

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 February 5, 1996 in Room 423-S of the State Capitol.

All members were present

Committee staff present: Bill Wolff, Legislative Research Department  
Francie Marshall, Committee Secretary

Conferees appearing before the committee:

Jerry Slaughter, Kansas Medical Society  
Ken Davis, Kansas Physical Therapy Association  
Harold Riehm, Kansas Osteopathic Association  
Terri Roberts, Kansas State Nurses Association  
Lesa Bray, Health and Environment  
Tuck Duncan, Kansas Occupational Therapy Association  
Bob Williams, Kansas Pharmacy Association  
Joe Furjanic, Kansas Chiropractic Association  
Ron Hein, Mental Credentialing Coalition  
Tracy Turgeon, Kansas Academy of Physician Assistants  
Janet Stubbs, Kansas Respiratory Society

Others attending: See Guest List: Attachment 1

The minutes of the meetings held on January 30, 31, and February 1, 1996 were approved.

**HB 2771 - Health care provider credentialing procedure for change in scope of practice or level of credentialing**

Chairperson Mayans opened the hearing on **HB 2771** announcing that due to the number of the conferees, each person will be allowed up to four minutes to present their testimony so that there will be enough time for questions and answers.

The following proponents presented testimony supporting **HB 2771**:

Jerry Slaughter, Kansas Medical Society, noted that the bill was introduced at their request (see Attachment 2), Ken Davis, Kansas Physical Therapy Association (see Attachment 3), Harold Riehm, Executive Director, Kansas Assoc. of Osteopathic Medicine (see Attachment 4), Terri Roberts, Executive Director of the Kansas State Nurses Association, presented three specific recommendations for **HB 2771** (see Attachment 5), Lesa Bray, Director of Health Occupations Credentialing, Kansas Department of Health and Environment, supports the bill with some amendments (see Attachment 6), R.E. "Tuck" Duncan, Kansas Occupational Therapy Association, proposed amendments (see Attachment 7),

The hearing was opened to the proponents for questions by members of the committee.

Issues concerning credentialing process and groups seeking the scope of practice changes were addressed by Jerry Slaughter. Questions were raised about the statutes dealing with periodical review that is done by the Secretary of Health & Environment.

The following opponents presented testimony in opposition of **HB 2771**:

Bob Williams, Executive Director of the Kansas Pharmacists Association, commented that the process proposed in **HB 2771** is long and expensive (see Attachment 8), Joe Furjanic, Executive Director, Kansas Chiropractic Association, opposes the bill for reasons stated in his testimony (see Attachment 9), Ron Hein, Mental Health Credentialing Coalition (see Attachment 10),

Tracey Turgeon, Academy of Physician Assistants (see Attachment 11),  
Janet Stubbs, Kansas Respiratory Care Society (see Attachment 12).

The following written testimonies were submitted to the committee opposing **HB 2771**:  
Jim Sperry, President-elect Kansas Athletic Trainers Society (see Attachment 13),  
Shelby Smith, Kansas Podiatric Medical Association (see Attachment 14).

The hearing was opened to the opponents for questions by members of the committee.

Discussion followed dealing with several concerns that were raised by committee members. One concern dealt with the type of questions that will be submitted to the committee pertaining to groups that are interested in expanding their scope of practice. Another concern dealt with development of a process that provides better information to the committee and legislature. The role of the Board of Healing Arts was a concern that was also raised.

The hearing was closed on **HB 2771**.

Chairperson Mayans announced there will be no meeting tomorrow, February 6, 1996. The sub-committee appointed for HB 2692 will meet tomorrow, February 6, 1996 at 1:30 p.m. in Room 423-S.

The meeting was adjourned at 2:56 p.m.

The next meeting is scheduled for February 7, 1996.

# House Health & Human Services COMMITTEE GUEST LIST

DATE February 5, 1996

NAME	REPRESENTING
Joe Furjanic	KCA
STEVE KEARNEY	KPTA
Ken Davis	KPTA
Bob Williams	KS Pharmacists Assoc.
Sharon Couch	KCA
Lesq Bray	KDHE/HOC
Sharon Fietz	KADN
Patrick Shurley	Kolcolad Family Physicians
Tracy Jensen	KADA
Barrie Ann Brown	KHA
Melissa Wangemann	Hein, Ebert & Weir
Larry Swain	Bd of Hearing Arts.
Ron Heia	m HCC
JANET STUBBS	KRCS
JERRY SWANWATER	KMS
KinderKnecht	BSRB
Mary Ann Gabel	BSRB
Joseph F. Koell	KDHE
Jeri Roberts	KSN

H+H SComm  
2-5-96  
attn # 1

House Health & Human Services COMMITTEE GUEST LIST

DATE February 5, 1996

NAME	REPRESENTING
Tuck Dunstan	Ks. Occupational Therapy Association



# KANSAS MEDICAL SOCIETY

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

February 5, 1996

TO: House Health and Human Services Committee

FORM: Jerry Slaughter  
Executive Director

SUBJECT: HB 2771; establishing a credentialing process for changes in scope of practice

The Kansas Medical Society appreciates the opportunity to appear today as you consider HB 2771, which was introduced at our request. We drafted this bill at the request of the Interim Committee on Public Health and Welfare, which studied the subject of credentialing last summer and fall. We were asked share our ideas with KDHE, which we have done. Some of KDHE's suggestions are incorporated into the draft bill. We are also grateful for the assistance of Mr. Furse, whom we were directed to work with to put the concept into bill form.

The bill originated from suggestions we made last session and during the interim study. In recent years many legislators have expressed frustration over the difficulty of dealing with requests for changes in the scope of practice of credentialed health care provider groups. Such requests seem to be increasing in number and controversy. In general, it has appeared to us that legislators are wanting some process that will provide objective information about such requests, to assist them in deciding which requests have merit. This need argues for an external process which is advisory to the Legislature, and which is structured in such a way that no group can control the outcome, to enhance its objectivity.

The current credentialing process, administered by KDHE, only deals with requests for initial credentialing, and does not handle change in scope of practice issues. In addition, it has been criticized as being too expensive and time-consuming.

As we looked at the options in formulating this proposal, we decided to maintain KDHE involvement because it has a great deal of administrative experience with the existing credentialing program, which will be invaluable for this process. HB 2771 establishes a review process for scope of practice changes which has the following elements:

- It is entirely advisory to the Legislature, and not mandatory. A group cannot access the process without the approval of the Senate and House health committees. Any group seeking a change in scope of practice can first appeal to the Legislature for action, but if the Legislature needs more information, the group can be directed to the new credentialing process. (New Section 3)

HHAS Comm  
2-5-96  
Attm # 2

- The process is less expensive and time-consuming. Application fees are \$750, and the process must be completed within 6 months after KDHE receives a completed application. (New Section 3)
- A scope of practice advisory committee consisting of nine health care providers is appointed to review all applications. Every group submitting an application is assured of having one representative on the committee for the duration of the study. To assure continuity, and reduce orientation time, the rest of the committee serves terms of 3 years. (New Section 4)
- The committee holds hearings and otherwise investigates the application for change in scope of practice. It answers several basic questions designed to provide good background information to the Legislature as an aid to its deliberation process. The questions are not criteria nor standards which must be met, as in the current credentialing law. They are merely issues which must be addressed so a complete picture of the effect of the changes sought can be assessed. (New Section 6)
- A standing health care credentialing committee is created to act as an ad hoc resource to the scope advisory committee. The standing committee may include representatives from licensing agencies, educational institutions, as well as other providers. The standing committee is intended to make available to the scope advisory committee as much expertise as possible to assist them in their information gathering. (New Section 4)
- The scope advisory committee reports to the Legislature by January 15 each year. This should make it possible for a group to have a complete review of its application and action by the Legislature within one year after its request is initiated. The findings are advisory only, and the Legislature can use them as it wishes. (New Section 4)

We have no illusions about the popularity of this proposal, or any like it, among other health care provider groups. No doubt every group which is not represented on the advisory committee will feel they are at a disadvantage. Some groups may not like it because it will result in answers to questions that can hinder the group's effort to enhance its scope of practice.

However, if the Legislature wants a process that can provide it with better, more objective information, then the concept contained in this bill is a step in the right direction. We support HB 2771, and would urge your serious consideration of the proposal. Thank you.

