

Approved: 2-7-95  
Date

## MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on February 2, 1995 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Emalene Correll, Legislative Research Department  
Norman Furse, Revisor of Statutes  
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Dr. Lloyd Stone, Emporia State University  
Jim Sperry, Kansas Athletic Trainers Society  
Larry Buening, Board of Healing Arts  
Lesa Bray, Kansas Department of Health and Environment  
Joe Furjanic Kansas Chiropractic Association  
Chip Wheelen, Kansas Medical Society  
Tom Hitchcock, Board of Pharmacy

Others attending: See attached list

The Chair called the Committee's attention to a memo provided by staff regarding the status of electronic benefits transfers as a means of delivering public assistance. (Attachment 1)

### **Introduction of bills**

Dr. Lloyd Stone, Emporia State University, requested introduction of legislation regarding licensure of professional counselors. Senator Jones made a motion the Committee recommend introduction of the proposed legislation, seconded by Senator Langworthy. The motion carried.

### **Hearing on SB 57 - Athletic trainers registration act**

Jim Sperry, KATS, addressed the Committee and submitted written testimony in support of **SB 57** which provides for the registration of athletic trainers by the Kansas State Board of Healing Arts. The bill defines the educational requirements of athletic trainers and establishes maximum limits for their registration fees. (Attachment 2)

During Committee discussion Mr. Sperry noted the real purpose of the legislation was to prevent people from presenting themselves as athletic trainers who have not had proper training and coursework. There are currently 16 colleges and universities in the state of Kansas that offer the appropriate coursework which meets the requirements of the National Athletic Trainers Association Board of Certification, and along with the coursework, they have to complete at least 800 hours of supervised clinical experience under a certified trainer and then sit for a national exam. A baccalaureate or post baccalaureate degree is required by the NATA Board of Certification in order to sit for the exam.

In response to a member's question, Mr. Sperry commented that athletic trainers would not be requesting licensure, since the role of an athletic trainer encompasses several areas that are also covered by other allied health care professionals who offer similar services, and such licensure could cause a turf battle which would be detrimental to the patient.

Larry Buening, Board of Healing Arts, addressed the Committee in support of registration of athletic trainers and recommended changes in the bill as noted in his written testimony and balloon amendments of the bill. (Attachment 3) Mr. Buening commented that registration of athletic trainers would be more restrictive than true legislation, and other states look upon Kansas as the front runner in the way that health care is credentialed and delivered.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S  
Statehouse, at 10:00 a.m. on February 2, 1995.

Lesa Bray, Health Occupations Credentialing unit with the Kansas Department of Health and Environment, addressed the Committee and noted that while the agency supports the registration of athletic trainers, the bill as proposed raises some policy and technical administrative issues as outlined in her written testimony. (Attachment 4)

In response to member's question during Committee discussion, Mr. Sperry and Mr. Buening both agreed with the recommendations that were presented by Ms. Bray in her testimony. Staff called attention to a report from the technical committee of athletic trainers and noted that the definition used in their credentialing study was far more restrictive than the definition in **SB 57**.

Joe Furjanic, KCA Executive Director, expressed opposition to **SB 57** noting that the definition of "physician" in the bill excludes doctors of chiropractic and does not expressly prohibit an athletic trainer from performing spinal manipulation as well as other related concerns that were noted in his written testimony. Mr. Furjanic urged the Committee to conduct an interim session to fully study the qualifications of athletic trainers and revise the bill's language. (Attachment 5)

Chip Wheelen, KMS, expressed support for the provisions in **SB 57** and submitted a balloon of the bill with recommended changes that would redefine athletic training. (Attachment 6)

**Hearing on SB 56 - Security of practitioner registration numbers issued by U.S. drug enforcement administration**

Chip Wheelen, KMS, testified in support of **SB 56** and attached a copy of a letter with his written testimony from the U.S. Department of Justice referring to the inappropriate use of registration numbers by insurance providers. Such correspondence supports the proposed legislation that would prevent use of practitioner registration numbers. (Attachment 7)

Tom Hitchcock, Board of Pharmacy, addressed the Committee in support of **SB 56** as noted in his written testimony. (Attachment 8)

During Committee discussion, Mr. Hitchcock concurred with staff that the original bill was supplemental to the Pharmacy Act and that it would be more appropriate for it to be a part of and supplemental to the Uniform Controlled Substances Act.

Written testimony in support of **SB 56** was received from Bob Williams, Kansas Pharmacists Association, (Attachment 9) and David Hanzlick, Kansas Dental Association, Attachment 10)

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

The next meeting is scheduled for February 7, 1995.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE  
GUEST LIST

DATE: 2-2-95

NAME	REPRESENTING
Edward R. Bayler	KMHCA
Clayton A. Stone	KMHCA
John S. Myers	KMHCA
Jenni DeLiber	KMHCA KSCA KCA
Pat Greenwood	KMHCA
Deanna Hawes	KACES KSCA
FRED BRADLEY	KACES
W. Gross	Shawnee Mem Med Center
Tom Brund	Allen Assoc.
Christy Bailey	Senator Mann
Rich Guthrie	Health Midwest
Nichelle Peterson	K. Gov. Consulting
Darren Odw	KATS
Dym Bott	KATS
Jerry Mangum	Kansas Chiropractic
James W. Whaley	Kansas U
Roger Jelen	Kansas Family Physicians Dr for the Day
David Moot	Kumher
Mark Moot	KCA

STEVE LEARNER  
Jim Spang  
Michael Mitchell DC

KPTA  
KATS  
KCA

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE  
GUEST LIST

DATE: 2/2/95

NAME	REPRESENTING
<del>2/2/95</del> <i>W. H. Kelley</i>	KCA
<i>Joe Furfine</i>	KCA
<i>S. J. Dan, DC</i>	KCA
<i>Bud Strawn</i>	KCA
<i>Mark Jefford</i>	Bd of Healing Arts
<i>Larry Buning</i>	Bd of Healing Arts
<i>Steve Johnson</i>	" "
<i>Kesa Bray</i>	KDHE
<i>Josh Kover</i>	KOHK <sup>5</sup>
<i>Stacey Simpson</i>	Herin, West & Weir
<i>Pat Jantz</i>	KCA
<i>Candace Seape</i>	KCA
<i>Jamie Urban-Kurtz</i>	KCA
<i>Lisa Lechter</i>	KCA
<i>Jamie Jones</i>	Taxpayer
<i>B. P. Greene J</i>	KCA
<i>E. M. Davidson, DC</i>	KCA
<i>Sharon Rieck</i>	KADAC
<i>Robert Dwyer</i>	KCA



# 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

January 31, 1995

**To:** Senate Committee on Public Health and Welfare

**From:** Emalene Correll, Research Associate

**Re:** Status of Electronic Transfers

According to the Department of Social and Rehabilitation Services, the 1994 Legislature directed the agency to implement electronic benefits transfers as a means of delivering public assistance benefits. Accordingly, the Department entered into an agreement with the states of Oklahoma, New Mexico, and Louisiana for the purpose of contracting with a vendor to provide electronic benefit transfers in Kansas. The multi-state agreement is an attempt to create a large enough number of cases to result in an economy of scale resulting in a lower cost for each of the states that have entered into the agreement. A request for proposals (RFP) was published in mid-December, including a bid deadline of March 7, 1995. If the procurement effort is successful, a vendor should be selected by the middle of April. It is estimated a pilot electronic benefit transfer could be initiated as early as the late fall of 1995. Statewide conversion to electronic benefits transfers could take from six to 12 months it is estimated.

