and directed the Secretary-Treasurer of the Board to aid in such prosecutions.

Basic Sciences Examination

In 1937, the Legislature enacted statutes found at G.S. 1949 65-2101 through 65-2111 that concerned examinations in the basic sciences required of persons seeking a license to practice the "healing art" or any branch thereof. Healing art was defined for the purposes of the act as including "any system, treatment, operation, diagnosis, prescription, or practice for the ascertainment, cure, relief, palliation,

adjustment, or correction of any human disease, ailment, deformity, injury or unhealthy or abnormal physical or mental condition." The act did not apply to dentists, pharmacists, optometrists, nurses, barbers, cosmeticians, or Christian Scientists who practiced within the limits of their respective callings; nor to any of the professions or vocations that had state boards authorized by law to examine and license applicants to practice the healing arts at the time the act took effect; nor to persons specifically permitted by law to practice without licenses who practiced within the limits of the privileges given them; nor to the sale, advertising, or manufacture of equipment, drugs, medicines, household remedies, and chemicals in the usual course of their business as distinguished from the practice of the healing art; nor to persons licensed to practice the healing art or any branch thereof at the time the act took effect.

The 1937 legislation stated that no person, except those specifically exempted, shall be permitted to take an examination for a license to practice the healing art or any branch thereof or be granted a license unless such person has presented to the board empowered to issue the license a certificate of proficiency in anatomy, physiology, chemistry, bacteriology, and pathology (the basic sciences) issued by the State Board of Education. The act specified the fees for the basic science examination; gave direction to the Board of Education as to the frequency of examinations in the basic sciences; authorized the employment of professors to assist in preparing and conducting the examination, except that no one from the University of Kansas or the School of Medicine could be employed; empowered the Board to issue basic science certificates; specified the procedures for conducting the examinations and the passing scores; authorized reexaminations; provided for reciprocity with other states; set out unlawful acts and the penalties therefor; and required the revocation or cancellation of any license issued on the basis of a void basic science certificate.

The 1937 act set out the qualifications of applicants for a certificate in the basic sciences as being 21 years of age; being of good moral character; being a graduate of an accredited Kansas high school or a similarly qualified high school or an equivalent credential; and having a comprehensive knowledge of the basic sciences as shown by passing the basic science examination given by the Board of Education.

Finally, the act included a savings clause stating that nothing in the act should be construed as repealing any statutory provision in force at the time of its enactment with reference to the requirements governing the issuance of a license to practice the healing art or any of its branches or in any way lessening requirements. Further, any board authorized to issue a license could, in its discretion, either accept basic science certificates issued by the Board of Education in lieu of examining an applicant for a license in the basic sciences or conduct its own examination of the holders of such certificates in the basic sciences.

Enactment of the Kansas Healing Arts Act and Basic Science Examination Statutes

In 1957 two bills were introduced that pertained to the basic sciences and the healing arts. Apparently there was considerable interest in the two bills because the House adopted a motion to order the printing of 500 additional copies of each before the bills were reported out of House Committee.

Basic Science Examinations

H.B. 281, introduced by the House Committee on Hygiene and Public Health, repealed all the statutes enacted in 1937 that concerned the examination in the basic sciences of persons who were

seeking a license to practice a branch of the healing arts and replaced them with an act that was very similar to the 1937 act in all but one respect. H.B. 281 created a five-member Board of Basic Science Examiners appointed by the Governor. The members of the Board were required to represent each of the five basic sciences (anatomy, physiology, chemistry, bacteriology, and pathology) and each member was required to hold a doctorate and, at the time of his appointment, be actively engaged in the field in which he would examine and a member of the faculty of a state supported institution of higher learning. The State Board of Education was totally stripped of any role in examining healing arts licensure candidates. The other changes were in the distribution of fees collected for the examinations and a further clarification of the definition of healing art(s). The latter reference was changed from "healing art" to "healing arts" and was expanded by the addition of the phrase "and includes specifically but not by way of limitation the practice of medicine and surgery; the practice of osteopathy; and the practice of chiropractic" so it read, for the purposes of the act, as including

"any system, treatment, operation, diagnosis, prescription, or practice for the ascertainment, cure, relief, palliation, adjustment, or correction of any human disease, ailment, deformity, injury or unhealthy or abnormal physical or mental condition and includes specifically but not by way of limitation the practice of medicine and surgery; the practice of osteopathy; and the practice of chiropractic."

The House Committee recommended that H.B. 281 be passed. However, the report of the House Committee of the Whole recommended the bill be amended to provide that not more than two members of the Board of Basic Science Examiners could be from the faculty of any one state supported institution of higher education. The bill was approved, as amended, by the House on a vote of 88 to 16, with 19 members absent, (two members of the House had died, including one on the day before the final House vote on H.B. 281).

H.B. 281, as amended by the House, was assigned to the Senate Committee on Public Health. The Senate Committee recommended technical amendments to the bill. The Senate Committee of the Whole recommended the bill be amended by the adoption of the Committee report and the bill be passed as amended. The Senate subsequently passed the bill as amended on a vote of 29 to three, with eight members absent or not voting.

The House concurred with the Senate amendments.

The Basic Science Act passed in 1957 was repealed in 1969.

Kansas Healing Arts Act

H.B. 282 also was introduced by the House Committee on Hygiene and Public Health and was referred to the Committee for consideration. Unlike its companion bill, H.B. 282 proved to be somewhat more controversial and was enacted with several substantial changes. As introduced, the bill contained 91 sections and as enacted it contained 91 sections, or more than the total of all the three acts it replaced.

One of the sections of H.B. 282 repealed all the statutes that applied to the licensing of doctors of medicine, to the licensing of osteopathic physicians, and to the licensing of chiropractors as well as the statutes that had created the three regulatory boards, *i.e.*, all the statutes enacted in 1901 and in 1913

that had remained on the books virtually unchanged since they were initially enacted. In their place the bill created the Kansas Healing Arts Act and the Board of Healing Arts.

H.B. 282 gave statutory status to previously enunciated judicial decisions by stating the practice of the healing arts is a privilege granted by legislative authority and not a natural right of individuals and further stating the purpose of the act as being in the interest of the public health, safety, and welfare to provide laws covering the granting of that privilege and its subsequent use, control, and regulation to the end the public may be properly protected against unprofessional, improper, unauthorized, and unqualified practice of the healing arts and from unprofessional conduct by persons licensed to practice.

As introduced, the definition of healing arts in the bill was identical to that in H.B. 281 which, in turn, was an expanded definition of that enacted as a part of the original 1937 basic science law. In general, the bill provided that no person could practice any branch of the healing arts unless such person held a license granted under the act (a carry over of the requirements in the three individual practice acts that were repealed by the bill); required that to be licensed an individual must be 21 years of age, of good moral character, and a citizen of the United States (a new requirement later declared unconstitutional); that the Board could refuse to grant a license on any grounds for which a license could be revoked (authorization to deny a licensee was included in two of the previous practice acts); that the license should be in the form of a certificate (thus clearing up some of the ambiguity in the previous acts as to the granting of a license or certificate to practice); the type of records to be kept on licensees and applicants for a license (a new provision not spoken to in the previous acts which required only that a list of licensees be maintained); provisions for a uniform annual expiration date for licenses, for renewal fees, and for the revocation of any license not renewed within the statutory time frame; a provision that the license be recorded in the office of the appropriate county clerk, along with the duty of the county clerk to keep such records in a book that was to be open to public inspection (a provision later repealed); and provisions for a temporary permit to practice until the next examination (a provision found in the three previous practice acts).