Requests for Change in Scope of Practice

Health Committees

KDHE Credentialing Program

Legislative Hearings and Action

Legislative Hearings and Action

Kansas



Physical

Therapy

Association

February 5, 1996

**TO:** Committee on Health and Human Services  
Kansas House of Representatives

**FROM:** Ken Davis, PT - Chairperson, KPTA Legislative Committee

**SUBJECT:** 1996 House Bill No. 2771 - Testimony by Kansas Physical Therapy Association

On behalf of the Kansas Physical Therapy Association and the 1200 physical therapists and physical therapist assistants in the state of Kansas, thank you for the opportunity to appear before you in the matter of 1996 House Bill No. 2771. The members of the physical therapy profession are generally in agreement and support legislation that will create an impartial procedure and criteria for review of applications to change scopes of practice or levels of credentialing.

Such legislation must be developed and based upon at least four essential principles:

1. The credentialing process will establish a public means of assuring a threshold of acceptable practitioner competence, in order to guarantee the safety for Kansans.
2. Public access to health services shall be broadened, not restricted.
3. High costs of health care demand public policy, which fosters delivery of services by lower cost providers, who can assure safe, effective and efficient care.
4. Domains of health care shall not be monopolized by the groups, who have a controlling interest in the status quo.

The purpose of this credentialing debate is to develop public policy that is in the best interest of Kansans, not what is in the best interest of the Kansas health professions.

Respectfully, we submit that your task as legislators is to assure, through legislative action, that Kansans are protected from harmful and incompetent practitioners. Our task, as health professionals, is to assure that our professions offer services consistent with this gold standard, in all facets for which we are educated and currently competent.

If your task is to create greater access to health services for Kansans, delivered by qualified health care practitioners; we feel our task is to make certain that services we provide are competent, competitive, cost-effective, and of such quality that Kansans will select us for their care.

If your task is to establish the criteria for the recognition of qualifications of health care practitioners, permitting us to provide services to Kansans; we feel our task is to provide the necessary documentation and evidence of our earned professional education and continued competence, in order to practice our professions.

*H+HS Comm  
2-5-96  
Attn # 3*



As a driver's license allows one to operate a vehicle, the health care credential assures that a practitioner can operate within a domain consistent with their level of education and demonstrated competence. Drivers can operate many types of vehicles within a given class. So should health care practitioners be able to provide a range of services, within their basic realm of competence. These services need not be mutually exclusive.

We believe that the proposed legislation is seriously flawed as drafted, and must be improved before receiving your sanction. The reasons for our position and recommendations are as follows:

1. The process is politicized at the front end by requiring "*letters from the chairpersons of the committee on public health and welfare of the senate and the committee on health and human services of the house of representatives,*" under *New Section 3.(a)*, before any review of evidence is performed.

**KPTA recommends elimination of this requirement.**

2. The composition of the scope advisory committee, under *New Section 4.(a)*, is inherently biased, because it is dominated by established licensed professions and omits representation from most allied health professions, such as physical therapy, occupational therapy, speech pathology, audiology, respiratory therapy, dieticians, and the broad spectrum of other health care professions currently regulated by Kansas statutes. The proposed composition is more likely to act as a gatekeeper, rather than a fact finding committee. Additionally, it fails to include any representation from consumer or public interests.

**The KPTA recommends a reversed role for the proposed standing committee, as described under *New Section 5.(a)*. The standing committee should have the primary fact-finding duties, and receive advice from the scope advisory committee, not the other way around. We also recommend a serious re-evaluation of the proposed composition, due to its limited representation, and the potential self-serving nature. We wish to point out the likely redundance in function and bureaucratic layering created by this structure.**

3. Question (5) under *New Section 6.(a)*: "*what impact would the proposed change in scope of practice or level of credentialing have on existing credentialing groups?*" This question does not appear to broaden access services, nor does it pertain to what is in the best interest of Kansans.

**The KPTA recommends that this question be eliminated.**

4. Question (6) under *New Section 6.(a)*: "*would the desired expansion of scope of practice or level of credentialing result in a duplication of services?*"

**The KPTA recommends that the question be changed to: "how will the desired expansion of scope of practice or level of credentialing broaden the access for Kansans to health care services?"**

In conclusion, the proposal before you needs to be revised, in order to serve the best interests of Kansans, rather than the interests of the health professions. The credentialing process needs to remain objective and fact finding, void of special controlling interests by health professions.

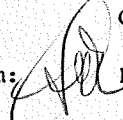
Thank you for giving due consideration to our comments.

# Kansas Association of Osteopathic Medicine

Harold E. Riehm, Executive Director

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February 05, 1996

To: Chairman Mayans and Members, House Committee on Health & Human Services  
From:  Harold Riehm, Executive Director, Kansas Assoc. of Osteopathic Medicine  
Subject: TESTIMONY IN SUPPORT OF H.B. 2771

Thank you for this opportunity to express our support of H.B. 2771. I list below several observations of KAOM regarding this Bill and will elaborate in my oral testimony.

1. Credentialing, new or changed, and changes in scope of practice are extremely complex issues that do not lend themselves well to a few hours of consideration, at the first instance, in the legislative process. Legislators have been asked to make decisions based on less than thorough and complete information. This proposal addresses that problem and, we think, presents a reasonable solution.
2. KAOM has, for several years, suggested such a process, i.e., expansion of the credentialing examination of KDHE, to requests for changes in scopes of practice.
3. The Kansas Medical Society, in its deliberation last year, included a representative of KAOM in the process.
4. While the Bill lists some questions that need to be examined in requested changes in scopes of practice, each request will raise a new and different set of questions. What is important is that these questions be systematically posed and that ample opportunity for responses from all interested parties be heard.
5. This proposal has considerable flexibility built in. A group may still bring a proposal directly to the Legislature, aware of the consequences. Also, the respective chairpersons of the "public health" committees must sign-off on a proposal as a condition of its being heard by the Scope Committee. If there are questions of whether a requested change is of sufficient magnitude to merit a Scope Committee review, this decision can be made up front.
6. Above all, it should be noted that the "buck" remains where it is. The final decision must still be made at the legislative level. A group unhappy with a Scope Decision recommendation has an additional opportunity to make its case. What is important, is that the Legislature has a reasoned, thorough process in place to assist it and inform it on the issues each request raises.
7. Undoubtedly questions will be raised on composition of the Scope Advisory Committee. We think the provision for a Standing Health Credentialing Committee addresses many of their concerns. There is reason to believe that the Scope Committee can and will work with objectivity and thoroughness. If it does not, the whole matter is back on the drawing board.
8. The membership of the Scope Advisory Committee calls for two physicians, one an osteopathic physician. Obviously we support that proposal. If a request comes from a group which has a designated member of the Committee, that group, too, will have two members. There will never be a third physician, because physicians will not be requesting changes in scope of practice. Furthermore, family physicians, those most likely to be appointed as members, are, perhaps, best in tune with the intermix of providers (including physicians) and can thus provide informed input

In conclusion, we support the passage of H.B. 2771. I will be pleased to respond to questions you may have.

H+HS Comm  
2-5-96  
attmt #4



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the Voice of Nursing in Kansas

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Terri Roberts, J.D., R.N.  
Executive Director

Terri Roberts J.D. R.N.  
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February 5, 1996

H.B. 2771  
CREDENTIALING AND SCOPE OF PRACTICE REVIEWS

Chairperson Mayans and members of the House Health and Human Services Committee, my name is Terri Roberts J.D., R.N. and I am the Executive Director of the Kansas State Nurses Association.

The Kansas State Nurses Association represents Registered Nurses, and as you may know, comprises the largest number of licensed healthcare providers in Kansas. There are close to 25,000 Registered Nurse licensed by the Kansas Board of Nursing. The proposal contained in H.B. 2771, that scope of practice changes be sent through a newly created review process, administered by the Department of Health and Environment, is an area that we have been closely monitoring.

We understand the legislatures need for definitive information about "scope of practice" issues related to respective health providers that appear before this committee for statutory revisions to their practice acts. We thought some background on the currently credentialing process and outcomes over the years may be of assistance to you.