0012651.01(1/31/95(9:40AM))

Senate Public Health & Welfare  
Date: 2-2-95  
Attachment No. 1

**TESTIMONY TO SENATE PUBLIC HEALTH AND WELFARE COMMITTEE**  
**SENATE BILL NO. 57**  
**JIM SPERRY, KANSAS ATHLETIC TRAINERS SOCIETY**  
**FEBRUARY 2, 1995**

**Madame Chair and members of the committee:**

Good morning and thank you for the opportunity to address you this morning. My name is Jim Sperry and I am here today, representing the Kansas Athletic Trainers Society. I appear today to urge your support for passage of Senate Bill No. 57, The Athletic Trainers Registration Act.

I have been a Certified Athletic Trainer for the past 14 years and a Registered Physician Assistant for the past 10 years. In that time period, I have worked extensively with the physically active persons who would benefit from passage of Senate Bill No. 57.

Senate Bill No. 57 would make it unlawful for any person to hold themselves out to the public as an athletic trainer, unless they are so registered with the Kansas State Board of Healing Arts.

Last week, you received a booklet of background information. This morning, I would like to take a few minutes to highlight and expand the information contained in this booklet.

**Summary of Senate Bill No. 57**

Senate Bill No. 57 would require: 1) Certain educational and experiential credentials and registration with the Kansas State Board of Healing Arts; 2) Supervision by a licensed physician and establishment of a written practice protocol between the athletic trainer and the supervising physician; 3) Maintenance of continuing education hours, as prescribed by the Board of Healing Arts; and 4) Formation of an athletic trainers council to advise the Board on the implementation and administration of this act.

**Facts on Athletic Trainers in Kansas**

Currently, there are approximately 130-140 Certified Athletic Trainers practicing in Kansas. Athletic trainers are certified by the National Athletic Trainers Association Board of Certification, Inc., which is the only certifying agency for athletic trainers in the United States. This organization was established in 1989 as an independent entity to administer the certification program for entry-level athletic trainers and a continuing education program for Certified Athletic Trainers. The NATABOC is a member of the National Commission for Competency Assurance, based in Washington, D.C.. In 1990, the American Medical Association formally recognized athletic training as an Allied Health Care Profession.

The Kansas Athletic Trainers Society completed the credential review process with the Kansas Department of Health and Environment, in 1989. In his executive summary of the findings of the committee, Secretary of Health and Environment, Dr. Stanley C. Grant,

Senate Public Health and Welfare  
Date: 2-2-95  
Attachment No. 2

JIM SPERRY

FEBRUARY 2, 1995

made several recommendations, including: 1) Athletic trainers should be regulated by the State of Kansas; 2) The appropriate form of regulation would be that of Registration; 3) The educational and experience standards to be used in the training of athletic trainers be that of the national certifying organization for athletic trainers.

The Kansas Athletic Trainers Society certainly agrees that registration is the appropriate form of regulation. We further feel that the Kansas State Board of Healing Arts is the most appropriate agency to implement and administer the provisions of Senate Bill No. 57. The Kansas State Board of Healing Arts regulates physicians, and it makes sense that they also regulate those who these physicians supervise, including athletic trainers.

### **Practice Setting for the Athletic Trainer in Kansas**

The traditional practice setting for the athletic trainer was the amateur (both interscholastic and intercollegiate) and the professional athletic organization. Athletic trainers, in Kansas, can now be found employed in secondary and collegiate education institutions, sports medicine, occupational medicine, corporate health, and hospital physical therapy clinics. With the increased practice settings, the general public is at more risk for exposure to unqualified practitioners of athletic training. Senate Bill No. 57 would help protect the public by requiring documentation of credentials prior to applying for registration as an athletic trainer.

### **Summary**

Approximately 130-140 Certified Athletic Trainers are currently practicing, without regulation, in the state of Kansas.

The Kansas Athletic Trainers Society feels that athletic trainers in Kansas should be regulated and the appropriate form of regulation is that of registration, with the Kansas State Board of Healing Arts as the regulatory agency.

We feel that Senate Bill No. 57 will ensure that only those persons with proper credentials would be able to identify themselves to the public as athletic trainers, protecting the public from unqualified practitioners of athletic training.

We, therefore, request this committee's support for passage of Senate Bill No. 57.

Again, thank you for your time and attention to this important health care matter for the physically active in Kansas. I will be happy to answer any questions you may have.



# KANSAS BOARD OF HEALING ARTS

BILL GRAVES  
Governor

LAWRENCE T. BUENING, JR.  
Executive Director



235 S. Topeka Blvd.  
Topeka, KS 66603-3068  
(913) 296-7413  
FAX # (913) 296-0852

## M E M O R A N D U M

**TO:** Senate Committee on Public Health and Welfare

**FROM:** Lawrence T. Buening, Jr.  
Executive Director

**DATE:** February 2, 1995

**RE:** SENATE BILL NO. 57 - FEBRUARY 2, 1995

Thank you for the opportunity to appear before you and present testimony regarding Senate Bill No. 57. As you know, the State Board of Healing Arts is the regulatory agency for 10 health care professions. The Board licenses medical, osteopathic, chiropractic and podiatric doctors and registers or certifies physical therapists, physical therapist assistants, physicians assistants, occupational therapists, occupational therapy assistants and respiratory therapists. The 15-member Board is appointed by the Governor and consists of 3 public members and 12 doctors, of which 5 are medical, 3 are osteopathic, 3 are chiropractic and 1 is podiatric. Advice and assistance is provided to the Board on the other professions by the Examining Committee for Physical Therapy, the Occupational Therapist Council, Respiratory Therapist Council and Physicians Assistant Council.