H.B. 282 created the Board of Healing Arts to be appointed by the Governor, with the consent of the Senate (required only in the medical practice act previously), from lists of three or more nominees submitted by the professional societies and associations (previously only a requirement in the act governing osteopathic physicians and later deleted from the act). As introduced, the Board would have been a nine-member board, but as enacted, the bill provided for an 11-member board. As introduced, the board would have included five members who had the degree of doctor of medicine who had been Kansas residents and actively engaged in the practice of medicine for at least six consecutive years following their appointment; two members who had the degree of doctor of osteopathy and who had been Kansas residents and actively engaged in the practice of osteopathy in Kansas for six consecutive years immediately preceding their appointment; and two chiropractors who had been actively engaged in the practice of chiropractic in Kansas under a Kansas license for at least six consecutive years following their appointment, with no degree or residency requirement.

As enacted, H.B. 282 provided for a board composed of five doctors of medicine, three doctors of osteopathy, and three chiropractors. The terms of board members was set at four years, and provision was made for staggered terms. Provisions were made for the filling of vacancies and for removal by the Governor for continued neglect of duty, incompetency, or unprofessional conduct as the latter term was defined in the act. H.B. 282 required the board to organize annually and to elect a president, vice-president, and secretary from among the members of the board. The latter served as the chief administrative officer of the board and received a salary therefor until the position of Executive Director was created. Provision was made for compensation and mileage for members of the board.

As provided in H.B. 282, the Board of Healing Arts was directed to accept applications for the examination for a license, to prepare and maintain a list of accredited healing arts schools after the school had been accredited by a formal action of the Board, to prepare a list of eligible applicants prior to each examination, and to enforce the provisions of the Healing Arts Act and make investigations relating to such violations. The bill authorized the board to adopt necessary rules and regulations; to hire employees and to fix their compensation; to conduct examinations, with all practical examinations to be given by the members of the Board licensed to practice the branch of the healing arts in which the practical part of the examination was being conducted; and to grant, deny, and revoke licenses.

The bill contained nine sections relating to examinations for licensure, including the grades required on the overall examination and on each section thereof. Some of the provisions were taken from one or more of the previous practice acts. Two sections pertained to the endorsement, without examination, of citizens licensed in another state, territory, or the District of Columbia if such licensing jurisdiction had standards equal to Kansas standards. Later in the history of the board the restriction as to citizenship and the limitation on licenses issued only in other states, territories, and D.C. were found by courts in other jurisdictions to be unconstitutional and were broadened. One section set out the grounds for the revocation or suspension of licenses although such grounds were not included in the previous practice acts, and one defined unprofessional conduct, a definition not included in previous practice acts. Fourteen of the sections concerned the procedure for revocation of a license and due process provisions relating to such actions. The previous practice acts had been largely silent on both procedure and due process. One dealt with injunctive action against persons unlawfully practicing the healing arts. One section related to fees authorized to be collected by the Board and the statutory maximums established for such fees, and three sections concerned the distribution of the fees, a fee fund, and payments made from the fee fund. Four sections set out specific crimes relating to the healing arts and the penalties therefor, and one section borrowed from the previous medical practice act prohibited the collection of compensation for any services rendered by a person convicted under the act. One section set out the duties of the Attorney General and county attorney in regard to prosecutions for violations of the act.

H.B. 282 contained three separate sections defining the practice of medicine and surgery, the practice of osteopathy and osteopathic physicians, and the practice of chiropractic.

The practice of medicine and surgery was defined in the following terms:

“For the purposes of this act the following classes or persons shall be deemed to be engaged in the practice of medicine and surgery:

(a) Persons who publicly profess to be physicians or surgeons or publicly profess to assume the duties incident to the practice of medicine or surgery or any of their branches.

(b) Persons who prescribe, recommend or furnish medicine or drugs or perform any surgical operation of whatever nature by the use of any surgical instrument, procedure, equipment, or mechanical device for the diagnosis, cure or relief of any wounds, fractures, bodily injury, infirmity, disease or illness of human beings.

(c) Persons who attach to their name the title M.D., surgeon, physician, physician and surgeon, doctor, or any other word or abbreviation indicating they are engaged in the treatment or diagnosis of ailments, diseases, or injuries of human beings.”

As enacted, H.B. 282 defined the practice of medicine and surgery to include (a) and (b) as in the original bill, but subsection (c) was amended to read:

“(c) Persons who attach to their name the title M.D., surgeon, physician, physician and surgeon, or any other word or abbreviation indicating they are engaged in the treatment or diagnosis of ailments, diseases, or injuries of human beings.”

The term “doctor” was deleted from the definition included in subsection (c) by the House Committee.

As introduced H.B. 282 defined the practice of osteopathy and osteopathic physician by stating:

“For the purposes of this act the following classes of persons shall be deemed to be engaged in the practice of osteopathy or to be osteopathic physicians and surgeons:

(a) Persons who publicly profess to be osteopathic physicians, or publicly profess to assume the duties incident to the practice of osteopathy, as heretofore interpreted by the supreme court of this state, shall be deemed to be engaged in the practice of osteopathy.

(b) Osteopathic physicians and surgeons shall mean and include those persons licensed to practice osteopathy who receive a license to practice medicine and surgery pursuant to the provisions of this act.”

As enacted, H.B. 282 contained the identical definition in Section 70. Note the definition recognized two separate classes of osteopathic physicians based on their training.

As introduced, H.B. 282 defined the practice of chiropractic in the following terms:

“For the purposes of this act the following classes or persons shall be deemed to be engaged in the practice of chiropractic: Persons who adjust by hand any displaced tissue of any kind or nature: *Provided however*, That a license to practice chiropractic shall not permit the holder thereof to prescribe for or administer to any person any medicine or drugs now or hereafter included in materia medica, perform any surgery nor practice obstetrics.”

As reported by the House Committee on Hygiene and Public Health, the definition of chiropractic was as in the original bill. However, in an evening session of the House an amendment was proposed by a member from Kansas City whose occupation was listed in the *Journal of the House* as chiropractor and who was a member of the House Committee on Hygiene and Public Health to redefine the practice of chiropractic as follows:

“Any chiropractor who has complied with the provisions of this act may: (1) Examine, analyze and diagnose the human living body, and its diseases by the use of any physical, chemical, thermal or radionic method, and use the X-ray diagnosis and analysis taught in any recognized chiropractic school; (2) chiropractors may adjust any misplaced tissue of any

kind, or nature, manipulate, or treat the human body by manual, mechanical, electrical or natural methods or by the use of physical means, physiotherapy (including light, heat, water, or exercise), or by the use of foods, and food concentrates, food extract, and may apply first aid and hygiene, but chiropractors are expressly prohibited from prescribing or administering to any person medicine, or drugs in materia medica, or from performing any surgery, as hereinabove stated or from practicing obstetrics.”