Since 1980, when the credentialing process was implemented, there have been 21 requests for review. (Pink Attachment) Of those requests for review, two were for title changes, or in todays terms, scope of practice changes. The Physical Therapists (1983) and the Respiratory Therapists (1992) attempted to use the credentialing process for a review of scope of practice. Neither group prevailed. For the record, the inconsistencies from the reviews and recommendations of the credentialing process are worth noting as well;

OT's were recommended for licensure, received registration

RT's were recommended for licensure, received registration

Professional Counselors were recommended for for licensure, received registration

Marriage and Family Therapists were recommended for registration by the technical committee, denied by the Secretary of KDHE, but received registration by the legislature

Clinical Laboratory Professionals recommended for licensure by the technical committee, denied by the Secretary of KDHE, and  
(<sup>typo</sup> did not) received licensure by the legislature

We support a process that would provide a timely, objective review, with clearly identified thresholds that would be used to measure the data and information presented. We understand that H.B. 2771 provides a mechanism for timely (no more than six months) review, by a nine member fact-finding committee, that will have a Registered Nurse on it.

We have three specific recommendations for H.B. 2771:

*The effective date (Section 10, page 4 lines 40-41) should be changed to be go into effect on publication in the Kansas Register. This will give KDHE some lead time to prepare for the applications filed in time for consideration by the 1997 Legislature. Waiting until July 1 may impede some applicants from not being able to complete their reviews in time for the start of the 1997 legislative session.*

*Secondly, the eight criteria in New Section 6 (Pages 3-4) are the thresholds that each applicant has to provide data on for the scope advisory committee to pursue fact-finding on. They do not necessarily lend themselves to fact-finding by the committee, some appear to expect a conclusion of the advisory committee. We recommend that number six (6) (Page 4 line 16, 17) which reads "Would the desired expansion of scope of practice or level of credentialing result in a duplication of services?" be deleted.*

*Thirdly, we would ask that serious consideration be given to approving a process by which the creation of a new and potentially cumbersome and expensive process is not needed. This could be in the form of a requirement by healthcare providers to provide this Committee, as a condition of bill introduction, a "Impact Report". This is now used by the Legislature for Health Insurance mandates. K.S.A.40-2248 passed in 1990 sets out 12 statutory issues that must be addressed in the form of a written report, filed with the legislature when new mandates are requested. We are very familiar with this report because KSNA had to prepare and file the first one to the Kansas Legislature in 1993, for ARNP Third Party Reimbursement coverage. Last year there was one filed for the Immunization Coverage for children under 36 months. This might meet your needs for specific and definitive information, presented in a systematic fashion for your deliberations.*

Currently, in Arizona a similar provision exists with four provisions which must be addressed in the report to the Legislative Committee (yellow). This are very similar to the eight criteria appearing in H.B. 2771 in new Section 6.

Before I conclude, I want to let you know that scope of practice changes, at least for nursing have been very frequent in the past couple years.

In 1993 a change was made that would authorize delegation by licensed nurses to unlicensed individuals; in 1994 the Nurse Practice Act was modified to authorize administration of IV's by LPN's, within certain education and practice parameters; in 1995 nursing organizations went back and added additional parameters to the previously passed delegation provision. Also in 1995, ARNP's introduced legislation that would grant them independent prescriptive authority, which did not pass. For the past three years, while they may not have been major scope of practice revisions through the eyes of other disciplines, these have been significant and somewhat controversial within the discipline of nursing. There are rapid changes occurring in healthcare, the structure and location of delivery and the design/introduction of more sophisticated technology that provides safety nets for services/pharmacological agents being administered warrants changes in statutes where such provisions were not contemplated when written.

Thank you for this opportunity to present today.

§ 32-3103

PROFESSIONS AND OCCUPATIONS  
Title 32

5. If it is apparent that adequate regulation cannot be achieved by means other than licensing, the regulation shall implement a system of licensing.  
Added by Laws 1985, Ch. 352, § 2.

Library References

Drugs and Narcotics ⇐1.  
Physicians and Surgeons ⇐1.  
Statutes ⇐179 et seq., 184.  
WESTLAW Topic No. 138, 299, 361.

C.J.S. Drugs and Narcotics §§ 7, 27.  
C.J.S. Physicians, Surgeons, and Health-Care Providers §§ 6, 7, 11.  
C.J.S. Statutes §§ 315, 323.

§ 32-3104. Applicant groups; written report

41-1279-

Applicant groups shall submit a written report explaining the factors prescribed in § 32-3105 or 32-3106 to the joint legislative oversight committee established pursuant to § 41-2955. The report shall be submitted on or before September 1 prior to the start of the legislative session for which the legislation is proposed. The joint legislative oversight committee shall assign the written report to the appropriate legislative committee of reference. The legislative committee of reference shall study the written report and deliver the report of its recommendations to the joint legislative oversight committee, the speaker of the house of representatives, the president of the senate, the governor and, if appropriate, the regulatory board of the health profession on or before December 1 of the year in which the report is submitted. Legislative committees of reference may hold hearings as they deem necessary. If a health professional group proposes to increase the scope of practice of its profession, copies of the written report shall be sent to the regulatory board of the health profession for review and comment. If applicable, the regulatory board of the health profession shall make recommendations based on the report submitted by applicant groups to the extent requested by the legislative committees of reference.

Added by Laws 1985, Ch. 352, § 2. Amended by Laws 1989, Ch. 53, § 1; Laws 1991, Ch. 8, § 3.

§ 32-3105. Applicants for regulation; factors

Applicant groups for regulation shall explain each of the following factors to the extent requested by the legislative committees of reference:

1. A definition of the problem and why regulation is necessary including:
  - (a) The nature of the potential harm to the public if the health profession is not regulated and the extent to which there is a threat to public health and safety.
  - (b) The extent to which consumers need and will benefit from a method of regulation identifying competent practitioners and indicating typical employers, if any, of practitioners in the health profession.
  - (c) The extent of autonomy a practitioner has, as indicated by the following:

7. A description of the group proposed for regulation, including a list of associations, organizations and other groups representing the practitioners in this state, an estimate of the number of practitioners in each group and whether the groups represent different levels of practice.

8. The expected costs of regulation including:

(a) The impact registration, certification or licensure will have on the costs of the services to the public.

(b) The cost to this state and to the general public of implementing the proposed legislation.

Added by Laws 1985, Ch. 352, § 2.

Cross References

Written report, see § 32-3104.

§ 32-3106. Applicants for increase in scope of practice; factors

Applicant groups for increased scope of practice shall explain each of the following factors to the extent requested by the legislative committee of reference:

1. A definition of the problem and why a change in scope of practice is necessary including the extent to which consumers need and will benefit from practitioners with this scope of practice.

2. The extent to which the public can be confident that qualified practitioners are competent including:

(a) Evidence that the profession's regulatory board has functioned adequately in protecting the public.

(b) Whether effective quality assurance standards exist in the health profession, such as legal requirements associated with specific programs that define or endorse standards or a code of ethics.

(c) Evidence that state approved educational programs provide or are willing to provide core curriculum adequate to prepare practitioners at the proposed level.

3. The extent to which an increase in the scope of practice may harm the public including the extent to which an increased scope of practice will restrict entry into practice and whether the proposed legislation requires registered, certified or licensed practitioners in other jurisdictions who migrate to this state to qualify in the same manner as state applicants for registration, certification and licensure if the other jurisdiction has substantially equivalent requirements for registration, certification or licensure as those in this state.

4. The cost to this state and to the general public of implementing the proposed increase in scope of practice.

Added by Laws 1985, Ch. 352, § 2.