Representatives of the Kansas Athletic Trainers Society have met with the Board and its staff on numerous occasions to discuss the language for Senate Bill No. 57. James M. Sperry, Jr., who is also a physician assistant registered by the Board of Healing Arts, has kept in constant contact. Mr. Sperry made a presentation to the Board at its meeting on December 10, 1994 and also appeared at the meeting of the Board's Legislative Committee held January 19. The Board is very appreciative of the efforts of Mr. Sperry and the Kansas Athletic Trainers Society for their efforts to work cooperatively and harmoniously with the Board.

The Kansas State Board of Healing Arts has taken a position in support of the registration of Athletic Trainers with the Board being the appropriate regulatory entity. The Board is well aware of the increased number and importance of athletic trainers as members of the health care team. Since athletic trainers are

### MEMBERS OF BOARD

JOHN P. WHITE, D.O., PRESIDENT  
PITTSBURG

RONALD J. ZOELLER, D.C., VICE-PRESIDENT  
TOPEKA

DONALD B. BLETZ, M.D., OVERLAND PARK  
C.J. CONRADY, JR., ANTHONY  
SERGIO DELGADO, M.D., TOPEKA  
JAMES D. EDWARDS, D.C., EMPORIA  
HOWARD D. ELLIS, M.D., LEAWOOD  
EDWARD J. FITZGERALD, M.D., WICHITA  
JOHN P. GRAVINO, D.O., LAWRENCE

GRACIELA A. MARION, EUDORA  
LAUREL H. RICKARD, MEDICINE LODGE

Senate Public Health and Welfare  
Date: 2-2-95  
Attachment No. 3

providers who practice the healing arts under the supervision and guidance of a licensee of the Board, the Board strongly favors that it be the regulatory agency for this profession. The Athletic Trainers Council created by Senate Bill No. 57 and the powers granted to the Board under this Bill are very similar if not identical to the councils and the laws the Legislature has previously enacted for the professions of physicians' assistants, physical therapy and respiratory therapy. The fiscal note which has been provided to the Director of the Budget indicated the Board believes it can implement the provisions of Senate Bill No. 57 without the addition of any FTE positions.

While the Board supports its regulation of athletic trainers, several comments must be made as to what Senate Bill No. 57, as introduced, does or does not do.

The bill defines "physician" and "supervising physician" (Sec. 2) and requires that a practice protocol must be filed for a person to be registered (page 3, line 10). However, it appears the bill does not specifically require that the athletic trainer be employed under the supervision of a physician or supervising physician or with the approval of a physician. Such requirement is made for occupational therapists [K.S.A. 65-5402(b)], respiratory therapists [K.S.A. 65-5502(b)], physicians' assistants [K.S.A. 65-2897a(d)] and physical therapists [K.S.A. 65-2901(b)]. Language needs to be inserted clearly indicating whether the Legislature intends athletic trainers to practice only as part of a physician-directed health care team or as an independent practitioner.

The Board would not be able to refund any fee paid. (See Sec. 6(a) - page 3, lines 3 and 4; and Sec. 10(d) - page 5, line 13.) The Board has no objection to refunding a portion of the fees, but will not be able to do so unless given that authority.

There is no provision in the bill for a temporary permit contrary to the Physicians' Assistant, Occupational Therapy and Respiratory Therapy Registration Acts administered by the Board which all provide for issuance of temporary permits pending passage of the required examination. (See K.S.A. 65-5408(d), 65-5508(e) and 65-2896d.) Yet, a statutory maximum fee has been established for temporary registration (see page 4, line 35).

Finally, the Board has attached balloon amendments to pages 2 and 4 of the Bill as follows:

- a. Page 2, line 14 .... change "1995" to "1996" to enable the Board to have 1 year to implement the provisions of the Bill after its effective date before use of the title would be unlawful.
- b. Page 4, lines 9 and 10 .... delete "24 months from the date of issuance" and insert "on the date established by rules and regulations of the board". This would give the Board flexibility with regard to the establishment of

expiration date and renewal dates thus allowing for 1, 2 or 3 year renewals and also possibly year-round renewal.

- c. Page 4, line 30 .... add at the end of the sentence the phrase "which may include additional testing, training or education as the board may deem necessary to establish the persons present ability to perform the functions or duties of an athletic trainer". This would enable the Board to establish criteria for individuals whose registration had lapsed for a considerable period of time and who had not been engaged in the practice during such period of time.
- d. Page 4, line 43 .... after the first time the word 'examination' is used, insert "and its administration".

Thank you very much for allowing me to appear before you on behalf of the Board and support the registration of the profession of athletic trainers. I would be happy to respond to any questions.

1 (3) Coordination with the physician in order to provide physical re-  
2 conditioning through:

3 (A) Follow-up injury care and protection;

4 (B) follow-up injury reconditioning programs;

5 (C) medical clearance for return to physical activity; and

6 (D) maintenance of records of management of emergency care and  
7 referral and physical reconditioning of activity-induced trauma.

8 (c) "Athletic trainer" means a person registered under this act.

9 (d) "Physician" means a person licensed by the state board of healing  
10 arts to practice medicine and surgery.

11 (e) "Supervising physician" means a physician who has accepted the  
12 responsibility for the actions of an athletic trainer while performing under  
13 the direction and supervision of the supervisory physician.

14 Sec. 3. (a) On and after July 1, 1995, it shall be unlawful for any  
15 person who is not registered under this act as an athletic trainer or whose  
16 registration has been suspended or revoked to use, in connection with  
17 such person's name or place of business, the words: "Athletic trainer"  
18 or "athletic trainer registered" or "registered athletic trainer" or the let-  
19 ters "A.T." or "A.T.R." or "R.A.T.", or any other words, letters, abbrevi-  
20 ations or insignia indicating or implying that such person is an athletic  
21 trainer or who in any way, orally, in writing, in print or by sign, directly  
22 or by implication represents oneself as an athletic trainer.

1996

23 (b) Any violation of this section shall constitute a class B nonperson  
24 misdemeanor.

25 Sec. 4. (a) Nothing in this act shall be construed to require the phys-  
26 ical presence of the supervising physician during the performance of the  
27 athletic trainer. In the physical absence of the supervising physician, the  
28 athletic trainer shall follow the current practice protocol established be-  
29 tween the supervising physician and the athletic trainer.

30 (b) Nothing in this act shall be construed to authorize the unlicensed  
31 practice of the healing arts by any person registered under this act.