Representative Brown from Wyandotte also proposed an amendment to another section of the bill that concerned the duties of licensees to broaden the duties of licensees in the healing arts in regard to public health.

The above amendments were adopted in the House Committee of the Whole, and the bill was further amended on final action to reflect the recommendations of the Committee of the Whole.

The Senate Committee on Public Health further amended the definition of chiropractic to read;

“For the purposes of this act the following classes of persons shall be deemed to be engaged in the practice of chiropractic: (1) Persons who examine, analyze and diagnose the human living body, and its diseases by the use of any physical, thermal or manual method and the X-ray diagnosis and analysis taught in any recognized chiropractic school; and (2) persons who adjust any misplaced tissue of any kind, or nature, manipulate, or treat the human body by manual, mechanical, electrical or natural methods or by the use of physical means, physiotherapy (including light, heat, water or exercise), or by the use of foods, food concentrates, or food extract, or who apply first aid and hygiene, but chiropractors are expressly prohibited from prescribing or administering to any person medicine, or drugs in materia medica, or from performing any surgery, as hereinabove stated or from practicing obstetrics.”

The House concurred with the Senate amendments so the definition of chiropractic in the Healing Arts Act remained in the bill that was enacted as amended by the Senate.

Other sections of H.B. 282 created exceptions to the act by listing those who were not unlawfully practicing the healing arts; provided that any licenses in effect on the effective date of the act remained in effect and that such licenses could be renewed without examination; transferred moneys in the fee funds of the three boards that were abolished to the new healing arts fee fund; defined accredited schools of medicine, osteopathy, and chiropractic; made it unlawful to use protected titles; and created a saving clause.

H.B. 282 became law on July 1, 1957, at which time the three previous licensing boards were abolished. The new act was published as Chapter 343, *1957 Laws of Kansas*.

Major Changes In the Kansas Healing Arts Act Through 1976

1965

Chapter 383, *1965 Laws of Kansas*, created a new act named the Coordinating Act of the Healing Arts Regulation. The 1965 legislation amended statutes in the 1957 act creating the Basic Sciences Examining Board and the 1957 Kansas Healing Arts Act, both of which had remained as enacted until 1965. The legislation created a basic science and healing arts fee fund and transferred the funds then in the separate fee funds created in 1957 to the new fee fund for use by both the Board of Healing Arts and the Board of Basic Science Examiners. Both boards were required to meet in Topeka, were required to meet jointly at least once a year, and were authorized to meet jointly on the invitation of either board.

Statutes in the Basic Science Act were amended in regard to examination fees, expenses of the Board, scores required to successfully complete the basic science examination, waiver of the examination for persons who had passed an examination in another state, and the right to request a review and reexamination by those who failed the examination.

Statutory changes in the Kansas Healing Arts Act included changes in the law relating to licenses issued by endorsement to persons licensed in another state, territory, or the District of Columbia; the assessment of costs in appeals of decisions of the Board of Healing Arts; the allocation of fees between the State General Fund and the new fee fund; and the payment of salaries of the employees of the Board.

1966

Chapter 35, *1966 Laws of Kansas* amended three of the statutes in the Kansas Healing Arts Act, all of which concerned fees and the allocation of fees deposited in the state treasury.

1967

Chapter 434, *1967 Laws of Kansas* made only a minor amendment to the Kansas Healing Arts Act relating to the filing of oaths with the Secretary of State.

1969

Chapter 299, *1969 Laws of Kansas* brought about the first major revision of the 1957 Kansas Healing Arts Act, with ten of the original 1957 statutes being repealed and 18 amended. The same 1969 legislation repealed all of the act under which the Board of Basic Science Examiners had been created and had functioned.

Major changes included authorization for the Board to require licensees in any of the three branches of the healing arts to furnish proof of having taken approved postgraduate education in the year previous to relicensure, although the requirement for annual postgraduate work as a condition to license renewal could not become effective nor be continued without the approval of a majority of the members of the specific branch who were members of the Board. Other amendments deleted the requirement that licenses be registered with the county clerk of the county in which the licensee practiced; authorized the issuing of a temporary permit to practice to persons who were engaged in a full-time residency program who

met the statutory requirements for such permit which authorized the holder to practice as a resident but not to engage in private practice; deleted the requirement that members of the Board be named from lists of nominees submitted to the Governor by the respective professional associations, requiring only that the Governor consider such list of recommended appointees; required the chiropractors appointed by the Board to have a degree of doctor of chiropractic and be residents of Kansas; set out how vacancies on the Board were to be filled; increased the per diem for members of the Board and required the salary of the Secretary of the Board to be set by the Finance Council; deleted the requirement that examinations be prepared by members of the Board; added persons who had been licensed in Canada to those who could be licensed in Kansas without examination; deleted the requirement for passage of the basic science examination as a condition of licensure; added professional incompetency to the grounds for which a license could be revoked or suspended; deleted certain of the statutorily prescribed fee maximums thereby allowing the Board to establish such fees; authorized the Board to employ an executive secretary whose salary was fixed by the Finance Council; and deleted references to the basic science examination and fee fund.

The 1969 legislation also amended the definition of the practice of medicine and surgery in subsection (b) of the definition by adding *physical or mental* to the term illness in the definition thus making the subsection refer to persons who prescribe, recommend or furnish medicine or drugs, or perform any surgical operation of whatsoever nature by the use of any surgical instrument, procedure, equipment, or mechanical device for the diagnosis, cure or relief of any wounds, fractures, bodily injury, infirmity, disease, or physical or mental illness of human beings.

Chapter 299 also deleted references to persons licensed to practice osteopathy and most of the statute that had referenced persons licensed to practice osteopathy prior to 1957, leaving the statute (K.S.A. 65-2873) to refer to persons licensed to practice medicine and surgery as an osteopathic physician and surgeon.

The 1969 legislation created two new statutes that authorized the issuing of provisional licenses in medicine and surgery to persons who had met all of the requirements for licensure except United States citizenship and the issuing of fellowship licenses to persons who held the degree of doctor of medicine and who were employed by the Division of Institutional Management (under the State Board of Social Welfare) or the State Department of Penal Institutions. In the latter case, practice was restricted to the institutions in which the holder of a fellowship license was employed.

1970, 1972, and 1974

Chapter 260, *1970 Laws of Kansas*, clarified that a temporary permit required the holder thereof to meet all requirements for licensure except the examination and created an exception to the three-term limitation on membership on the Board for the Secretary of the Board.

Chapter 231, *1972 Laws of Kansas*, amended two statutes to provide that in considering moral character of applicants for a license to practice the healing arts the Board should take into account any felony conviction, but that such conviction should not automatically operate as a bar to licensure and to state that conviction of a felony was grounds for the revocation or suspension of a license if the Board determined, after investigation, the person was not sufficiently rehabilitated to warrant the public trust.

Chapters 255 and 348, *1974 Laws of Kansas*, made technical changes in the statute that concerned the compensation of members of the Board, placed the Secretary of the Board in the unclassified service, and doubled the examination fee maximum.