ARIZONA

LOG: CREDENTIALING REVIEW PROGRAM  
1980 TO PRESENT

	Naturopathic Physicians	Occupational Therapists	Respiratory Therapists	Master's Level Psychologists	Professional Counselors	Dietitians	Marriage and Family Therapists
Credentialing Desired	Licensure	Licensure	Licensure	Licensure	Licensure	Licensure	Licensure
Date Letter of Intent Received	12-23-80	7-20-82	3-17-82	8-25-83	1-18-83	5-26-83	4-83
Action and Date (Letter of Intent)	Approved 1-7-81	Approved 9-82	Approved 3-31-82	Approved 9-8-83	Approved 4-14-85	Approved 6-15-83	Approved 5-83
Date Application Received	2-9-81 4-21-81	12-82	2-15-83	10-83	2-17-84	3-5-84	11-8-84
Date Application Complete	Incomplete Complete	Complete	Complete	Complete	Complete	Complete	Revised as required 9-87
Date Technical Committee Appointed	5-27-83/81 (1)	11-16-83 (11)	11-16-83 (9)	7-5-84 (9)	3-27-85 (13)	6-85 (15)	9-30-87 (34)
Dates of Technical Committee Meetings	9-24-81 10-30-81 12-3-81 1-7-82 1-26-82	1-26-84 3-6-84 4-3-84 5-3-84	1-24-84 2-21-84 3-9-84 4-25-84 5-24-84	8-14-84 0-13-84 10-11-84 11-7-84 12-5-84	4-17-85 5-15-85 6-26-85 7-31-85 8-28-85	7-29-85 9-26-85 10-21-85 11-12-85	10-15-87 11-19-87 12-10-87 1-14-87 2-4-88
Recommendation and Date of Technical Committee Report	Denied (8) 1-26-82 SHCC*	Approved (6) 5-3-84 Licensure SHCC* 7-25-84 (8)	Denied (6) 5-24-84 SHCC*	Approved (6) 1-25-85 Registration SHCC*	Approved (5) 8-23-85 Licensure SHCC* 9-25-85 (6)	Approved (5) 11-12-85 Licensure SHCC* 11-20-85	Approved (5) 2-4-88 Registration
Date and Recommendation of Secretary's Report	Denied	Approved Licensure	Approved (8) 1-9-85 Licensure	Approved (14) 3-20-86 Registration	Approved (15) 1-87 Licensure**	Approved (14) 1-87 Licensure**	Denied (4) 6-9-88 Minnesota Protection System
Legislative Action	No action	House Bill 2498 introduced 1985 and passed 1986. Registration	House Bill 2533 introduced 1985 and passed 1986. Registration	Senate Bill 288 introduced and passed in 1987. Registration	Senate Bill 147 introduced and passed in 1987. Registration	House Bill 2464 introduced and passed in 1987. Licensure	Senate Bill 257 introduced in 1989 and passed in 1990. Registration

Range  
MONTH  
9-46

5-10

2-15

\*SHCC made recommendations that were forwarded to the Secretary. SHCC was removed from program in 1987. All recommendations coincided with technical committee.  
 \*\*Secretary Sabol originally recommended registration; However, Acting Secretary Walker changed Sabol's recommendation to licensure.  
 \*\*\*Application follows procedures and criteria established prior to 1986.

5-6



	Clinical Laboratory Professionals	Opticians	Athletic Trainers	Radiological Technologists	Therapeutic Recreational Therapists	Physical Therapists	Sanitarians
Credentialing Desired	Licensure	Licensure	Registration	Registration	Not defined	Credentialed group seeking title change	Registration
Date Letter of Intent Received	5-19-82	3-23-84	12-9-82	6-24-83	8-9-82	10-26-83	4-15-85
Action and Date (Letter of Intent)	Approved 6-8-82	Approved 6-8-84	Approved 1-25-83	Approved* 7-6-83	Denied 9-27-82	Approved 8-9-84 ?	Approved 7-12-85
Date Application Received	3-11-85	10-25-84	11-18-85				12-15-87** 4-17-90 Withdrew 11-28-90 Acknowledged***
Date Application Complete	Revised as required 2-5-88	Revised as required 4-88	Revised as required 1-25-89				
Date Technical Committee Appointed	9-30-87 (30)	8-5-88 (40)	8-5-88 (33)				
Dates of Technical Committee Meetings	3-31-88 4-21-88 5-18-88 6-15-88 7-13-88	9-1-88 10-20-88 11-3-88 12-8-88 1-5-89	3-3-89 4-7-89 5-18-89 6-2-89				
Recommendation and Date of Technical Committee Report	Approved 7-13-88 (10) Lic:Technologists Reg:Technicians	Denied 1-5-89 (5)	Approved 6-2-89 (10) Registration				
Date and Recommendation of Secretary's Report	Denied 11-8-88 (4)	Denied 5-18-89 (4)	Approved 8-15-89 (2) Registration				
Legislative Action	House Bill 2427 introduced in 1989. Licensure		Senate Bill 105 introduced in 1991. Registration	Data		Remained registration KSA 65-2901	

\*Applicant opted to take issue directly to legislature.

\*\*Application process changed; Kansas Credentialing Act amended April 24, 1986; rules and regulations effective May 1, 1987.

\*\*\*Applicant/Secretary concur: January 29, 1991, sanitarians do not meet definition of health care personnel.

*Straight to Legis.*

5-7

Who did this file

	Dental Assistants	Midwives (KALM)	Midwives (Peace and Hope)	Speech-Language Pathologists and Audiologists	Exercise Physiologists	Alcohol and Drug Abuse Counselors	Respiratory Care Therapists
Credentialing Desired	Licensure	Not defined	Not defined	Licensure	Not defined	Registration	Credentialed group seeking title change ✓
Date Letter of Intent Received	7-8-85	12-3-85	3-22-86	12-12-85	8-21-84	8-16-83	5-18-92
Action and Date (Letter of Intent)	Secretary denied 10-8-85 Secretary approved appeal 12-4-86	Approved 1-21-86 Withdrawn 3-22-86	Approved 4-30-86	Approved 2-25-86	Denied 9-12-84	Approved 8-26-90	Approved 6-10-92
Date Application Received	<i>Voluntary</i>			3-25-86		5-25-91	6-16-93
Date Application Complete				Revised as required 7-89			R
Date Technical Committee Appointed				10-4-89 (43)			R
Dates of Technical Committee Meetings				11-13-89 12-19-89 1-22-90 3-9-90			10-8-93 11-1-93 11-19-93 12-8-93
Recommendation and Date of Technical Committee Report				Approved 3-9-90 Licensure (5)		Approved 12-18-91 Registration	Denied 12-8-93
Date and Recommendation of Secretary's Report				Approved 7-19-90		Approved 1-27-92 Registration	Denied 12-8-93
Legislative Action	Not credentialed		Went to legislature due to denial of fee waiver and immunity from prosecution. Introduced HB 2028 in 1994; died in committee	House Bill 2017 introduced and passed in 1991. Licensure		Senate Bill 458 introduced and passed in 1992. Registration <i>In Process Not one</i>	No action

Licensure

R  
R

*In Process Not one*

*Counselor registered yet.*

5-5

YEAR OF LETTER OF INTENT & GROUP	YEAR & RECOMMENDATION OF TECHNICAL COMMITTEE REPORT	YEAR & RECOMMENDATION OF SECRETARY REPORT	YEAR & RESULT OF LEGISLATIVE ACTION
1981 - Naturopathic Physicians	1982 - Denied	1982 - Denied	No action
1982 - Occupational Therapists	1984 - Approved	1984 - Approved	1986 - Registration
1982 - Clinical Lab Professionals	1988 - Approved	1988 - Denied	1989 - Licensure
1982 - Therapeutic Recreational Therapists	1982 - Denied		
1982 - Respiratory Therapists	1984 - Denied	1985 - Approved	1986 - Registration
1983 - Athletic Trainers	1989 - Approved	1989 - Approved	1991 - Registration
1983 - Radiological Technologists	went directly to legislature		
1983 - Master's Level Psychologists	1984 - Approved	1986 - Approved	1987 - Registration
1983 - Dietitians	1985 - Approved	1987 - Approved	1987 - Licensure
1983 - Marriage/Family Therapists	1988 - Approved	1988 - Denied	1990 - Registration
1984 - Opticians	1989 - Denied	1989 - Denied	No action
1984 - Physical Therapists			Remained registration
1984 - Exercise Physiologists denied			
1985 - Professional Counselors	1985 - Approved	1987 - Approved	1987 - Registration
1985 - Sanitarians; withdrew 1990			
1986 - Dental Assistants			
1986 - Midwives (KALM); withdrew application after 2 months			
1986 - Midwives (PEACE & HOPE)	1986 - Approved	went directly to legislature	1994 - died in committee
1986 - Speech-Language Pathologists	1990 - Approved	1990 - Approved	1991 - Licensure
1990 - Alcohol and Drug Abuse Counselors	1991 - Approved	1992 - Approved	1992 - Registration
1992 - Respiratory Care Therapists	1993 - Denied	1993 - Denied	No action

State of Kansas

Bill Graves



Governor

---

Department of Health and Environment

James J. O'Connell, Secretary

TESTIMONY PRESENTED TO  
THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES  
BY  
THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT  
HOUSE BILL 2771

I appreciate this opportunity to testify on HB 2771, as this bill proposes changes to the state Health Occupations Credentialing Act, for which the Kansas Department of Health and Environment is responsible. A considerable effort has been expended in order to address the legislature's concern over the mechanism through which health care personnel seek and modify their scope of practice.

This bill, as drafted by the Kansas Medical Society, reflects the concept proposed during earlier discussions by the department. Since this bill incorporates many of the recommendations of the department, we support House Bill 2771 with some amendments.