32 Sec. 5. (a) The board, in the manner hereinafter provided, shall ad-  
33 minister the provisions of this act.

34 (b) The board may adopt rules and regulations consistent with the  
35 provisions of this act for the administration and enforcement for this act  
36 and may prescribe forms which shall be issued in the administration of  
37 this act. The rules and regulations shall include standards for approval of  
38 an educational course of study and clinical experience, continuing edu-  
39 cation criteria, practice protocols, criteria for registration procedures for  
40 the examination of applicants, and for professional conduct and discipline.

41 (c) The board shall maintain a registry of names and addresses of all  
42 individuals who are currently registered under the athletic trainers reg-  
43 istration act.

3-5

1 (c) passed an examination in athletic training approved by the board.  
 2 Sec. 8. The board may contract with investigative agencies, commis-  
 3 sions or consultants to assist the board in obtaining information about  
 4 courses of study and clinical experience to be approved by the board  
 5 under section 7 and amendments thereto.

6 Sec. 9. (a) An applicant who meets the requirements for registration  
 7 pursuant to this act, has paid the registration fee and has otherwise com-  
 8 plied with the provisions of this act shall be registered by the board.

9 (b) Registrations issued pursuant to this act shall expire 24 months  
 10 ~~from the date of issuance~~ unless revoked prior to that time. A registration  
 11 shall be renewed in the manner prescribed by the board.

12 (c) At least 30 days before the expiration of the registration of an  
 13 athletic trainer, the board shall notify the registrant of the expiration by  
 14 mail, addressed to the registrant's last mailing address, as noted upon the  
 15 board's records. If the registrant fails to pay the fee and submit an ap-  
 16 plication by the date of expiration of the registration, the registrant shall  
 17 be given a second notice that the registrant's registration has expired and  
 18 the registration may be renewed only if the renewal fee and the late  
 19 renewal fee are received by the board within the 30-day period following  
 20 the date of expiration and that if both fees are not received within the  
 21 30-day period the registration shall be canceled for failure to renew and  
 22 shall be reissued only after the athletic trainer has been reinstated under  
 23 subsection (d).

24 (d) Any registrant who allows the registrant's registration to be can-  
 25 celed by failing to renew as herein provided may be reinstated upon  
 26 payment of the renewal fee, the reinstatement fee, filing an updated prac-  
 27 tice protocol and upon submitting evidence of satisfactory completion of  
 28 any applicable continuing education requirements established by the  
 29 board. The board shall adopt rules and regulations for reinstatement of  
 30 persons whose registrations have lapsed for failure to renew.

31 Sec. 10. (a) The board shall charge and collect in advance fees pro-  
 32 vided for in this act as fixed by the board by rules and regulations, subject  
 33 to the following limitations:

34 Application fee, not more than .....	\$50
35 Temporary registration fee, not more than .....	\$50
36 Registration renewal fee, not more than .....	\$50
37 Registration late renewal fee, not more than .....	\$50
38 Registration reinstatement fee, not more than .....	\$50
39 Certified copy of registration, not more than .....	\$20

40 (b) The board shall charge and collect in advance fees for any ex-  
 41 amination administered by the board under the athletic trainers registra-  
 42 tion act as fixed by the board by rules and regulations in an amount equal  
 43 to the cost to the board of the examination. If the examination is not

Add: on the date established by rules and regulations of the board

Add: which may include additional testing, training or education as the board may deem necessary to establish the persons present ability to perform the functions or duties of an athletic trainer.

Add: and its administration.

State of Kansas

Bill Graves



Governor

---

Department of Health and Environment

Bob J. Mead, Acting Secretary

TESTIMONY PRESENTED TO

THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

BY

THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

SENATE BILL 57

The Credentialing Review Program established by the legislature in 1980 requires health occupations seeking state credentialing (either licensure or registration) to submit a credentialing application to the Kansas Department of Health and Environment (KDHE) for review. The Kansas Athletic Trainers' Society submitted a credentialing application for review which was completed in 1989. This society desires athletic trainers to be registered by the state. Senate Bill 57 provides such registration.

A seven-member technical committee consisting of three currently credentialed health care personnel and four consumers conducted three public meetings and one public hearing to review the 1989 application. The technical committee forwarded its report to the Secretary of Health and Environment. The end product of the review process was a final report by the Secretary issued to the legislature on August 15, 1989.

In summary, the technical committee and the Secretary found that all of the criteria established by KSA 65-5006 were met and that a need for credentialing of athletic trainers exists. In accordance with KSA 65-5007, the Secretary recommended that the legislature consider registering athletic trainers as the first step toward addressing the issues of the documented harm. In addition, the Secretary recommended that the legislature consider enacting a law mandating that anyone who supervises athletic training be certified in first aid, personal safety, and CPR by the American Red Cross or certified emergency medical training, and complete courses in prevention and care of athletic injuries.

Senate Public Health & Welfare  
Date: 2-2-95  
Attachment No. 4

---

Bureau of Adult and Child Care, 900 SW Jackson, Suite 1001, Topeka, Kansas 666

A survey by the applicant showed that out of 223 Kansas schools participating in the survey 113 used inappropriate personnel or no personnel to handle athletic programs and injuries whereas a majority of the Kansas colleges and universities employ a National Association of Athletic Trainers, Inc. (NATA) certified athletic trainer. Evidence showed that the use of the title "athletic trainer" or "trainer" is being applied to coaches and students as well as to NATA-certified athletic trainers.

Should the legislature pass Senate Bill 57, the Kansas Board of Healing Arts would become the regulatory body to implement the registration requirements. This bill includes amendments recommended by KDHE in 1991 to SB 105 with modifications to several definitions. Several terms have been removed: "athlete," "amateur and professional athletic organization," "recreational setting," "health care organization," and "student athletic trainer."

Definition of athletic training has been slightly modified to include "physical evaluation," deleting references to "the athlete" and replacing it with "persons" and "physical activity."

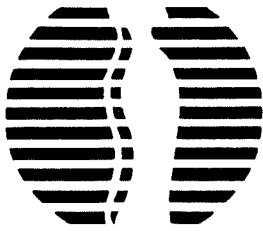
These definitions result in a broader scope of practice than originally considered.

There are some policy concerns regarding this bill that KDHE asks the legislature to consider:

1. Educational standards for registered athletic trainers should be in accordance with nationally established standards (NATA-approved curriculum program) or its equivalency. This should be established in statute.
2. Training in first aid, personal safety, and CPR by the American Red Cross or certified emergency medical training, and completed courses in prevention and care of athletic injuries should be required either as a part of the initial registration and/or in maintaining registration.
3. Effective dates and "grandfathering" periods should be clear and reasonable so as not to impede the effectiveness of the registration of athletic trainers. An effective date for issuing of registration should be 12 months from the date of adoption of these statutes, thereby allowing for the appointment of the advisory council as well as establishing rules and regulations.