1975

Chapter 325, *1975 Laws of Kansas*, reflected several policy changes relating to the Board of Healing Arts. The latter required the Board office to be located in Topeka and increased the size of the Board from 11 to 12 members with the addition of a member of the public to the Board.

1976

In 1976 the Kansas Healing Arts Act was extensively amended by H.B. 2008 and several other bills. H.B. 2008 was the product of an interim study by a special committee that took an exhaustive look at the healing arts and several other health care provider regulatory acts.

The 1976 act clarified the definition of the term "licensee" as it applies to the healing arts act by making it clear the only licensees under the act are persons licensed to practice medicine and surgery, osteopathic medicine and surgery, and chiropractors. Other amendments changed the requirement for eligibility for a license under the act from age 21 to "legal age"; clarified that a license issued under the act was presumptive evidence only of the right to practice the specific branch of the healing arts in which the license was issued; made changes in the statute concerning continuing education and the renewal fees for licensure; made changes in the temporary permit to allow a permit to be issued to persons who were engaged in postgraduate studies; added a new requirement to the provisions relating to licensure by endorsement to delete the citizenship requirement, to add persons licensed in a foreign country to those who could be licensed by endorsement, and to require that the applicant for such license demonstrate an ability to communicate in English. New grounds for the revocation or suspension of a license were added to the act, and the Board was given authority to limit a license. The definition of unprofessional conduct was expanded, including participation in any action as a staff member of a medical care facility that was designed to or resulted in the exclusion of any person licensed to practice medicine and surgery because of the branch of the healing arts in which the person practiced. Changes were made in the criminal penalties applicable to several of the criminal actions set out in the act, and applicants for a license to practice the healing arts were required to demonstrate their proficiency in the basic sciences by successful completion of examinations given by specified entities such as the national board of medical examiners. The section of the act that had distinguished between two types of osteopathic training and license was repealed. All board employees, except the executive secretary, were placed in the classified civil service. Changes were made in the fellowship license to limit practice under such license to two years and to require applicants for such license to have completed an examination for foreign medical graduates prior to being eligible for a license, and a new statute was enacted to create a visiting professor temporary license.

Other legislation enacted in 1976 required the Board to require continuing education as a condition to license renewal; created the Health Care Stabilization Fund, and required licensees to participate in the Fund as a condition to licensure; and required the Insurance Commissioner to report certain actions on the part of licensees to the Board for investigation by the Board.

In 1976, the 1975 legislative directive was implemented when the Board offices were moved to Topeka from Kansas City.

(See Revisor's memo for more recent actions relating to the Board of Healing Arts.)

MEMORANDUM

To: Special Committee on Public Health and Welfare

From: Norm Furse, Revisor of Statutes

Date: September 29, 1994

Re: Changes in Structure of Board of Healing Arts 1977-1994

1978: The provisions of the Kansas sunset law was made applicable to the State Board of Healing Arts (L. 1978, ch. 308, sec. 51.)

1982: The requirement that individuals appointed to the State Board of Healing Arts were subject to confirmation by the Senate was deleted. (L. 1982, ch. 347, sec. 25.)

1983: (1) The State Board of Healing Arts was continued in existence under the Kansas sunset law for one year, until July 1, 1984. (L. 1983, ch. 213, sec. 1.)

(2) Any attorney employed by the board would be in the unclassified service under the Kansas civil service act and would receive a salary fixed by the board and approved by the governor. (L. 1983, ch. 213, sec. 8.)

1984: (1) The State Board of Healing Arts was continued in existence under the Kansas sunset law until July 1, 1992. (L. 1984, ch. 296, sec. 1.)

(2) The position of disciplinary counsel was established within the State Board of Healing Arts. The disciplinary counsel was to be an attorney who specialized in disciplinary matters and was not otherwise utilized by the board. The disciplinary council was given power to investigate "all matters involving professional incompetency, unprofessional conduct or any other matter which may result in revocation, suspension or limitation of a license...." In exercising these powers the disciplinary counsel could apply to the appropriate court for subpoenas for the attendance of any person or the production of documents. Subject to approval by the Board, the disciplinary counsel could employ clerical and other staff. (L. 1984, ch. 238, sec. 8.)

(3) A review committee was created to hear matters which in the

opinion of the disciplinary counsel had merit. The review committee was composed of three members appointed by the Board from the same branch of the healing arts as the person whose conduct was being reviewed. Members of the State Board of Healing Arts were not eligible to act as members of the review committee. The review committee could subpoena witnesses and information. Upon the finding of probable cause by the review committee, the review committee would recommend the matter for a hearing. If the review committee recommended the matter be referred for hearing, the disciplinary counsel would institute formal proceedings before the Board. (L. 1984, ch. 238, secs. 9 through 11.)

1985: The sections of the 1984 enactment which provided for the disciplinary counsel to bring disciplinary matters before the review committee, which gave the review committee the power to subpoena witnesses and information and which limited the referral of complaints for a hearing to those found by the review committee to have probable cause were repealed. (L. 1985, ch. 88, sec. 7.) The 1984 section which authorized the State Board of Healing Arts to appoint a review committee "as necessary to implement the provisions of this act" was retained. (See K.S.A. 65-2840c.)

1986: (1) The State Board of Healing Arts was expanded from 13 to 15 members by increasing the number of public members from one to three. No member representing the general public could be from the same United States congressional district as another general public member, be the spouse of a licensee of the healing arts or be a person or the spouse of a person who has a financial interest in any person's practice of the healing arts. (L.1986, ch. 229, sec. 36.)

(2) As part of the enactment providing for the registration of respiratory therapists, to be administered by the State Board of Healing Arts, a respiratory therapist council was created to advise the Board in carrying out the provisions of the registration act. The council was to expire on July 1, 1987. (L. 1986, ch. 322, sec. 4.)

(3) As part of the enactment providing for the registration of occupational therapists and occupational therapy assistants, to be administered by the State Board of Healing Arts, an occupational therapist council was created to advise the Board in carrying out the provisions of the registration act. The council was to expire on July 1, 1987. (L. 1986,

ch. 323, sec. 4.)

1987: (1) The position of secretary of the Board, a position held by a member of the State Board of Healing Arts, was eliminated, and the duties of the position eliminated. The Board elected in place of a secretary a vice-president from among its members. The position of executive secretary of the Board, an employ of the Board, was upgraded in duties and responsibilities and changed in name to executive director. The executive director was appointed by the Board subject to confirmation by the Senate. The executive director could not be a member of the Board and, under the supervision of the Board, was the chief administrative officer of the board. An administrative assistant position was created which was to assist the executive director in the performance of the executive director's duties. Employees of the Board were placed under the supervision of the executive director. (L. 1987, ch. 240, sec. 10.)

(2) The expiration date of both the occupational therapist council and the respiratory therapist council was extended to July 1, 1988. (L. 1987, ch. 253, secs. 1 and 4.)

1988: The expiration dates were eliminated from the occupational therapist council and the respiratory therapist council. (L. 1988, ch. 251, secs. 3 and 4.)

