

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Vice-Chairperson Jim Morrison, at 1:30 p.m. on March 20, 1997 in Room 423-S-of the State Capitol.

All members were present except: Representative Carlos Mayans
Representative Clark Shultz

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

Conferees appearing before the committee:
Larry Buening, Executive Director, Kanss Board of Healing Arts
Jerry Slaughter, Kansas Medical Society
Harold Riehm, Executive Director, Kansas Association of Osteopathic Medicine
Shelby Smith, Lobbyist, Kansas Podiatric Medical Association

Others attending: See Guest List (Exhibit 1)

The minutes of the committee meeting held on March 18, 1997 were approved. The vice-chairperson advised that since this was the last scheduled meeting of the committee, that a draft of the minutes of March 19, 1997 and of today's meeting will be forwarded to each member, and if there are no corrections or additions called to the committee secretary by 5:00 p.m., March 21, the minutes will be approved as of that date.

The vice-chairperson opened the hearing on **SB 244 - Fees paid to the state board of healing arts.**

Larry Buening, Kansas Board of Healing Arts, testified in support of the bill, asking for special attention to the financing needs of his agency. He introduced Mark Stafford, General Counsel, and Charlene Abbott, Licensing Supervisor, who were in attendance in case there were questions.

Mr. Buening reviewed the fund balances, expenditure limitations, and receipts deposited to the Healing Arts Fund. He noted the timing of receipts (more than 50% of which are received in the last month of a fiscal year), and the fact that those receipts plus the ending balance are used to fund operations for the next eleven months. He also noted the additional workload imposed on the agency with demands for more disciplinary actions and collecting and disseminating health care data to government agencies, hospitals, and the public; counteracted by the fact that there has been no increase in personnel. To forestall a short fall in funding and to meet the additional responsibilities, Mr. Buening stated that increased revenues must be accomplished by increasing the statutory fee maximums. The agency is requesting an approximate \$250,000 increase to ensure adequate funding (see testimony, Exhibit 2).

Mr. Buening stated the bill was debated by the Senate Public Health and Welfare Committee with minimal discussion, passed to the Senate where it passed 21-19. Mr. Buening stated he was at a loss to understand the opposition in view of the increased number of professions being licensed and the increased reporting duties to other entities: "This is a fee increase, not a tax." The privilege licensees get by licensure is not equated to a tax. Also, about funding, the agency contributes \$200,000 to the General Fund and \$170,000 to the Impaired Provider Act. One of the ways the agency is approaching the problem currently is to send renewal notices out earlier to stimulate money flow.

Representative Geringer asked of the moneys transferred to the General Fund, had the agency ever gotten any of it back. Mr. Buening answered that not directly, but consider some is recouped through the services of the Department of Administration and the Attorney General.

Representative Powell questioned the cash flow timing, reviewed the financial data earlier provided, and asked if the agency might be satisfied with something less than \$250,000. He asked if the agency had ever been caught in a short fall, and what would be done if a short fall happened in the future. Mr. Buening answered that it could accept \$200,000 and if a short fall occurred, some of the services would be curbed (such as data research).

Representative Freeborn asked if the interest earned on the funds deposited to the General Fund was given over to the agency. Mr. Buening answered, "No." She questioned the agency's organization structure, asking if the Kansas agency model had been compared to other states. Mr. Buening answered that it had, that the Kansas agency is more efficient as compared to Nebraska who has a long waiting period for investigations since the investigators are a part of another state agency, or compared to Missouri where it may take 18 months to prosecute a violation. Both of those states' organizational patterns lose control and effectiveness.

CONTINUATION PAGE

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the State Capitol, at 1:30 p.m. on March 20, 1997.

Representative Freeborn asked if the InterNet computer system is used to supply data, or if modems are available to verify licensure. Mr. Buening answered the InterNet link is through the Kansas INK system, where a disc is updated every few months by his agency and provided INK. Modems are used by some 60 groups or individuals, where they dial in and are provided certain licensure data and which they can print off. Representative Freeborn suggested perhaps a subscriber fee should be considered.