KDHE supports legislation requiring the registration of athletic trainers. However, the bill as proposed raises policy and technical administrative issues as noted above.

Presented by: Lesa Bray, Director  
Health Occupations Credentialing  
Bureau of Adult and Child Care  
February 2, 1995



# Kansas Chiropractic Association

---

Testimony of Joe Furjanic, KCA Executive Director  
Presented to the Senate Public Health & Welfare Committee  
Senator Sandy Praeger, Chairperson  
February 2, 1995

Although Senate Bill 57 seems innocent, a closer inspection reveals several important flaws. We hope these flaws will be studied and corrected prior to any action on this bill.

First, I want to make sure you are aware that this bill is only a registration act. It is similar to a trademark registration that protects a title. If passed into law, others will not be allowed to use the term "Athletic Trainer." Being a registrant of the Healing Arts Board only protects your title. It is not a practice act.

The first concern is relative to the definition of "physician" since doctors of chiropractic are excluded. The chiropractic profession has sports medicine certification programs and doctors of chiropractic serve as team doctors for high schools and colleges across the state. This bill, as presently written, would not allow those team doctors to work with athletic trainers.

Sports medicine is not a new field for chiropractic. Currently, doctors of chiropractic are members of the United States Olympic Medical Committee and serve as treating physicians for the United States Olympic team when the games are in

Senate Public Health & Welfare  
Date: 2-2-95  
Attachment No. 5



Testimony of Joe Furjanic  
February 2, 1995  
Page 2

progress. Doctors of chiropractic have met the credentialing requirements of the U.S. Olympic Committee. Accordingly, we feel doctors of chiropractic should most definitely be included in the physician definition.

There are other concerns about the bill as presently written. The bill does not expressly prohibit an athletic trainer from performing spinal manipulation. This issue has been before the Kansas Legislature before. Why create a new class of registrants without specifically addressing this form of treatment at the onset?

The bill states that an athletic trainer is allowed to perform "physical evaluation." Does that allow them to perform school physicals? If that is not the intent of the Legislature, then more restrictive language should be used.

The bill also states that athletic trainers can make referral to appropriate health care providers. Most people can determine when some type of care is needed. However, a medical diagnosis is necessary prior to being able to make appropriate referral. Since athletic trainers have no training in diagnosis, this language naturally causes concern.

The bill allows an athletic trainer to give a "medical clearance for return to physical activity." We are also concerned about the provision of the bill. We feel a release should only be approved by a licensee of the Healing Arts Board.

Testimony of Joe Furjanic  
February 2, 1995  
Page 3

An athletic trainer does not have the training and qualifications to make that decision.

The bill discusses the "current practice protocol established between the supervising physician and the athletic trainer." We feel this provision is far too open ended. Other registrants of the Healing Arts Board do not have this type of authority. For example, occupational therapists must be "employed under the supervision of a physician." Likewise, respiratory therapists must be "employed under the supervision of a physician."

Physical therapists are also restricted by statute. They cannot begin treatment until consultation with and approval by a physician. If the Committee is going to allow this type of language, we hope the bill will at least spell out in detail exactly what that protocol should be.

The protocol section is even more alarming since the bill does not require the supervising physician to even be present when the athletic trainer is treating. This brand new type of registrant would have more freedom to treat than occupational therapists, respiratory therapists, and even physical therapists.

Provisions of the bill also give athletic trainers more authority to treat than physician assistants currently have. For example, a physician must accept "continuous and ultimate responsibility for the actions of a physician's assistant." No such continuous and ultimate responsibility provision is

Testimony of Joe Furjanic  
February 2, 1995  
Page 4

contained in SB 57. Physician's assistants have a great deal more training and qualifications than athletic trainers. Why would it be wise to allow athletic trainers more authority?

Last year when the chiropractic profession wanted to perform school assessments, the Legislature postponed action until a full hearing on our training and qualifications could take place. An Interim Committee was appointed which was chaired by Senator Praeger. We feel our student athletes are owed no less regarding the registration of athletic trainers. We urge the Committee to conduct an interim session to fully study the qualifications of athletic trainers and revise the bill's language.



## KANSAS MEDICAL SOCIETY

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

February 2, 1995

To: Senate Public Health and Welfare Committee  
From: C. Wheelen, KMS Director of Public Affairs *CW*  
Subject: Senate Bill 57; Registration of Athletic Trainers

Thank you for the opportunity to express our support for the provisions of SB57. We concur with the findings of the KDHE Credentialing Committee that professional athletic trainers should be registered. We also agree that the practice of athletic training does not warrant licensure. Registration would reserve the title "athletic trainer" to only those individuals who have met minimum academic and clinical training requirements. It would not in any way interfere with the ability of coaching assistants, team managers, or others to perform functions similar to those outlined in the description of the athletic trainer's scope of practice.

We do believe strongly that the registered athletic trainers should receive supervision and direction from a physician. The protocols under which athletic trainers provide reconditioning of an injured athlete, as well as emergency first aid in the event of injuries should be developed in collaboration with a person licensed to practice medicine and surgery. There may be some misunderstanding about the distinction between supervision versus referral. We would note that item (2)(B) of subsection (b) allows the registered athletic trainer to refer to any "appropriate health care provider." This would allow the athletic trainer to refer the athlete to a dentist, a podiatrist, a chiropractor, or other health care provider depending on the nature of the injury or type of reconditioning needed.

Thank you for considering our comments.

Senate Public Health & Welfare  
Date: 2-2-95  
Attachment No. 6

6-12

SENATE BILL No. 57

By Committee on Public Health and Welfare

1-18

9 AN ACT providing for the registration of athletic trainers; granting certain  
10 powers to and imposing certain duties upon the state board of healing  
11 arts; establishing an athletic trainers council and providing for the func-  
12 tions thereof; declaring certain acts to be unlawful and providing pen-  
13 alties for violations.

14  
15 *Be it enacted by the Legislature of the State of Kansas:*

16 Section 1. Sections 1 through 14 shall be known and may be cited as  
17 the athletic trainers registration act.

18 Sec. 2. As used in this act:

19 (a) "Board" means the state board of healing arts.

20 (b) "Athletic training" means the practice of prevention, physical injury  
21 evaluation, emergency care and referral or physical reconditioning relat-  
22 ing to injuries or illnesses incurred through physical activity and includes athletic activity.  
23 all of the following:

24 (1) Administration of an injury prevention program in order to de-  
25 velop and implement a comprehensive injury prevention program  
26 through:

27 (A) Provision of assistance to coaches in the development and imple-  
28 mentation of physical conditioning programs;

29 (B) designing, fabricating, applying or training, or any combination  
30 thereof, specific and appropriate taping, protective braces and related  
31 applications;

32 (C) supervision, inspection and monitoring of athletic training facili-  
33 ties, equipment and athletic activity environments;

34 (D) provision of assistance to persons in the dissemination of health  
35 topic issues and concerns, relating to physical activity; and

36 (E) instruction and supervision of student athletic trainer staff.