1989: The State Board of Healing Arts was authorized to employ individuals as agents of the Board to evaluate and review investigative materials, conduct interviews and render opinions, reports and testimony on matters which may result in disciplinary action against individuals who are licensed or registered by the Board. (L. 1989, ch. 222, sec. 1.)

1992: (1) With the replacement of the Kansas sunset law by the Kansas governmental operations accountability law (K-GOAL), the application of the sunset law to the State Board of Healing Arts was eliminated, and K-GOAL was not made applicable to the Board. (L. 1992, ch. 116, sec. 30.)

(2) The Board was directed to establish and appoint a review committee of not less than two members for the practice of podiatry. The members must be licensed podiatrists. (L. 1992, ch. 137, sec. 1.)

Kansas Chiropractic Association Testimony
James D. Edwards, D.C.
January 25, 1995

I want to thank the committee for the opportunity to present testimony in favor of HB 2004. Mr. Furjanic stated that I am a member of the Kansas State Board of Healing Arts. However, today I represent the Kansas Chiropractic Association to speak in favor of this Bill.

Although I will try to be brief, it is very important for the committee to understand the past actions of the legislature as they consider this worthwhile proposal.

During the 1994 legislative session, Senate Bill 520 excluded doctors of chiropractic from providing school assessments. We quite naturally worked to be included but as time began running short at the end of the session, a compromise was reached. In effect, if the Kansas Chiropractic Association withheld opposition to Senate Bill 520, we were promised an interim study session. We were promised that the interim committee would fully address our concerns and allow us the opportunity to present the facts regarding chiropractic education and the qualifications of doctors of chiropractic.

When the Interim Committee met, the Kansas Chiropractic Association went to great effort to make sure that the committee became well aware of the extensive education that doctors of chiropractic receive. Experts were flown in from across the country and in total, more than 6 full hours of testimony was given.

Dr. James Winterstein, President of National College of Chiropractic, came from Chicago and Dr. Michael Pedigo came from California to provide expert testimony on this important endeavor. Dr. Winterstein went into great detail outlining the education of a doctor of chiropractic. Dr. Pedigo comprehensively covered the Wilk versus the AMA law suit and the problems and misconceptions that still exist as a result of the AMA's illegal activity against the chiropractic profession. In addition, the Kansas Chiropractic Association produced and presented a 10 minute video to the committee which gave a splendid overview of the extensive professional training that doctors of chiropractic receive.

The committee acted decisively after hearing that testimony. The committee voted to not only to pre-file a bill authorizing chiropractors to provide school physical assessments but also voted to recommend including chiropractic in the Medicaid Managed Care project. The Interim Committee was charged with listening to the testimony and making a recommendation to the legislature. That is exactly what they did.

I think it is important for this committee to realize that Kansas Medical Society was invited to address the Interim Committee. The Kansas Medical Society instead used their time to discuss how that would like to have a Healing Arts Board composed only of medical doctors. Not one medical doctor spoke in opposition to doctors of chiropractic performing these assessments. Now, after the fact, several are scheduled to do just that.

This is clearly a turf battle. This is a case of where you have medical doctors fully aware of the qualifications of doctors of chiropractic, but are misrepresenting facts under the guise of public safety. If they are truly concerned about the patient safety and the expertise required, ask the Kansas Medical Society and the pediatricians why aren't they opposing the law's provision that allows nurses to perform the assessments. Yes, you heard me correctly. The Bill passed by the legislature last year specifically allows nurses to perform the assessments.

I am not here to downplay the importance of the nursing profession. Far from it. What I have to do though is make sure the committee is aware of who is allowed to perform the assessments. Nurses are not doctors. They also are not licensees of the Healing Arts Board. Nurses are prohibited under their nursing law (KSA 65-1113 b) to even make a medical diagnosis.

Even more disturbing, the law allows ANY person to perform the assessments if directed by a physician to do so. That means a person with no training whatsoever could be authorized to perform the examination. If the Kansas Medical Society and the pediatricians are truly concerned about patient safety, please ask them why they are not opposing that provision.

Doctors of chiropractic were excluded from performing school assessments because of political reasons and not because of our training. Our training covers all the examination subjects that medical physicians study including laboratory procedures, physical diagnosis, radiology diagnosis, otolaryngology, pediatrics, geriatrics, dermatology, first aid and emergency procedures.

The fact is that Kansas law requires doctors of chiropractic to make a medical diagnosis prior to beginning any treatment. With regard to patient care, doctors of chiropractic are held accountable to exactly the same standards as doctors of osteopathy and doctors of medicine.

If this committee is not willing to accept the Interim Committee's recommendations, then we respectfully request to be allowed to again present our 6 hours of testimony. That is the only way this committee will have the information that the interim committee members had when they made their decision.

It is also important to remember one additional point. We are not asking this committee to mandate that school assessments be performed by doctors of chiropractic. We are simply asking the committee to allow the parent of the child to make the decision of who they want to perform the school assessment.

I thank the committee for your time. We urge you to accept the recommendations of the Interim Committee and include doctors of chiropractic in the group of providers allowed to perform school assessments.

State of Kansas



Department of Health and Environment

TESTIMONY PRESENTED TO

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

BY

THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

HOUSE BILL 2004

The purpose of the child health assessment for new school entrants is to optimize the health and education of young Kansas children through prevention, early diagnosis and intervention of conditions that might effect growth and development and impede the ability to learn. Such assessment should include all the major organ systems as they are all necessary for good childhood development. In addition, hearing and vision should be assessed and effective prevention activities encouraged, such as immunizations prior to school entry.

The Kansas Department of Health and Environment (KDHE) supports child health assessment guidelines consistent with the recommendations of the American Academy of Pediatrics and in line with Medicaid and other federally funded programs. We coordinate statewide education for child health assessments through state agencies, professional organizations and schools of higher learning. One needs to be concerned that there is reasonable quality of health care for our young children. Credentialing always needs to be a key component for Quality Assurance.

KDHE believes that this debate over providers' scope of practice would best be held by a professional, regulatory body in conjunction with licensure requirements and credentialing. We are uncomfortable that there are still questions over the depth of training of diagnostic skills and use of procedures which are necessary for assessing all the major organ systems, over early childhood growth and development training and over the support of immunizations. For example, it is important that there be adequate training and skills to perform vision, hearing and developmental assessments for these young children.

In summary, we believe that the debate should be one of appropriate scope of practice and credentialing and would best be resolved after deliberate and professional review by the licensing body of the training, skills, procedures and well-researched prevention practices which promote the health of our young children.

Given the above, KDHE does not support HB 2004.

Presented by: Steven R. Potsic, MD, MPH
Director of Health
Kansas Department of Health and Environment
January 25, 1995

HOUSE H&HS COMMITTEE
1 - 25 - 1995
Attachment 4

January 25, 1995

TESTIMONY ON HOUSE BILL NO. 2004

TO HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES

As a retired Public Health Pediatrician, I oppose changing the child health assessment law enacted in 1992, amended in 1994, and just now being implemented this school year. I speak as an individual, and not for an association, but as a parent, a grandparent, and my 35 year experience working with child health programs at the Kansas Department of Health and Environment.