Representative Haley asked if the agency would ever catch up with the deficit funding. Mr. Buening stated that the last increase was in 1987 when some renewal fees were raised, and they became effective in 1990. The license fees have remained the same since 1985--blessed by Rules and Regulations in 1986. He stated the reason for part of the increase at that time was to purchase a computer system for some \$350,000. He noted, too, that there will be no increase in the number of full time employees even with the increased workload.

Representative Hutchins asked what is Plan B--if the bill goes to the House floor in light of the adversity to increase taxes? Mr. Buening replied that if an avenue to gain additional revenue through increased fees is denied, the agency would have to look at expenditure limitations.

Emalene Correll noted that four new groups have been added to the purview of the agency since 1987.

Jerry Slaughter, Kansas Medical Society, testified in support of **SB 244**, stating that the Board of Healing Arts is much different than it was years ago. It is an aggressive board; the Legislature has stepped up its policing efforts; and that is why costs are up. The Society supports the fee increases. They are not what is going to be charged immediately--they are maximum limits. Setting these requested limits will save the agency from coming back every year to request increases. The Society also supports the amendment that Mr. Riehm will offer later in the meeting.

Harold Riehm, Kansas Association of Osteopathic Medicine, expressed the association's support of **SB 244** and the request for increased fees. Concerning the cash flow question, Mr. Riehm said ideally if 1/12th of the money was collected each month, then the problem would be easier to understand. Mr. Riehm stated the staff of the Healing Arts Board has been professionalized to handle the increased numbers of licensure groups and data collection/dissemination requests, without additional personnel.

Mr. Riehm presented an amendment to compensate members of the Board's Review Committees, as shown in his testimony (Exhibit 3). He stated it is difficult to obtain quality people to serve on these committees; that such committee members are volunteers, sometimes needing some coaching to serve.

Representative Vining asked if the consumer will pay for the increases being requested. Discussion followed, and conferees agreed that the costs of medical care are controlled by insurance companies with their caps on benefits and the limits of Medicare and Medicaid benefits.

Representative Freeborn asked, in view of many legislators objections to increasing taxes and fees, if it would be better to pass this bill with reduced limits (citing the requested increase in the Podiatry license from \$150 to \$500). She asked if the Board would accept reductions. Mr. Buening answered if the alternative to not passing the bill is to reduce them, then the Board would prefer reducing the maximums.

There being no others present to testify on **SB 244**, the hearing was closed and the vice-chairperson called for action.

Representative Henry moved to adopt the amendment offered by the Kansas Association of Osteopathic Medicine (see Exhibit 3). Representative Geringer seconded the motion. The motion carried.

The vice-chairperson asked if there were other amendments to be considered.

Representative Freeborn moved that the maximum limits of the fees requested by the Board of Healing Arts be increased by 100%. Representative Haley seconded the motion. Representative Gilmore questioned the increases, saying that it almost needs an actuarial accounting to support the increases. Representative Wells questioned the need for increased fees, and Representative Henry responded that the increases being recommended would be the maximum amounts that would be permitted; that when the Board acts to increase fees, the process for approval includes review by the Department of Administration Rules and Regulations Review Board and of the Attorney General and a public hearing. Mr. Slaughter interjected that fee increases are discussed at length by interested agencies and organizations and a public hearing is held to provide the public to participate. Call of the motion was made; the motion carried.

CONTINUATION PAGE

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the State Capitol, at 1:30 p.m. on March 20, 1997.

Representative Freeborn moved that SB 244, as amended, be passed favorably. Representative Geringer seconded the motion. The motion carried. Representative Mayans will carry the bill.