37 (2) Administration of an assessment of injuries or illnesses incurred  
38 through physical activity, which occurs during the preparation for or par-  
39 ticipation in physical activity or during a physical training program, in  
40 order to provide management of emergency care and referral through:

41 (A) Provision of immediate injury care; and

42 (B) provision of assistance to the injured in the referral to the appro-  
43 priate health care provider.

6-3

1 ~~(3) Coordination with the physician in order to provide physical re-~~  
2 ~~conditioning through:~~

- 3 ~~(A) Follow-up injury care and protection;~~
- 4 ~~(B) follow-up injury reconditioning programs;~~
- 5 ~~(C) medical clearance for return to physical activity; and~~
- 6 ~~(D) maintenance of records of management of emergency care and~~  
7 ~~referral and physical reconditioning of activity-induced trauma.~~

8 (c) "Athletic trainer" means a person registered under this act.

9 ~~(d) "Physician" means a person licensed by the state board of healing~~  
10 ~~arts to practice medicine and surgery.~~

11 ~~(e) "Supervising physician" means a physician who has accepted the~~  
12 ~~responsibility for the actions of an athletic trainer while performing under~~  
13 ~~the direction and supervision of the supervisory physician.~~

14 Sec. 3. (a) On and after July 1, 1995, it shall be unlawful for any  
15 person who is not registered under this act as an athletic trainer or whose  
16 registration has been suspended or revoked to use, in connection with  
17 such person's name or place of business, the words: "Athletic trainer"  
18 or "athletic trainer registered" or "registered athletic trainer" or the let-  
19 ters "A.T." or "A.T.R." or "R.A.T.", or any other words, letters, abbrevi-  
20 ations or insignia indicating or implying that such person is an athletic  
21 trainer or who in any way, orally, in writing, in print or by sign, directly  
22 or by implication represents oneself as an athletic trainer.

23 (b) Any violation of this section shall constitute a class B nonperson  
24 misdemeanor.

25 Sec. 4. ~~(a) Nothing in this act shall be construed to require the phys-~~  
26 ~~ical presence of the supervising physician during the performance of the~~  
27 ~~athletic trainer. In the physical absence of the supervising physician, the~~  
28 ~~athletic trainer shall follow the current practice protocol established be-~~  
29 ~~tween the supervising physician and the athletic trainer.~~

30 ~~(b) Nothing in this act shall be construed to authorize the unlicensed~~  
31 ~~practice of the healing arts by any person registered under this act.~~

32 Sec. 5. (a) The board, in the manner hereinafter provided, shall ad-  
33 minister the provisions of this act.

34 (b) The board may adopt rules and regulations consistent with the  
35 provisions of this act for the administration and enforcement for this act  
36 and may prescribe forms which shall be issued in the administration of  
37 this act. The rules and regulations shall include standards for approval of  
38 an educational course of study and clinical experience, continuing edu-  
39 cation criteria, practice protocols, criteria for registration procedures for  
40 the examination of applicants, and for professional conduct and discipline.

41 (c) The board shall maintain a registry of names and addresses of all  
42 individuals who are currently registered under the athletic trainers reg-  
43 istration act.



## KANSAS MEDICAL SOCIETY

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

February 2, 1995

To: Senate Public Health and Welfare Committee

From: C. Wheelen, KMS Director of Public Affairs *CW*

Subject: Senate Bill 56; DEA Registration Numbers

Thank you for the opportunity to support the provisions of SB56. This measure was requested by the Kansas Medical Society in order to improve the security of registration numbers issued by the U.S. Drug Enforcement Administration to practitioners who are authorized to prescribe narcotics.

As you probably know, a pharmacist cannot dispense narcotics unless the prescription contains the practitioner's DEA registration number. This requirement under federal law is intended solely for the purpose of improving control over the dispensing of addictive substances. By requiring original, written prescriptions (no phone-ins) with the practitioner's DEA registration number, forged prescriptions can be minimized. This assists in preventing diversion of narcotics to the illicit market. Attached to this statement is a copy of a letter from an official of the U.S. Drug Enforcement Administration which verifies this.

The Kansas Medical Society has received a significant number of phone calls from our members expressing concerns because they have been told by pharmacists that insurers sometimes insist that the pharmacist divulge the physician's DEA registration number or otherwise the pharmacy will not be reimbursed for the prescription. Apparently, the insurers use the DEA number as a convenient identifier. The letter from the DEA confirms this and states that "Health insurance firms should cease using DEA registration numbers as physician identifiers and adopt an alternative system."

We are also informed that some insurers require that the physician divulge his or her DEA number for credentialing purposes. Obviously if a physician is not allowed to prescribe narcotics, he or she may not be eligible for participation in the insurance plan even though the physician may still be licensed to provide patient care. An alternative to this practice would be to simply reproduce a copy of the physician's DEA registration certificate and mask the number. Any attempt to deceive the insurer in this regard could result in severe penalties and possible disciplinary action by the licensing agency.

We believe it is inappropriate for insurers or anyone else to demand the practitioner's DEA registration number for other than the intended use of those numbers. We also believe that maintaining records of the DEA numbers jeopardizes the security of those numbers which introduces the possibility of prescription forgery and diversion of narcotics for unlawful use.

It is for the above reasons that we respectfully request your favorable action on SB56. Thank you for your consideration.

Senate Public Health & Welfare  
Date: 2-2-95  
Attachment No. 7



U.S. Department of Justice  
Drug Enforcement Administration

---

Washington, D.C. 20537

FEB 17 1994

Ms. Carolyn Price  
Kansas Medical Society  
623 S.W. 10th Avenue  
Topeka, Kansas 66612

Dear Ms. Price:

This is in response to your telephonic inquiry concerning the use of Drug Enforcement Administration (DEA) registration numbers by insurance providers for identification purposes.

The DEA system of registration was designed to establish a closed system of distribution of controlled substances from the point of manufacture to the point at which they are dispensed to the ultimate user. DEA strongly opposes the use of a DEA registration number for any purpose other than to provide certification of registration in transactions involving controlled substances. The use of DEA numbers as identification numbers by the insurance industry is not a legitimate use of the system and it, in fact, could lead to a weakening of the registration system. Health insurance firms should cease using DEA registration numbers as physician identifiers and adopt an alternative system.