Priority-setting for the applicant process must be included along with the prescriptive time-frames and steps. It is proposed that the applicants would need to have requests submitted by March 1 of each fiscal year in order to meet the prescribed deadlines, and that the House Committee on Health and Human Services and the Senate Committee on Public Health and Welfare submit to the Secretary a priority list of applications to be considered during a given cycle (March 1 through January 14). In consideration of finite resources and an unknown volume of research involved in each application, a limit of five reviews per cycle is added. In addition, this bill should be reserved for scope of practice changes with the more complex level of credentialing changes best addressed in the current statute.

As this process needs to be unbiased and objective, certain adjustments would bolster this intent, e.g., establishing certain criteria. The specific type of information which is sought by the legislature should be reflected both in the questions or criteria as well as the content of the legislative report. Additional language has been included to better quantify information suggested as most useful.

H+HS Comm.  
2-5-96  
Attn # 6

Naturally, an effective process requires resources. To that end, a fiscal impact statement has been included for your consideration. The intent of this bill is to relieve the legislature of some amount of burden and to administer an effective process through which verifiable assessments can be made for the advisement of the legislature. This is a communications and information-intensive operation. Additional State General Fund dollars would be required since the fees suggested would not support the proposed activities.

Presented by: Lesa Bray  
Director of Health Occupations Credentialing  
Bureau of Adult and Child Care  
Kansas Department of Health and Environment  
February 5, 1996

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

FISCAL NOTE WORKSHEET

Bill No: HB 2771

Detailed Computation of Expenditures to Implement Bill:

	FY 1997	FY 1998
Salaries and Wages By Classifications		
Office Specialist (1.0 FTE)	<u>\$ 25,392</u>	<u>\$ 25,392</u>
Contractual Services (list items)		
Commodities (list items)		
Communications	\$ 2,186	\$ 2,186
Travel (\$1,350 x 5 apps)	6,750	6,750
Copying(\$100 x 5 apps)	500	500
Office supplies (\$120 x 5 apps)	600	600
Mailing (\$118 x 5 apps)	590	590
Kansas Register (\$5 x 15)	75	75
Rent (\$2,690 + \$150 x 5)	<u>3,440</u>	<u>3,440</u>
	<u>\$ 14,141</u>	<u>\$ 14,141</u>
Capital Outlay (list items)		
Workstation	875	
Microcomputers etc.	1,486	
Printer network	<u>1,806</u>	
	<u>\$ 4,167</u>	
Aid to Local Units of Government	0	
<u>TOTAL EXPENDITURES</u>	<u>\$ 43,700</u>	<u>\$ 39,533</u>

Detailed Computation of Revenue Impact (increase of decrease) Created by the Bill and the Funds Affected:

Fees generated : (\$750 per application)	<u>\$ 2,250 *</u>	<u>\$ 3,750 **</u>
---	-------------------	--------------------

\* est. 3 apps prior to end of FY 1997

\* est. 5 apps per year subsequently

State General Funds:	<u>\$ 41,450</u>	<u>\$ 35,783</u>
<u>TOTAL</u>	<u>\$ 43,700</u>	<u>\$ 39,533</u>

# HOUSE BILL No. 2771

By Committee on Health and Human Services

1-30

9 AN ACT concerning the Kansas act on credentialing; change in scope of  
10 practice or level of credentialing; procedure and criteria for review of  
11 applications; scope advisory committee; health care credentialing com-  
12 mittee; amending K.S.A. 65-5008 and repealing the existing section.

13  
14 *Be it enacted by the Legislature of the State of Kansas:*

15 Section 1. K.S.A. 65-5008 is hereby amended to read as follows: 65-  
16 5008. (a) The secretary shall periodically schedule for review the creden-  
17 tialing status of health care personnel who are credentialed pursuant to  
18 existing laws. The procedures to be followed, the criteria to be applied  
19 and the reports to be submitted for credentialing applications filed pur-  
20 suant to ~~K.S.A. 65-5008 sections 2 through 8~~, and amendments thereto,  
21 shall apply to credentialing reviews conducted pursuant to this section  
22 subsection (a).

23 (b) ~~Applications by health care personnel seeking a change in their~~  
24 ~~scope of practice or level of credentialing may be submitted and, if sub-~~ delete  
25 ~~mitted, shall be considered in accordance with sections 2 through 8, and~~  
26 ~~amendments thereto.~~

27 New Sec. 2. (a) As used in sections 2 through 8, and amendments  
28 thereto:

29 (1) "Change in level of credentialing" means a change in the level of  
30 formal recognition of professional or technical competence through the  
31 process of registration, licensure or other statutory regulation.

32 (2) "Scope advisory committee" means the advisory committee ap-  
33 pointed pursuant to this act to review applications for scope of practice  
34 changes or level of credentialing changes.

35 (3) "Scope of practice" means the services and procedures a health  
36 care provider is authorized by statute to perform.

37 (4) "Secretary" means the secretary of health and environment.

38 (b) This section shall be part of and supplemental to the Kansas act  
39 on credentialing.

40 New Sec. 3. (a) Health care personnel seeking a change in their  
41 ~~scope of practice or level of credentialing may submit an application to~~ delete  
42 the secretary on forms approved by the secretary. An application fee of  
43 \$750 shall accompany the application. The secretary shall not accept such

4-9

1 application unless it is accompanied by the application fee and letters  
 2 from the chairpersons of the committee on public health and welfare of  
 3 the senate and the committee on health and human services of the house  
 4 of representatives requesting that such review be performed. Such ap-  
 5 plication must be signed by 50 or more Kansas resident proponents of  
 6 changing the scope of practice ~~or level of credentialing of the health care~~  
 7 occupation or profession seeking the change. The application fee estab-  
 8 lished under this subsection shall apply to every group of health care  
 9 personnel that submits to the secretary an application for change in its  
 10 scope of practice ~~or level of credentialing~~ on or after the effective date  
 11 of this act.

delete

Applications shall be submitted to the secretary prior to March 1 of each year. A list shall be provided jointly from the chairpersons of the committees on public health and welfare of the senate and health and human services of the house which will direct the secretary in determining the sequence for consideration of application received. No more than five applications will be reviewed between March 1 - January 14 per year.

12 (b) The secretary shall remit all moneys received from fees under this  
 13 section to the state treasurer at least monthly. Upon receipt of each such  
 14 remittance, the state treasurer shall deposit the entire amount thereof in  
 15 the state treasury to the credit of the state general fund.

delete

16 (c) This section shall be part of and supplemental to the Kansas act  
 17 on credentialing.

18 New Sec. 4. (a) A scope advisory committee shall be created by the  
 19 secretary to review groups of health care personnel who seek a change in  
 20 their scope of practice ~~or level of credentialing~~. All applications for  
 21 changes in the scope of practice ~~or level of credentialing~~ shall be referred  
 22 to the scope advisory committee for review in accordance with the pro-  
 23 visions of this act and rules and regulations adopted by the secretary. The  
 24 scope advisory committee shall be comprised of nine persons, including  
 25 two persons licensed to practice medicine and surgery, one of whom shall  
 26 be licensed to engage in the practice of osteopathic medicine and surgery,  
 27 a chiropractor, a dentist, a pharmacist, a registered nurse, an optometrist,  
 28 an individual licensed or registered by the behavioral sciences regulatory  
 29 board and an individual representing the group seeking a change in scope  
 30 ~~of practice or level of credentialing~~ whose service on the scope advisory

delete

delete

31 committee shall be limited to the review of such application. Members  
 32 shall be appointed by the secretary for a term of three years. Of the  
 33 members first appointed to the scope advisory committee, two shall be  
 34 appointed for terms of one year, two shall be appointed for two years,  
 35 and three shall be appointed for three years. Thereafter, members shall  
 36 be appointed for terms of three years and until their successors are ap-  
 37 pointed. The chair of the committee shall be designated by the secretary.  
 38 A vacancy on the scope advisory committee shall be filled by appointment  
 39 by the secretary within 90 days after such vacancy for the remainder of  
 40 the unexpired term of the vacant position.

41 (b) Members of the scope advisory committee shall meet and review  
 42 any application for change in scope of practice ~~or level of credentialing~~  
 43 assigned to them by the secretary. Within 60 days after receipt of a com-

delete

6-5



1 pleted application, the scope advisory committee shall conduct hearings  
2 and shall otherwise investigate the application, and such hearings and  
3 investigation shall be concluded no later than 180 days after receipt of a  
4 completed application.