BACKGROUND

Since the 1920's, public health agencies, physicians and local schools have promoted child health check-ups prior to school entrance, to assure that children are best prepared to learn. For decades, many school districts have held pre-school round-ups to encourage child health assessments and immunizations by a physician or qualified nurse. In 1961, the Kansas Legislature enacted the state school immunization law, in response to the polio and diphtheria outbreaks of the 1950's. A requirement for a health check-up was initially included in the bill. It was deleted as it became apparent that the distribution of physicians would not provide statewide coverage. Also at that time there were only 18 counties with public health nurses.

By 1992, all counties had local health departments with nurses certified by KDHE to perform health assessments for school entrance, for admission to child care programs, and for "Kan-Be-Healthy", a prevention program for children on medicaid. In spite of the schools' promotional efforts, and a sufficient number of qualified health providers, schools reported that at least 15% of children entered school without health appraisals. Recognizing that the Kansas Immunization Law had resulted in over 95% compliance, the Legislature enacted the current health assessment law to strengthen local school efforts in assuring that every child under nine would be assessed by a qualified provider.

CONCERNS

- Is it not premature to alter this law in its first year of operation? In the case of other new school health laws it has taken two or three years for full compliance. These laws include immunizations, vision and hearing screening and health assessments of school personnel. For the latter, schools recognize physicians and qualified nurses as appropriate providers.
- Should the state legislate different standards for health providers, than prevailing community policies in place for many years? This change would also differ from those of state agencies.

- Is there a more appropriate legislative vehicle than this law, to review the scope of practice of health providers? Might not this amendment invite requests from other providers such as psychologists or nutritionists for inclusion?
- The current providers of pediatricians, family physicians, and certified nurses are all "generalists" with extensive training and experience with very young children. In contrast, chiropractors, named in this bill, are known to emphasize musculo-skeletal disorders, with a predominance of their clients being youth and adults.
- Immunizations - The current providers have authority to give immunizations, so that both legal requirements for school entrance can be met with one visit. Chiropractors, however cannot provide immunizations, as they do not have prescriptive authority, and immunizations must be prescribed. Schools and child care programs have reported that some chiropractors object to the required immunizations for admission. If families went to a chiropractor for the health assessment, they would have to go to another provider for the immunizations.
- Family Concerns - Most families for economic and convenience reasons would want to complete both requirements for immunizations and health assessment at one visit. Some families are not aware that they cannot obtain from a chiropractor immunizations, prescribed medication for an illness, nor surgery when indicated, and that they would have to go elsewhere.


It seems to me that the existing law is consistent with community policies and in the best interest of families, children and schools. Therefore, I urge the committee to vote no to this amendment.



KANSAS MEDICAL SOCIETY

623 SW 10th Ave. • Topeka, Kansas 66612 • (913) 235-2383
WATS 800-332-0156 FAX 913-235-5114

January 25, 1995

To: House Health and Human Services Committee
From: C. Wheelen, KMS Director of Public Affairs 
Subject: House Bill 2004; School Attendance Health Assessments

Thank you for the opportunity to express our opposition to HB2004. We believe **there is no need to change existing state law governing health assessments of children** for purposes of school attendance.

Some of you may recall that the original health assessment law enacted by the 1992 Legislature was part of the "Blueprint for Kansas Children" which emanated from a special committee. A significant feature of that very popular bill was the definition of "health assessment" which required that all children be tested for blood lead level and also anemia; two rather expensive laboratory tests that require that blood be drawn and analyzed.

Almost a year later when schools began requiring the health assessments, we began hearing concerns from some of our members. They felt that these expensive laboratory tests were oftentimes unnecessary health care expenditures; particularly when the child had been under their regular medical care and did not show symptoms of lead poisoning or anemia. Conversely, it was pointed out that there might be other tests that should be performed based on the child's history or symptoms, but the statutory definition did not encompass such other tests. We communicated these concerns to the Legislature and a bill was introduced and passed late in the 1993 Session to delay implementation of the new law.

Subsequently we developed a new definition of health assessment which stipulates "such screening tests as are **medically indicated**" to allow the physician to decide whether the child needs to be tested for blood lead levels, hemoglobin, or any other laboratory test that is appropriate for the particular child. This definition was adopted by the 1994 Legislature and is current law. It does not preclude the need to conduct **medical** tests which should be performed by a nurse or other professional and be interpreted by a person who is licensed to practice medicine.

It is our belief that **all young children should be medically evaluated at least annually** whether or not the child attends school. The obvious exceptions are infants and children with conditions that warrant a medical evaluation more often than once a year. Whether this should be mandated by state law is a policy question that the 1992 Legislature decided.

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Attachment 6-1

It is important to keep in mind that the health assessment is intended principally for those children who otherwise do not receive medical attention. Although the child might be properly immunized at a public health office or immunization clinic, he or she might not ever receive a medical evaluation. If any disabling condition is overlooked during this early involvement in the health care system, the child could suffer consequences for years to come and possibly the rest of his or her life. It is for that reason that the KMS believes that **the health assessment should be performed by a physician or by a nurse who has received special training**. We consider this to be an important quality of care question.

The school attendance health assessment is the Legislature's way of assuring that each child is sufficiently healthy to learn from his or her educational opportunities. If a health condition is detected early and treated appropriately before the child has begun school, his or her chances of succeeding academically will be significantly improved. The argument is more compelling for children who do not have access to regular medical care. Those children deserve the benefit of a complete and thorough examination in order to assure that they can maximize their educational experience. In those cases, the assessment provides an opportunity to detect learning disabilities, congenital defects, infectious disease, or other illnesses. Equally important, upon diagnosing such a condition, the opportunity to provide appropriate treatment should be pursued.

During the 1994 interim study of chiropractic, representatives of chiropractors argued that they are competent to perform child health assessments but acknowledged that if a condition is detected which is outside the scope of chiropractic training, they are ethically bound to refer such patients to a physician or other health professional. An example cited was the presence of infectious disease. In other words, if a parent were to take a child to a chiropractor for the school attendance health assessment and it was discovered that the child was suffering from an internal organic condition or infectious disease, not only would the parent be required to afford the chiropractic evaluation, the parent would then have to make arrangements for another visit to a physician or the public health department. This is duplicative and needlessly costly.

The chiropractors also argue that because they are allowed to conduct pre-sports physicals for high school youth, they should be allowed to perform the school attendance health assessment of children. Pre-sports physicals are conducted pursuant to a rule of the Kansas State High School Activities Association which is a private organization. The KSHSA is not a state agency and the pre-sports physical is not required by state law. Their goal is to involve as many youngsters as possible in high school athletics. There is no valid comparison between the kind of physical examination required for high school sports and a genuine medical evaluation prior to kindergarten.

p.3, House Health and Human Services Comm., HB2004

The Board of Healing Arts staff will tell you that there is nothing in the statutory scope of practice that prevents a chiropractor from examining a child. That is not the issue in HB2004. The question you should ask yourself is whether you as a Legislature have a responsibility to make the right decision for your most vulnerable constituents, our children. Do you need to assure that they receive at least one complete and thorough medical evaluation prior to school attendance? We believe the answer is obvious. If you decide that the answer is no; that all they need is a chiropractic examination, then we would recommend that instead you simply repeal K.S.A. 1994 Supp. 72-5214.