Vice-Chairperson Morrison opened the hearing on **SB 61 - Scope of practice of podiatry.**

Shelby Smith, Lobbyist for the Kansas Podiatric Medicine Association, testified in support of the bill and provided its history (see Exhibit 4). Representative Storm asked if amputation is done under local or general anesthesia. Representative Showalter reported she had witnessed the procedure several times and that local anesthesia is administered by deadening the nerve and the patient feels nothing during the procedure.

Representative Geringer moved that SB 61 be passed favorably and placed on the Consent Calendar. Representative Wells, in a substitute motion, moved that SB 61 be passed favorably. Representative Haley seconded the motion. The motion carried.

The meeting adjourned at 2:45 p.m.

There are no meetings scheduled; but a committee meeting is on call of the Chair for March 24, 1997.

HOUSE COMMITTEE ON HEALTH AND HUMAN
SERVICES COMMITTEE GUEST LIST
MARCH 20, 1997

NAME	REPRESENTING
Maek Stafford	Bd of Healing Arts
LARRY BUENIOW	BOD OF HEALING ARTS -
SHELBY SMITH	EPMA
Charles Brown (MD)	Kansas Health Inst. <i>Truste</i>
Juan Baker	Hein & Wein
Kathy SUTMATER	DMU
Andrew KREHM	KADAM
Charlene Abbott	RSBHA
Weather Matthews LBSW	Breakthrough Club / TAP
Stephen Cole	Breakthrough Club / TAP
Lynn John	Breakthrough club
Charles Williams	Breakthrough / Tap
Denise Apt	Pod Assoc
Ola Lee Wilson	Breakthrough club <i>Facility</i>
Georgia WEEKS	BTC

KANSAS BOARD OF HEALING ARTS

BILL GRAVES
Governor

LAWRENCE T. BUENING, JR.
Executive Director



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MEMORANDUM

TO: House Committee on Health and Human Services

FROM: Lawrence T. Buening, Jr.
Executive Director

DATE: March 20, 1997

RE: **SENATE BILL NO. 244**

Representative Morrison and members of the Committee, thank you for the opportunity to appear on behalf of the State Board of Healing Arts in support of Senate Bill No. 244. This bill was requested for introduction by the Board. Quite simply, it is the Board's desire that of all the bills which mention the State Board of Healing Arts or affect its operations in some regard that have come before this Committee that you would give this bill your greatest attention and favorable consideration for passage.

The State Board of Healing Arts is a fee-funded agency deriving all its income from fees it collects from the professionals it credentials. Like other fee-funded agencies, \$200,000 of the amount collected is transferred to the State general fund annually.

MEMBERS OF BOARD

HOWARD D. ELLIS, M.D., PRESIDENT
LEAWOOD
JOHN P. GRAVINO, D.O., VICE-PRESIDENT
LAWRENCE

DONALD B. BLETZ, M.D., OVERLAND PARK
C.J. CONRADY, JR., ANTHONY
JAMES D. EDWARDS, D.C., EMPORIA
EDWARD J. FITZGERALD, M.D., WICHITA
ROBERT L. FRAYSER, D.O., HOISINGTON
LANCE MALMSTROM, D.C., TOPEKA
LAUREL H. RICKARD, MEDICINE LODGE

CHRISTOPHER P. RODGERS, M.D., HUTCHINSON
HAROLD J. SAUDER, D.P.M., INDEPENDENCE
EMILY TAYLOR, LAWRENCE
ROGER D. WARREN, M.D., HANOVER
JOHN P. WHITE, D.O., PITTSBURG
RONALD J. ZOELLER, D.C., TOPEKA

HOUSE HEALTH/HUMAN SERVICES

Attachment 2-1
3 - 20 - 97

I have tried to anticipate questions any of you might have and have brought a substantial amount of information with me which I have not included as part of or attached to my testimony. I have, however, attached a listing of fees charged by various medical boards throughout the country for both initial licensure and re-registration or renewal (Attachment 1). This reflects that the \$150 initial license fee charged by the Board is substantially less than that collected by a majority of the Boards. Missouri currently charges \$450, Oklahoma \$400, Nebraska \$201 and Colorado \$329. The initial licensure fee in Kansas was raised to the \$150 statutory maximum in 1986 - 11 years ago.