DEA has contacted the national health insurance associations in an effort to find an alternative to industry's use of the DEA registration number. At the same time, we have called on registrants to refuse to furnish DEA numbers to insurance providers for reimbursement purposes and to contact the appropriate state authorities and organizations, such as the State Pharmacy Board and Insurance Commissioner, Medical Societies, etc., to take steps to halt the use of DEA registration numbers for inappropriate purposes. If the insurance industry continues to be unresponsive to our concerns, DEA will initiate legislative steps to prevent the inappropriate use of DEA registration numbers.

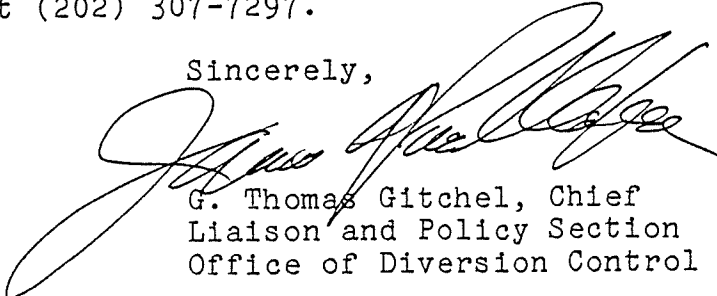


Ms. Carolyn Price

Page Two

I trust that the above information will adequately address your concerns. Please feel free to convey this information to the involved parties if you so desire. Any further questions may be directed to this office at (202) 307-7297.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Thomas Gitchel", written in a cursive style. The signature is positioned to the left of the typed name and title.

G. Thomas Gitchel, Chief  
Liaison and Policy Section  
Office of Diversion Control

# *Kansas State Board of Pharmacy*

LONDON STATE OFFICE BUILDING  
900 JACKSON AVENUE, ROOM 513  
TOPEKA, KANSAS 66612-1231  
PHONE (913) 296-4056  
FAX (913) 296-8420

STATE OF KANSAS

TOM C. HITCHCOCK  
EXECUTIVE SECRETARY/DIRECTOR

DANA W. KILLINGER  
BOARD ATTORNEY



BILL GRAVES  
GOVERNOR

**SENATE BILL 56**  
**SENATE PUBLIC HEALTH & WELFARE COMMITTEE**  
**THURSDAY, FEBRUARY 2, 1995**

MADAM CHAIRPERSON, MEMBERS OF THE COMMITTEE, MY NAME IS TOM HITCHCOCK AND I SERVE AS THE EXECUTIVE SECRETARY FOR THE BOARD OF PHARMACY. I APPEAR BEFORE YOU TODAY ON BEHALF OF THE BOARD IN SUPPORT OF SB 56.

THIS BILL WILL PROHIBIT THE USE OF A PRACTITIONER'S DEA (DRUG ENFORCEMENT ADMINISTRATION) REGISTRATION NUMBER FOR ANY PURPOSE EXCEPT THAT FOR WHICH IT IS INTENDED. THE DEA NUMBERS FOR PRACTITIONERS ARE INTENDED TO BE FOR THE PURCHASE, POSSESSION, PRESCRIBING, OR MAKING A MEDICATION ORDER FOR A CONTROLLED SUBSTANCE DRUG.

THIS BILL WOULD ALSO MAKE THE KANSAS CONTROLLED SUBSTANCE ACT IN CONCERT WITH DEA POLICY IN REGARD TO THE USE AND SECURITY OF A DEA REGISTRATION NUMBER. THAT POLICY IS DESCRIBED IN THE ATTACHED COPY OF DEA CORRESPONDENCE WHICH I WOULD LIKE TO READ.

THERE HAVE BEEN INSTANCES WHERE A CITIZEN IN KANSAS HAS BEEN REFUSED COVERAGE FOR PRESCRIPTION MEDICATION MERELY BECAUSE A PRACTITIONER REFUSES OR A PHARMACY INADVERTENTLY FAILS TO SUPPLY THEIR DEA NUMBER ON A CLAIM FORM. WHEN ASK, THE CARRIER COMPANY DEMANDS THE DEA NUMBER FOR IDENTIFICATION PURPOSES OR THEY WILL REFUSE TO PAY COVERAGE.

THE BOARD OF PHARMACY RESPECTFULLY REQUESTS THE FAVORABLE PASSAGE OUT OF COMMITTEE SENATE BILL 56.

THANK YOU.

Senate Public Health and Welfare  
Date: 2-2-95  
Attachment No. 8

This is in reply to your request of January 23, 1989 for a letter of clarification from the Drug Enforcement Administration (DEA) regarding the usage of DEA registration numbers on prescriptions and prescription claim forms processed by insurance companies or claims processors.

It is the DEA's policy that a DEA registration number is unique and was designed to impose a "closed system" on the prescribing, dispensing and administering of licit controlled substances. It is not intended to be an identification number. The intended purpose of a DEA registration number is to provide a record of authorized possession and responsibility for a controlled substance in accordance with the Controlled Substances ACT. The DEA does not endorse the use of a registration number by insurance companies or others for any reason inconsistent with its intended purpose. Thus, prescriptions for controlled substances will, of course, indicate a DEA registration number, but insurance companies or claim processors cannot demand a DEA registration number on a prescription for a non-controlled substance.

I hope I have answered your query to your satisfaction.

Sincerely,

G. Thomas Gitchel, Chief  
State and Industry Section  
Drug Enforcement Administration  
Washington, DC

COPY

FEB 02 1989

RECEIVED

MAY 18 1989

KANSAS STATE  
BOARD OF PHARMACY

Mr. Bruce H. Colligen, Director  
Health Programs  
National Association of  
Chain Drug Stores, Inc.  
P.O. Box 1417-D49  
Alexandria, Virginia 22313

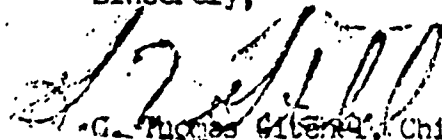
Dear Mr. Colligen:

This is in reply to your request of January 23, 1989, for a letter of clarification from the Drug Enforcement Administration (DEA) regarding the usage of DEA registration numbers on prescriptions, and prescription claim forms processed by insurance companies or claims processors.

It is the DEA's policy that a DEA registration number is unique and was designed to impose a "closed system" on the prescribing, dispensing and administering of licit controlled substances. It is not intended to be an identification number. The intended purpose of a DEA registration number is to provide a record of authorized possession and responsibility for a controlled substance in accordance with the Controlled Substances Act. The DEA does not endorse the use of a registration number by insurance companies or others for any reason inconsistent with its intended purpose. Thus, prescriptions for controlled substances will, of course, indicate a DEA registration number, but insurance companies or claim processors cannot demand a DEA registration number on a prescription for a non-controlled substance.