Thank you for considering our comments. We respectfully request that you **recommend that HB2004 be killed.**

**PEDIATRIC HEALTH MAINTENANCE
INITIAL VISIT**

Date _____ Ht _____ Wt _____
 He _____ Age _____
 Growth Chart Review _____
 Birth History: Wt _____ Gest _____ Apgars _____
 Other _____

INTERVAL HISTORY:

Nutrition History: _____ Breast _____ Bottle
 _____ Vitamins _____ Iron _____ Fluoride

NUTRITIONAL NORMS: about 20 oz/day.
 100-120 cal/kg per day. Feed 6-8x/day.
 Middle of the night feeding will probably be
 necessary until age 6-8 weeks. Vits:
 ACD w/iron for breast fed infants.
 Fluoride if indicated. No solids until 5-6 months.
 Formula until 1 year.

DEVELOPMENT:

Prone, lifts head, poor control (b-3W)
 Regards face, not likely to smile (1w-4W)
 Responds to noise, random vocalizations
 Moro
 Follows light to midline only (b-5w)
 Little awareness of hands
 Relatively hypertonic limbs, active
 Reflexes include: root, such, grasp, Gallant's
 placing, stepping, asym, tonic neck.

PHYSICAL EXAMINATION:

X-NL Circle ABN findings & comment

GENERAL	
SKIN	
HEAD	
EYES	
ENT	
NECK	
CHEST	
HEART	
FEM PULSE	
ABDOMEN	
GU/CIRC	
BACK/SPINE	
EXTREMITIES	
HIPS	
NEURO	

TEACHING TOPICS

1. Feeding techniques, spitting up, no propping
2. Safety: car seats, crib bumper, handling
3. Bonding, infant stim, talk to baby, father
4. Spoiling, crying spells, colic, no discipline
5. Skin care, infection, fever and treatment
6. Sleeping habits, position, schedule
7. Parent satisfaction, time out
8. Importance of regular check-ups
9. Pacifier or Nuk, need for sucking

PROBLEMS-PLANS:

LAB: PKU, may need to be repeated in breastfed.

Return appointment _____

**PEDIATRIC HEALTH MAINTENANCE
2 MONTH CHECK-UP**

Date _____ Ht _____ Wt _____
 He _____ Age _____
 Growth Chart Review _____

INTERVAL HISTORY:

Nutrition History: _____ Breast _____ Bottle
 Amount _____
 _____ Vitamins _____ Iron _____ Fluoride

NUTRITIONAL NORMS: about 25-29 oz/day, 1
 10-120 cal/kg per day. Feed 6-7 feedings per day
 on a regular schedule. Most no longer need
 middle of night feedings. Vits: ADC Iron for
 breast-fed. Fluoride if indicated. No solids until
 5-6 months.

DEVELOPMENT:

Prone, lifts head, to 45 degrees
 Spontaneous vocalization
 Sociable, Smiles responsively (2w-3m)
 Follows past midline but not to 180
 Likes to watch things
 Hands open, explored face, watches hands but
 not aware of their function
 Reflexes still present: root, suck, Moro, grasp,
 stepping, placing
 Reflexes integrated: crossed extension, Gallant's
 stepping, placing

SPEECH, HEARING, VISION:

Looks in direction of speaker
 Smiles at him
 Vocal signs of pleasure
 Strabismus?

PHYSICAL EXAMINATION:

X-NL Circle ABN findings & comment

GENERAL	
SKIN	
HEAD	
EYES	
HIRSCHBERG	
ENT	
NECK	
CHEST	
HEART	
FEM PULSE	
ABDOMEN	
GU	
BACK/SPINE	
EXTREMITIES	
HIPS	
NEURO	
MAT-CHILD	

TEACHING TOPICS

1. Temp taking and fever management
2. Anticipate colds, URI's
3. Talking to baby, infant stimulation
4. Crying spells, thumb sucking
5. Diarrhea management
6. Safety, rolling over if unattended
7. Responsible baby-sitter
8. Parental satisfaction, time out for mom
9. Immunizations, shot sheet for reactions

PROBLEMS-PLANS:

LAB: none

IMMUNIZATIONS: DPT#1, OPV#1, Hib#1, Hepatitis#2

Return appointment _____

**PEDIATRIC HEALTH MAINTENANCE
4 MONTH CHECK-UP**

Date _____ Ht _____ Wt _____
 He _____ Age _____
 Growth Chart Review _____

INTERVAL HISTORY:

Nutrition History: _____ Breast _____ Bottle
 Amount _____
 _____ Vitamins _____ Iron _____ Fluoride

NUTRITIONAL NORMS: 28-32 oz/day, 100-110
 cal/kg per day. Feedings about 6x/day, will
 start needing only 5 feedings/day in the next couple
 of months. No solids unless totally unsatisfied with
 formula. If starting beikost, 1-2TBS rice cereal/day
 (75-100 cal) and reduce formula to 26-30 oz/day.
 Vits: ADC, w/iron if breastfed. Fluoride if indicated.

DEVELOPMENT:

Cannot sit with support, good head control
 Prone, lifts head to 90
 Uses hands to grasp rattle, brings to mouth
 Follows to 180
 Pushes up with arms, some weight bearing
 Rolls over one way
 Moro and grasp integrated
 Landau, planter grasp, downward parachute and
 visual placing still present

SPEECH, HEARING, VISION:

Turns head to voice, looks for speaker
 Laughs, babbles series of same sounds
 Strabismus?

PHYSICAL EXAMINATION:

X-NL Circle ABN findings & comment

GENERAL	
SKIN	
HEAD	
EYES	
HIRSCHBERG	
ENT	
NECK	
CHEST	
HEART	
ABDOMEN	
GU	
BACK/SPINE	
EXTREMITIES	
HIPS	
NEURO	
MAT-CHILD	

TEACHING TOPICS

1. Safety; playpen, easy to grasp toys
2. No discipline, not yet appropriate
3. Teething
4. Avoid small objects which may be aspirated
5. Talk to baby, music
6. No bottle in bed, avoid sweets, desserts
7. Time out for parents

PROBLEMS-PLANS:

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Attachment 7-1

LAB: No routine

IMMUNIZATIONS: DPT#2, OPV#2, HIB#2

Return appointment _____

**PI CHILD HEALTH MAINTENANCE
MONTH CHECK-UP**

Date ___ Ht ___ Wt ___ HC ___ Age ___

Growth Chart Review _____

INTERVAL HISTORY:

Nutrition History: ___ Breast ___ Bottle
___ Vitamins ___ Iron ___ Fluoride
amount _____

NUTRITIONAL NORMS: 100 cal/kg/day. Beikost may be introduced and account for 20-25% of total calories. Wide variety of foods but one at a time to note possible allergy. Baby needs time to learn to enjoy different textures. Blenderized foods okay, don't season first. USE SPOON. Straight baby food, not dinners. Formula max 30-32 oz/day.