The \$150 fee for annual renewal of licenses was set at the statutory maximum in 1990. This is still in the upper half of re-registration fees charged by all medical boards. However, comparing medical boards operations is difficult at best. The Kansas Board is a free standing, independent agency that performs accounting, payroll, personnel, investigations and legal duties utilizing its own employees. This is in contrast to many boards that operate under an umbrella agency or rely upon the Attorney General for investigations and prosecutions. The Kansas Board also provides funding from its fee fund for six impaired provider programs.

The primary purpose the Board has requested the Legislature to enact Senate Bill No. 244 is the decreasing balances in the Board's fee fund. This is illustrated below by the beginning fee fund balances from July 1, 1992 through July 1, 1999 based upon current fees charged by the Board, which in large part, are already at the statutory maximum:

BEGINNING FEE FUND BALANCES

July 1, 1992	\$1,154,512
July 1, 1993	\$1,049,316
July 1, 1994	\$1,131,192
July 1, 1995	\$1,064,371
July 1, 1996	\$ 911,175
July 1, 1997	\$ 804,622*
July 1, 1998	\$ 765,456*
July 1, 1999	\$ 789,694*

*Based upon The Division of The Budget and Governor recommendations and for FY 1998 and FY 1999, assumes no expenditures for salary increases.

Expenditure limitations for the fiscal years involved have been or are recommended to be as follows:

EXPENDITURE LIMITATIONS

FY 93	\$1,267,013
FY 94	\$1,333,617
FY 95	\$1,467,608
FY 96	\$1,606,943
FY 97	\$1,577,418
FY 98	\$1,634,945*
FY 99	\$1,658,279*

*Based upon The Division of the Budget and Governor recommendations.

Receipts deposited to the healing arts fee fund from fees collected by the Board are as follows:

RECEIPTS DEPOSITED TO HEALING ARTS FEE FUND

FY 96	\$1,453,747 (Actual)
FY 97	\$1,470,865
FY 98	\$1,561,800
FY 99	\$1,643,745

(See Attachment 2.)

The difference between authorized expenditure limitations and receipts deposited to the fee fund clearly demonstrates the need for an increase in revenues. While the difference for each year is not large, two factors must be considered. The first factor is that more than 50% of the Board's total receipts are received in June the last month of each fiscal year. Therefore, beginning fee fund balances must be adequate to enable the Board to operate for 11 of the first 12 months of each fiscal year. Currently, the licenses of MDs, DOs, DCs and DPMs all expire on June 30 of each year. Therefore, the renewal fees for each of these four professions are received primarily in June of each year. In June 1995, the Board had receipts totaling \$930,642 while in June 1996 receipts amounted to \$989,023. Expenses, however, are fairly consistent throughout the year. As of January 31, 1997, the Board's fee fund balance was \$260,940.73 and will be almost zero by

May 1, 1997. Without the ability to increase fees, by May 1998, the fee fund will have a negative balance.

The second factor involved is that the Board is being expected to do more. Full-time employee positions for FY 1997 have not been increased over FY 1996. The recommendations by both House and Senate Committees for FY 1998 and FY 1999 do not provide for an increase in Board personnel. However, several factors are operating which may result in an increase in Board responsibilities and duties in the future. Bills are continually being introduced to increase the number of professions the Board regulates. Secondly, many persons and entities are seeking additional information and statistics from the Board - information that is not now being collected, entered into a database, nor disseminated to the public. While there is a need for this information, particularly by the Legislature in making major policy decisions and by the public in making decisions regarding health care providers, resources and funding have not been appropriated to enable the Board to accomplish these aims. Before any funds can be appropriated or the Board's expenditure limitation increased, the ability to increase revenue must be available and this can only be accomplished by increasing the statutory fee maximums.