I hope I have answered your query to your satisfaction.

Sincerely,



Thomas Gitehel, Chief  
State and Industry Section

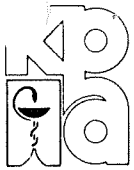
Thomas  
Gitehel

ODS

ODS:ZGrundkowski:cda:633-1216:02/01/89

ODS - ZLN CHRON

8-3



THE KANSAS PHARMACISTS ASSOCIATION  
1308 SW 10TH STREET  
TOPEKA, KANSAS 66604  
PHONE (913) 232-0439  
FAX (913) 232-3764

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

**SENATE PUBLIC HEALTH & WELFARE COMMITTEE**  
**Thursday, February 2, 1995**

**Senate Bill 56**

Sorry I am unable to testify in person regarding Senate Bill 56. The Kansas Pharmacists Association supports Senate Bill 56.

Many of our members have expressed frustration with third party insurance companies who require the prescriber's DEA number before they will process a claim. Most prescribers are justifiably reluctant to give out their DEA numbers which has resulted in some third parties refusing to reimburse pharmacists. The DEA policy on the use of the DEA registration number is as follows: "The DEA registration number is unique and was designed to impose a 'closed system' on the prescribing and dispensing of legal controlled substances. Its intended purpose is to provide a record of authorized possession and responsibility for a controlled substance in accordance with the Controlled Substance Act. It is not intended to be an identification number. The DEA does not endorse the use of a registration number by an insurance company or others for any reason inconsistent with its intended purpose."

In an effort to minimize friction and maximize cooperation between prescribers and dispensers, we recommend to our members the following steps:

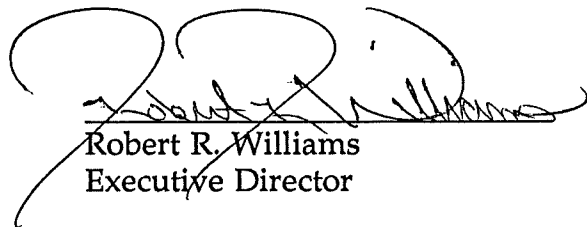
-over-

Senate Public Health & Welfare  
Date: 2-2-95  
Attachment No. 9

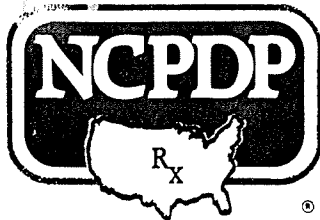
1) write on the claim form "DEA registration number unavailable";  
2) write or call the DEA and report the name of the third party demanding the inappropriate use of the DEA number; 3) write or call the Kansas Insurance Department and report the name of the third party demanding the inappropriate use of the DEA number.

We understand the need for a universal identification number; however, using the DEA registration number makes as much sense as using an individual's automatic teller access code. At one time there was a national movement to establish a Standard Prescriber Identification Number (SPIN - see attached). Unfortunately, it is my understanding that these talks have stalled. If a universal ID number is important to the insurance industry, we encourage them to throw their collective weight behind the development of such a number.

We encourage the committee to support Senate Bill 56. Please contact me should you have any questions. Thank you.



Robert R. Williams  
Executive Director



National Council for Prescription Drug Programs

RECEIVED

MAY 31 '94

K. P. H. A.

## PRESS RELEASE

FOR IMMEDIATE RELEASE

May 27, 1994

CONTACT: Lee Ann C. Stember  
Executive Director, NCPDP  
(602) 957-9105

### **NCPDP TO PROCEED WITH PLANS TO DEVELOP A STANDARD PRESCRIBER IDENTIFICATION NUMBER**

PHOENIX, ARIZONA - The National Council for Prescription Drug Programs (NCPDP) announced today that it will proceed with the development of a "Standard Prescriber Identification Number" (SPIN). The NCPDP membership decided at a recent Joint Work Group Meeting in Atlanta, to move forward with their independent development of a database to be used in the processing of prescription drug claims.

The SPIN development project began in 1992 in response to requests by the Drug Enforcement Administration (DEA), to discontinue the use of the DEA number in the processing of prescription drug claims. The SPIN Work Group was chartered with the responsibility of not only creating a viable numbering system for claims processing, but also a method for ensuring its accurate maintenance and timely delivery.

In an attempt to expedite this project, discussions were initiated with several Professional Associations. While these discussions initially looked promising, it has recently been determined, that common ground for these relationships does not exist, and the discussions have been terminated. To that end, the SPIN Work Group has embarked upon another path for accomplishing its important task.

NCPDP is currently soliciting physician data files from the general membership. These will be merged into one accurate and unduplicated database. Additional names will be obtained from outside vendors in order to complete the initial SPIN database. The scope of the file may be expanded in the future, to include all prescribers, should the need be proven in the industry.

The NCPDP SPIN Work Group will seek bids from potential vendors to assist in the development, maintenance, and distribution of SPIN. NCPDP is anticipating a launch of SPIN in January of 1995. All interested parties should immediately contact NCPDP for a Request For Information.

May 27, 1994  
Page Two

Requests should be directed to:

Lois Upton  
National Council for Prescription Drug Programs  
4201 North 24th Street, Suite 365  
Phoenix, AZ 85016  
(602) 957-9105  
FAX (602) 955-0749

NCPDP, located in Phoenix, Arizona, is a non-profit organization representing; computer companies, drug manufacturers, drug store chains, drug wholesalers, insurers, mail order prescription drug companies, pharmaceutical claim processors, prescription drug providers, software vendors, service organizations, government agencies and others interested in drug program administration standardization.

###





Senate Bill 56  
February 2, 1995  
K. David Hanzlick  
Assistant Executive Director

Madam Chairman and members of the Senate Public Health and Welfare Committee, I appreciate the opportunity to provide you with the comments of the Kansas Dental Association in support of Senate Bill 56.

As you may know, practitioners are increasingly asked for their Drug Enforcement Administration registration number by insurers and other third party payors for reasons other than the control of narcotics.

The Kansas Dental Association believes that these requests for DEA registration numbers are inappropriate. DEA numbers should be used only for their intended purpose -- the control of narcotics.

Passage of Senate Bill 56 will halt inappropriate requests for DEA registration numbers.

Thank you for your consideration of this matter.

5200 Huntoon  
Topeka, Kansas 66604  
913-272-7360

Senate Public Health & Welfare  
Date: 2-2-95  
Attachment No. 10