DEVELOPMENT:

- Is or will soon sit without support.
- Bears weight on legs
- Resists toy pull
- Reaches for toy, works for it if out of reach
- Rolls both ways (2-5m)
- May transfer object hand to hand
- Feeds self cracker
- Mama, dada nonspecifically
- Gums objects, explores with mouth
- Likes to play "drop and retrieve"
- Reflexes present positive suppers, Landau, planter grasp, parachute, visual placing.

SPEECH, HEARING, VISION:

- Recognizes some words and general emotion
- Plays with noises, especially while alone
- Strabismus, if present should be referred

PHYSICAL EXAMINATION:

X-NL Circle ABN findings & comment

GENERAL
SKIN
HEAD
EYES
ENT
TEETH
NECK
CHEST
HEART
ABDOMEN
GU
BACK/SPINE
EXTREMITIES
HIPS
NEURO
MAT=CHILD

TEACHING TOPICS

1. Childproofing, IPECAC, drowning in bath
2. Wash teeth, avoid sugar and junk food
3. Regular schedule to bed and up in AM
4. Teething, no bottle in bed
5. Discipline aimed at redirection
6. Soft soled shoes

PROBLEMS-PLANS:

Lead level in high risk population

LAB: H & H

IMMUNIZATIONS: DPT#3, HIB #3, Hepatitis B#3, OPV#3

Return appointment _____

**PEDIATRIC HEALTH MAINTENANCE
9 MONTH CHECK-UP**

Date ___ Ht ___ Wt ___ HC ___ Age ___

Growth Chart Review _____

INTERVAL HISTORY:

Nutrition History: ___ Breast ___ Bottle
___ Vitamins ___ Iron ___ Fluoride
amount _____

NUTRITIONAL NORMS: 100 cal/kg/day, 35-45% as beikost. Formula max 26-28 oz/day. Hand mashed foods, avoid seasoning. Encourage 3 meals, 2 snacks. Vitamins ADC, iron for breast fed infant. Encourage cup. Spoon May begin to add eggs and citrus, watch for allergy to these.

DEVELOPMENT:

- Sits without support with good head control
- Feeds self finger foods, transfers hand to hand
- Beginning to creep and crawl
- Looks for a dropped toy
- Thumb-forefinger grasp
- Jiggles to music
- Sustains interest in things that are named

SPEECH, HEARING, LANGUAGE, VISION:

- Understands a few simple verbal commands
- Understands "NO"
- Mimics sounds and number of syllables
- Some general language (shakes head for no)
- Uses mama, dada sometimes specifically
- Some repetitive 2 syllable babbling
- Strabismus, if present needs referral

PHYSICAL EXAMINATION:

X-NL Circle ABN findings & comment

GENERAL
SKIN
HEAD
EYES
ENT
TEETH
NECK
CHEST
HEART
ABDOMEN
GU
BACK/SPINE
EXTREMITIES
HIPS
NEURO
MAT-CHILD

TEACHING TOPICS

1. Use of cup, start weaning from bottle
2. No night bottle, no small goods that are easily aspirated e.g., peanuts, popcorn
3. Safety, car seats, basement stairs, IPECAC
4. Normal decrease in appetite
5. No spanking, redirect attention instead
6. Normal unpleasant behavior-temper
7. Toilet training- wait until age two

PROBLEMS-PLANS

LAB: CBC, UA. Serum ferritin if low

IMMUNIZATIONS: None if current

Return appointment _____

**PEDIATRIC HEALTH MAINTENANCE
12 MONTH CHECK-UP**

Date ___ Ht ___ Wt ___ HC ___ Age ___

Growth Chart Review _____

INTERVAL HISTORY:

Nutrition History: ___ Breast ___ Bottle ___ Weaned
___ Vitamins ___ Iron ___ Fluoride
amount _____

NUTRITIONAL NORMS: About 90 cal/kg/day, 2/3 as beikost. May add cow's milk (whole, not low-fat) iron supplements no longer necessary, but still needs fluoride if water not fluoridate. Use cup and spoon. Wean ASAP. Avoid sweets and junk food.

DEVELOPMENT:

- Stands holding on (10 months)
- Pulls self to stand
- Plays peek-a-boo
- Bangs blocks together
- Cruises around furniture
- Uses mama, dada specifically
- May stand alone, stoop and recover
- Holds cup to drink
- Knows emotional tone, e.g., angry
- Is beginning to be a show off

SPEECH, HEARING, LANGUAGE, VISION:

- Follows simple commands
- Talks to people, toys, objects
- 3 or more single words
- Some appropriate verbal responses
- Strabismus if present needs referral

PHYSICAL EXAMINATION:

X-NL Circle ABN findings & comment

GENERAL
SKIN
HEAD
EYES
HIRSCHBERG
ENT
TEETH
NECK
CHEST
HEART
ABDOMEN
GU
BACK/SPINE
EXTREMITIES
HIPS
NEURO
MAT-CHILD

TEACHING TOPICS

1. Safety, climbing, bathing, medicines
2. Normal drop in appetite, should be weaned
3. Talk to baby, read, name things, play
4. Discipline-redirectation, consistency
5. Toilet training - wait until age two
6. Stage of negativism, emerging independence

PROBLEMS-PLANS:

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Attachment 7-2

LAB: H & H if less than 33. ferrorn
IMMUNIZATIONS: TB tine or PPD

Return appointment _____

Kansas Association of Osteopathic Medicine

Harold E. Riehm, Executive Director

1260 S.W. Topeka Blvd.
Topeka, Kansas 66612
(913) 234-5563
(913) 234-5564 Fax

January 25, 1995

To: Chairman Mayans and Members, House Health & Human Services Committee
From: Harold E. Riehm, Executive Director, KAOM
Subject: KAOM Testimony on H.B. 2004

Thank you for this opportunity to present our views on H.B. 2004. We appear to express serious reservations about including doctors of chiropractic among those who may administer the school health assessments required by Kansas law and addressed in H.B. 2004.

School health assessment exams are a critical component of preventive medicine. For children who have received regular check-ups and medical care from a physician or someone working closely with a physician, a school health assessment often confirms results of other exams. But for those for whom a school assessment exam may be the first visit to a provider, this may present the first opportunity to determine the presence of either an illness or abnormal growth and development. We question whether doctors of chiropractic are prepared to make such exams with the degree of thoroughness or observation that should be required.

Some may suggest that such health assessments are "cook-book" in nature, i.e., performed by going through a check-off list of tests that are elementary in nature. We think this not the case.

There is an art and a science to the practice of medicine. It is the art that includes observations and perceptions that symptoms are present that may not present themselves in the list of checks. It is here that training in growth and development as well as an awareness of the interrelationships of symptoms is so important. We feel this suggests that such exams be done by those providers as listed in current law.

The problem of geographical access and availability is addressed in that physician assistants, ARNPs, and others working under the direction of a physician, may provide such exams. Perhaps there are instances in which the close proximity of a chiropractor would be an issue, but we think there are few such examples.

I will be pleased to respond to questions Committee members may have.

HOUSE H&HS COMMITTEE
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Attachment 8