5 (c) The scope advisory committee shall obtain evidence and testi-  
6 mony from persons in support of the application and from people opposed  
7 to the application, but such testimony shall not be limited to such persons.  
8 All interested persons shall have an opportunity to give testimony and  
9 present evidence subject to such reasonable conditions as may be estab-  
10 lished by the scope advisory committee in the conduct of the hearing and  
11 subject to applicable rules and regulations established under this act. No-  
12 tice of all meetings of the scope advisory committee shall be published  
13 in the Kansas register at least 30 days prior to the day of the meeting.  
14 The notice shall state the time and place of the meeting.

15 (d) The scope advisory committee shall make findings in an objective,  
16 unbiased manner, based on the questions established in section 6 and  
17 amendments thereto. Applicants shall have the burden of bringing forth  
18 evidence upon which findings may be made regarding the scope of prac- delete  
19 tice or level of credentialing change sought by the applicant. The scope  
20 advisory committee shall detail its findings in a report and shall submit  
21 such report to the chairpersons of the committee on public health and  
22 welfare of the senate and the committee on health and human services  
23 of the house of representatives prior to January 15 each year.

24 (e) This section shall be part of and supplemental to the Kansas act  
25 on credentialing.

26 New Sec. 5. (a) The secretary shall create a standing health care cre-  
27 dentialing committee to advise the scope advisory committee during the  
28 review process. The standing committee may include representatives  
29 from health care licensing boards, educational institutions administering  
30 health occupations programs, health care providers, or any other repre-  
31 sentatives the secretary deems appropriate. Any member of the standing  
32 committee may be called upon to provide such member's expertise to the  
33 scope advisory committee when the scope advisory committee believes it  
34 would be of assistance in fact-finding or in reaching a conclusion as to an  
35 application for change in the scope of practice or level of credentialing.

36 (b) This section shall be part of and supplemental to the Kansas act  
37 on credentialing.

38 New Sec. 6. (a) The scope advisory committee appointed pursuant  
39 to new section 4 and amendments thereto shall consider the following  
40 questions in considering each application for change in scope of practice for delete  
41 or level of credentialing:

9-9

- 42 (1) ~~Has there been a significant change in the education and training~~  
43 ~~of the applicant group which justifies expansion of the scope of practice~~

(1) The requested changes in professional practice can be related to:

1 or level of credentialing and is the applicant group seeking the change  
2 adequately prepared through education and training to safely perform  
3 the services sought;

4 (2) - is the desired change in scope of practice or level of credentialing  
5 controversial or in some doubt due to a recent court ruling or attorney  
6 general opinion;

7 (3) - how would the proposed change in scope of practice or level of  
8 credentialing affect the cost, quality, safety or use, availability or access  
9 to the service or technology;

10 (4) - have there been advancements in technology or practice which  
11 the applicant seeks to utilize, but there is some question whether the use  
12 of the technology or services the applicant wishes to provide is authorized  
13 under the applicant's current scope of practice or level of credentialing;

14 (5) - what impact would the proposed change in scope of practice or  
15 level of credentialing have on existing credentialed groups;

16 (6) - would the desired expansion of scope of practice or level of cre-  
17 dentialing result in a duplication of services; and

18 (7) - how would the proposed change in scope of practice or level of  
19 credentialing affect the public health, safety and welfare; and

20 (8) - What is the scope of practice or level of credentialing of the ap-  
21 plicant group in other states?

22 (b) All findings and conclusions of the scope advisory committee  
23 which relate to the level or levels of credentialing of a particular group  
24 of health care personnel shall be consistent with subsection (a) of K.S.A.  
25 65-5007 and amendments thereto.

26 (c) This section shall be part of and supplemental to the Kansas act  
27 on credentialing.

28 New Sec. 7. (a) Records of the scope advisory committee meetings,  
29 adoption of rules and regulations and compensation of scope advisory  
30 committee members appointed pursuant to section 4 and amendments  
31 thereto shall be governed by the provisions of K.S.A. 65-5009 and amend-  
32 ments thereto.

33 (b) This section shall be part of and supplemental to the Kansas act  
34 on credentialing.

35 New Sec. 8. (a) Sections 2 through 8, and amendments thereto, shall  
36 expire on July 1, 2000.

37 (b) This section shall be part of and supplemental to the Kansas act  
38 on credentialing.

39 Sec. 9. K.S.A. 65-5008 is hereby repealed.

40 Sec. 10. This act shall take effect and be in force from and after its  
41 publication in the statute book.

(A) an identifiable body of knowledge or proficiency in procedures, or both;

(B) an advancement in technology or practice which does not exist in current practice statutes;

(C) significant change in the educational preparation and training of the applicant group;

(D) There is some question whether the use of the technology or services the applicant wishes to provide is authorized under the applicant's current scope of practice. Other means of regulating the requested change are ineffective.

(2) Nationally recognized standards of education and training exist for the proposed change. The applicant group seeking the changes adequately prepared through education and training to safely perform the services sought.

(3) Public health, safety and welfare are assured through the proposed change.

(4) The proposed change will not adversely affect the cost, quality, safety or use, availability or access to the service or technology.

(5) Existing credentialed groups will not be unduly restricted or impaired by the proposed change.

(6) The effect of the proposed change upon other credentialed or non-credentialed groups is justified.

(7) The change protects the public's health, safety and welfare while adhering to the policy of enacting the least regulatory means.

January 15,

and shall be implemented on March 1, 1997.

6-7



To: House Committee on Health and Human Services  
From: R.E. "Tuck" Duncan  
Kansas Occupational Therapy Association  
RE: House Bill 2771

I appreciate the opportunity to appear before you today regarding House Bill 2771 on behalf of the Kansas Occupational Therapy Association (KOTA). We do not oppose the concept of this legislation, however we have several concerns regarding the procedure established to accomplish the goal of independent review before legislative action on the matter of a change of scope of practice or level of credentialing.

The bill creates several committees, "the Scope Advisory Committee" and the "Standing Health Care Credentialing Committee" that might not be necessary. We believe you should consider making the body that regulates the profession seeking the change as the advisory committee. The current regulatory body is already familiar with the practices of the group seeking a change and the process of learning about the profession is lessened. Notwithstanding, there should also be an opportunity for a consumer voice and a representative of the group seeking the change (if not already represented on the regulatory body) to participate in the scope review process. As that impacts occupational therapy, the Board of Healing Arts would be the scope advisory committee.

We are also concerned that the specific involvement of certain legislative individuals creates a separation of powers issue that the committee might want to consider. Currently K.S.A 65-5001 et seq. governs the initial credentialing process. There are several sections within that body of law that might well be included or referenced herein, including K.S.A. 65-5005(c):.

(c) No group of health care personnel shall be credentialed except by an act of the legislature. The final report of the secretary and the report and recommendations of the technical committee shall constitute recommendations to the legislature and shall not be binding upon the legislature. The legislature may dispose of such recommendations and reports as it deems appropriate.

With respect to the questions presented in new section 6, question (6) [page 4, lines 16-17] should be amended as follows: "would the desired expansion of scope of practice or level of credentialing result in an unreasonable duplication of services;"

Thank you for your attention to and consideration of these matters.

H+NS Comm  
2-5-96  
attm # 7



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

## TESTIMONY

### House Bill 2771

Monday, February 5, 1996

House Health & Human Services Committee

My name is Bob Williams, I'm the Executive Director of the Kansas Pharmacists Association. Thank you for this opportunity to address the committee regarding House Bill 2771.

The Kansas Pharmacists Association appreciates the efforts of the Kansas Medical Society in drafting HB 2771, however, we stand opposed to the passage of HB 2771. It is our belief that HB 2771 is cumbersome and an unnecessary step for those of us seeking a change in our practice acts. As the bill is written, it is conceivable that every time we want to modify our practice act, we would have to go through this process. The Kansas Pharmacists Association questions whether or not the Kansas Department of Health and Environment would have adequate staff and resources to comply with the 180 day deadline. Additionally, we question the need of a standing health care credentialing committee as identified in new section 5. Couldn't the Scope Advisory Committee, as identified in new section 4, simply contact individuals they deem appropriate for advice?

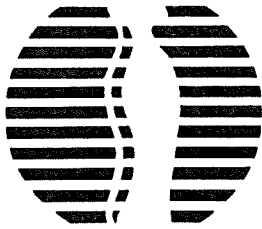
We recognize that Scope of Practice issues can be difficult issues to deal with. This is particularly true when proponents and opponents appear to present their information in an inconsistent manner. However, regardless of how many "advisory committees" we create to deal with scope of practice issues, we will all ultimately end up in the Kansas legislature for a final decision.

H + HS Comm  
2-5-96  
Attn # 8

It is, therefore, our recommendation that a set of "questions," similar to those identified in new section 6, be agreed upon in which each proponent and opponent would have to answer in writing prior to appearing before the House Health and Human Services Committee or the Senate Public Health and Welfare Committee. In that way the respective House and Senate committees will get the information they need in a consistent manner, without the additional bureaucratic layer and expense to those seeking changes in their practice acts and the State of Kansas.

Thank you.

g:\kpha\test2771.hb



# Kansas Chiropractic Association

---

Before the House Health and  
Human Services Committee  
February 5, 1996

Testimony of Joe Furjanic  
Executive Director, Kansas Chiropractic Association  
In Opposition to HB 2771

The Kansas Chiropractic Association (KCA) is opposed to HB 2771 for the following reasons:

1. The present system works well. The Healing Arts Board and the Kansas Legislature are the proper forums for Chiropractic scope of practice issues. There is no need to impose a level of bureaucracy somewhere between the Healing Arts Board and the Legislature. On behalf of the chiropractic profession and the patients the profession serves KCA believes there is no need for change.

From time to time there are turf battles between provider groups. These differences of opinion by divergent provider groups are healthy for the entire health care system. The health delivery system is not static but dynamic and change is inevitable. In the final analysis, who will be asked to determine these weighty issues? It will be you ladies and gentlemen of the legislature. All this bill will do is postpone your decisionmaking.

*H+HS Comm  
2-5-96  
Attn #9*

Testimony of Joe Furjanic

February 5, 1996

2. This bill is very costly. The \$750 application fee is only the tip of the iceberg. Costs in terms of money and time expended by providers will increase. Expert testimony will be given to the scope advisory committee and be duplicated before legislative committees. Legislative time spent on an issue will increase not decrease and work load in the Department of Health and Environment will increase causing more personnel to be hired.

3. The standing health care committee created in new section 5 by the Secretary of Health and Environment to advise the scope advisory committee could potentially be biased for or against a particular health care provider group depending on who sits on the committee.

4. Finally, the scope of practice of chiropractic is clearly spelled out in K.S.A. 65-2871. For almost forty years the Healing Arts Board has interpreted this scope and the KCA feels that the Healing Arts Board not the Secretary of Health and Environment or a committee created by the Secretary should continue to interpret this statute. This bill usurps the powers of the Healing Arts Board.

HEIN, EBERT AND WEIR, CH  
ATTORNEYS AT LAW  
5845 S.W. 29th Street, Topeka, KS 66614-2462  
Telephone: (913) 273-1441  
Telefax: (913) 273-9243

Ronald R. Hein  
William F. Ebert  
Stephen P. Weir  
Melissa A. Wangemann

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE  
TESTIMONY RE: HB 2771  
Presented by Ronald R. Hein  
on behalf of  
MENTAL HEALTH CREDENTIALING COALITION  
February 5, 1996

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Mental Health Credentialing Coalition (MHCC). The Coalition is comprised of three organizations and their members--Kansas Association for Marriage and Family Therapy (KAMFT), Kansas Association of Masters Level Psychologists (KAMP), and the Kansas Counseling Association/Kansas Mental Health Counselors Association (KCA/KMHCA).

The MHCC has already testified to this committee regarding HB 2692, which establishes a process for dealing with credentialing of mental health professionals governed by the Behavioral Sciences Regulatory Board. As currently drafted, HB 2771 does not recognize the provisions of HB 2692. We would urge the committee to amend HB 2771, in the event that the committee is inclined to pass it, to provide for a carve out for BSRB regulated mental health professionals.

Since there is an umbrella organization such as the BSRB covering the multi-disciplinary behavioral sciences providers, that would seem to be the most appropriate place to discuss their credentialing issues. That process will save state resources and time by not attempting to educate non-mental health professionals regarding the basic issues involved in credentialing.

Therefore, we would strongly urge the committee to recognize the BSRB as the appropriate credentialing body for mental health professionals whether or not HB 2771 passes.

MHCC prefers the credentialing process proposed by HB 2692 because it involves a collaborative process with a balance of power between all the regulated groups. HB 2771 utilizes the adversarial hearing process that has been problematic for the existing technical committee. The history of the existing technical committee is such that, ultimately, even after recommendations are made, the various groups continue their adversarial relationship before the Legislature. As I testified last week, even when the statutory criteria has been met by the technical committee, the political process thereafter

W + HS Comm  
2-5-96  
att # 10



involving both the Secretary of Health and Environment and ultimately the Legislature has resulted in differing actions being taken even when technical criteria are met.

The MHCC sees some of the same concerns in HB 2771, although the streamlining of the system is an improvement over the existing technical committee.

The concerns that the MHCC has with HB 2771 are as follows:

A) The process is adversarial in nature, involving hearings before the advisory committee. We would urge the Legislature to amend HB 2771 by providing for a mandatory 120 day period of time at the initiation of filing an application for credentialing, during which time any professional groups directly impacted by the proposed application would be required to meet and negotiate in good faith towards a settlement of the issues raised. At the conclusion of the process, each side would be required to submit its last and best offer with regards to compromise of the proposal. Such last and best offers would be made a part of the record of the advisory committee. The advisory committee would be required to make findings as to the negotiations made, and make specific findings as to the acceptability of each last and best offer by all the affected parties.

B) The MHCC has concerns about the composition of the scope advisory committee set out in new Section 4, especially if the mental health professionals are not carved out of HB 2771. If the Mental Health Credentialing Coalition bill does not pass, and HB 2771 does, all applications for credentialing with regards to mental health professionals will be judged by a body which will have only one of the mental health professional groups represented on the body, other than the representative of the applicant group. Since there is such strong emotional feelings by and between the various mental health groups, the selection of one representative alone would automatically result in an unlevel playing field for the other mental health groups. Since that one person will serve on the board on a continuing basis, that person will have an opportunity to establish a position as a trusted colleague and confidante which will further exaggerate that person's perspective on proposed changes by other groups.

C) The MHCC also has concerns about the particular questions to be asked pursuant to new Section 6. The questions elicit responses which are conclusions rather than facts. The scope advisory committee should be a fact-finding body, and should not usurp the policy making functions from the legislature. The legislature could use the questions set out in HB 2771 as guidelines for use by the Health committees when legislation is introduced. The legislature would then retain the policy decision authority.

The MHCC would suggest questions such as the following:

1. Is the applicant group seeking the change adequately prepared through education and training to safely perform the services sought;
2. Attach any Supreme Court rulings or Attorney General's opinions that are relevant to the issues;
3. Obtain and collate for comparison purposes all data supplied by any of the parties opposing or supporting the change relating to cost, quality, safety or use of or availability or access to the service or technology;
4. What training is required to perform the technology or service which applicant seeks to utilize, stated by academic hours, actual hours, curricula, and clinical study or practicum;
5. Identify all groups who oppose or support the credential or scope of practice change, and identify the arguments presented by the groups;
6. What data is presented by proponents or opponents of the change of scope of practice to support an allegation that approval of the applicant's application will result in an advantage to or a detriment to public health;
7. How many states permit the technology or service sought, and by what providers and under what circumstances;

With these changes, HB 2771 would be more palatable, but the MHCC would strongly urge that the credentialing process with regards to mental health professionals be processed under the provisions of HB 2692 as previously testified to.

Thank you very much for permitting me to testify, and I will be happy to yield to questions.

# KANSAS ACADEMY OF PHYSICIAN ASSISTANTS

TRACEY TURGEON - LEGISLATIVE CHAIRPERSON  
6601 SW HAMPTONSHIRE LANE  
TOPEKA, KS 66614-4462

Telephone (913) 478-0829

February 5, 1996

To: Public Health and Human Service Committee  
Subject: HB2771

Mr. Chairman and members of the Public Health and Human Service Committee:

My name is Tracey Turgeon. As legislative chairperson for the Academy of Physician Assistants, I appreciate this opportunity to appear before your committee.

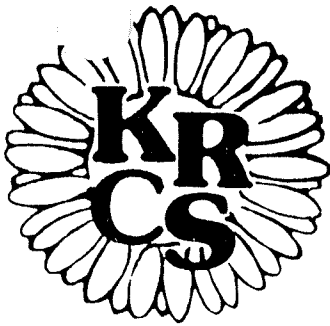
The Kansas Academy of Physician Assistants is opposed to the passage of HB 2771 regarding procedures for change in scope of practice/credentialing. Our group of health care providers is relatively small in number. The new law would be prohibitive both financially and in terms of the administrative work required, and duplicates monitoring that is already in place.

In the ever-changing health care environment, the proposed committee review in HB 2771 would adversely affect our ability to maintain quality cost effective health care. Through the regulatory board that already oversees the Physician Assistant profession, the Board of Healing Arts, changes in scope of practice can be adequately addressed. We welcome the monitoring of the board to maintain quality performance. We do not, however, feel that additional state legislation is necessary, and find it to be a duplication of services. The current regulatory board is competent in their assessment of scope of practice and application credentials, and devote their full attention to the health-care issue.

Our goal is to provide health care that is readily accessible and cost effective for the people in the State of Kansas. The house bill under consideration would place unnecessary impediments in our progress toward meeting these goals. We urge you to vote "no" on HB 2771.

Thank you.

*H+HS Comm  
2-5-96  
Attn #11*



# Kansas Respiratory Care Society

An Affiliate of the American Association for Respiratory Care

TO: HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

RE: HB 2771

Executive Offices  
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Cheryl Debrat, BS, RRT  
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Joenne Hartley, RRT  
Treasurer  
Shawnee Mission

Harry Stockwell, BHS, RRT  
Delegate  
Augusta

Gina Marshall, BS, RRT  
Past President  
Eureka

CHAIRMAN MAYANS AND MEMBERS OF THE COMMITTEE:

My name is Janet Stubbs appearing today on behalf of the Kansas Respiratory Care Society. I apologize that we are unable to have a Respiratory Care professional present to speak to you on this issue. However, everyone involved in the leadership of the Society had prior commitments today. Therefore, I will attempt to convey their concerns and relay your questions to them for written response.

We question the establishment of the Scope Advisory Committee to review requests from health care providers. Is this applicable to all health care providers?

Many health care providers are regulated under specific boards such as the State Board of Healing Arts or the Board of Nursing. Shouldn't these regulatory boards, which have a very detailed knowledge of the scopes of practice and credentialing requirements of the health care providers they are regulating, be the agencies dealing with these respective health professions? Why would the already understaffed Kansas Dept. of Health and Environment want to assume the burden of reviewing the scopes of practice of professions that are already successfully being managed by other governing bodies?

The proposed scope advisory committee membership is comprised of licensed health professionals. This would appear to be a self-serving body when commenting on other groups seeking licensure. A strong objection to the composition of the proposed committee is the lack of representation from the largest group of health care providers, Allied Health.

Will the health professions serving on the advisory committee also go through this committee for a change in scope of practice? Should a committee of Allied Health Professionals sit as an advisory committee for these groups.

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2-5-96  
attm #12

Health care is a dynamic, ever-changing field and scopes of practice change as health care changes. Scopes of practice issues are very complex. To be required to seek approval from the Chairs of both the House and Senate Health Committees and go through an advisory committee as proposed in HB 2771, would only serve to create unnecessary barriers to the delivery of health care.

To establish an organizational flow chart which requires both the House and Senate chairs approval before accessing the standing committee to advise the scope committee is indeed establishing a stumbling block to any change in the scope of practice for anyone being required to operate in this bureaucratic nightmare.

We believe the legislators have the responsibility of acting on each issue based upon the individual merit of the situation presented. HB 2771 removes the agency with the most knowledge and expertise of the particular profession seeking change from authority and grants that authority to 2 elected individuals, groups already with licensure, and an agency which is not currently responsible for the profession, in the case of the Allied Health Care groups.

In summary, we support a procedure where a profession would be reviewed by their respective governing boards before seeking approval from the legislature. We oppose placing the chairs of the House and Senate in a position to veto consideration of the issue by the full legislature. We believe the public has the right to receive health care from well trained and competency tested health care providers.

Thank you for the opportunity to present this position to you today.

**TESTIMONY TO THE  
HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES  
HB 2771  
JIM SPERRY, PRESIDENT - ELECT  
KANSAS ATHLETIC TRAINERS SOCIETY  
FEBRUARY 5, 1996**

House Bill 2771 would create a new step in the credentialing of health care providers by the creation of a new board of review for those providers seeking regulation by the state. With the current process, health care providers applying for initial credentialing are already required to seek the approval of the credentialing board, to determine if credentialing is even necessary for the providers to function and deliver health care, within their "scope of practice". There is also, currently, an adequate system of regulation and oversight by particular state agencies for the already credentialed health care providers in Kansas.

The Kansas Athletic Trainers Society feels that the changes proposed by HB 2771 would further slow the system and cause unnecessary delay in answering critical issues in health care delivery to the citizens of Kansas. Therefore, we ask that you defeat HB 2771 in committee.

With the rapidly changing health care environment in the United States, the health care consumer of Kansas is being tossed about, and finding it more and more difficult to have adequate care delivered by competent, well trained providers. The current trend in managed care and the concern of the cost of delivering quality care is becoming more encumbered, on a daily basis. When care can be provided in a safe and quality fashion by non-traditional providers, the more traditional provider is able to concentrate on more complicated care delivery. The use of allied health care providers has been recently utilized on an increasing level to provide these less critical services and without the safety and quality of the provided service being jeopardized.

The Kansas Athletic Trainers Society feels that any system that may preclude the utilization of well trained, quality allied health professionals, should not be created. We further feel that it is absolutely necessary to provide adequate, appropriate oversight of the allied health provider, and that the current system of state agency regulation and review is the appropriate place for any review and change of "scope of practice". We do not feel that the addition of another review entity would best serve the people of Kansas.

It may be necessary for a revision in the review process for the initial credentialing of a group of health care providers. Therefore the provision for the creation of a multi-discipline board for the purpose of review of initial applications for credentialing may be an appropriate answer to this issue.

The wording of HB 2771, particularly Sec. 6(a)(1), can be concerning. The traditional delivery of health care is rapidly becoming the non-traditional. Allied health care providers are being utilized in delivery of care historically set aside for independent providers. Many of the tasks being performed by these providers is not "new education" therefore may not constitute "a significant change in education or training of the applicant group which justifies expansion of the scope of practice". With this wording, it may be very difficult for an applicant group to be allowed to provide a service in which they have already been trained, but have not previously had the authority to provide.

In conclusion, the Kansas Athletic Trainers Society feels that HB 2771 will further weigh down a system that is already heavy laden with work. We further feel that any "change in scope of practice" should be reviewed and recommendation for necessary legislative changes be made

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attm #13*

by the regulatory agency for the particular health care provider group. It will add yet another board, removed from the regulatory agency responsible for oversight of a credentialed group. There may be need for the creation of a new board to review issues of new applications for credentialing, which would review the need for regulation of a group and then refer them to the appropriate state agency for oversight.

Therefore, the Kansas Athletic Trainers Society would request that HB 2771 be defeated in committee.

Thank you for your time, attention, and the opportunity to submit this testimony.

TESTIMONY

House Health and Human Services Committee  
House Bill No. 2771

February 5, 1996

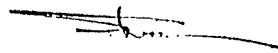
We certainly recognize your need for objective factual information. However, our reservations concerning this proposal are the additional bureaucracy, red tape, costs, time-delays, and possibly even access to the legislative process.

HB 2771 appears to place entirely too much power in the hands of a legislative committee chairperson, and blurs the lines between the Executive Branch and Legislative Branch. (New section 3, page 1, line 43 through line 4 page 2).

Additionally, independent opinions on proposed legislation is readily obtainable from many resources, i.e.: KDHE, health care licensing boards, educational institutions, health care providers, SRS, Insurance Department, and the Attorney General.

It just appears to us that HB 2771 is superfluous, cumbersome and has missed the mark. To create more bureaucracy and regulations for you to get the information you need in the format you want, in our view, is not justified.

Respectfully,



Shelby Smith, Lobbyist  
KPMA

P.S. Would all practitioners be on a level playing field in the requirement to go through the proposed credentialing process on a new procedure?

P.S.S. Appointment of a podiatrist to the Scope Advisory Committee is not an issue with us.

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PUBLIC AFFAIRS CONSULTANTS

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2-5-96  
attm #14