Put simply, the Board needs to have the ability to increase its revenue by approximately \$250,000 to ensure its fund balance will not dip to a negative balance. For illustration purposes and with extreme simplification this could be accomplished by raising the renewal fees for licenses under the Healing Arts Act by \$28 annually. Obviously, the Board will not be increasing fees to the proposed statutory maximums in the foreseeable future. In fact, it is expected that certain fees such as those for renewal of exempt and inactive licenses may be decreased. The proposed increases, therefore, should be adequate for years to come and also to meet additional demands, mandates and expectations which may be placed upon the Board in the future. Also, by enabling the Board to charge for verifications, this bill creates a new funding source not currently available. Hospitals, insurance companies and managed care organizations daily request verification of a professional's licensure status which is currently provided by Board staff at no cost.

Whatever increases may occur, these will not be made without first seeking input from affected parties. Any increases must be set by rule and regulation and will not be collected until FY 1998. Prior to that, the professions and users of Board information will be consulted and any changes will undergo the scrutiny of public hearing and the Joint Committee on Rules and Regulations.

In conclusion, I understand the Kansas Medical Society will be offering an amendment. The proposed amendment is nearly identical to one I offered in the Senate Committee hearing and which the Kansas Association of Osteopathic Medicine offered in this Committee as an addition to Senate Bill No. 221. These amendments were lost in the other issues involved with that bill. The Board, however, does support the amendment.

Thank you for your attention and for conducting a hearing on this bill. I strongly urge, on behalf of the State Board of Healing Arts, your favorable action of recommending this bill for passage by the entire House. I would be pleased to respond to any questions.

Table 20
Fees for Issuing Medical Licenses by Examination and by Endorsement
and License Reregistration Intervals and Fees; CME Requirements

State	Examination USMLE Step 3 ¹	Endorsement	Licensure Reregistration		
			Registration Interval (Years)	Fee	CME Required
Alabama	\$350 ²	175 ³	1	100	X
Alaska	400 ⁴	440	2	440	X
Arizona	550	450 ⁵	1	200 ⁶	X
Arkansas	400	400	1	10	
California	400	814	2	575	X
Colorado	400	329	2	214	
Connecticut	400 ⁴	450	1	450	
Delaware	350 ⁴	160 ²	2	163	X
DC	590	300	2	120	
Florida	1,010	460	2	355	X
Georgia	135	300	2	105	X
Guam	See 7	150	2	60	X
Hawaii	See 8	290	2	240	X
Idaho	245	300	1	125	
Illinois	400	300	3	300 ⁹	X
Indiana	125 ⁴	200	2	50	
Iowa	450 ⁴	300	2	150	X
Kansas	450	150	1	150	X
Kentucky	415	250	1	100	X
Louisiana	465	200	1	100	
Maine	400	350	2	200	X
Maryland	500	400 ²	2	400 ²	X
Massachusetts	450	350	2	250	X
Michigan	500 ⁴	140	3	270	X
Minnesota	400	200	1	168	X
Mississippi	500 ⁴	500	1	100	
Missouri	450	450	1	120	X
Montana	500	250	1	150 ¹⁰	
Nebraska	300 ⁴	201	2	102	
Nevada	See 4	250	2	420 ¹⁰	X
New Hampshire	See 11	250	1	100	X
New Jersey	400	225 ²	2	340	
New Mexico	350 ⁴	350	3	210	X
New York	420	465	2	330	
North Carolina	700	250	2	200	
North Dakota	415	200	1	110	
Ohio	325 ²	325	2	250	X
Oklahoma	300	400	1	150	
Oregon	See 4	270	2	330 ^{10,12}	
Pennsylvania	370 ¹³	20 ¹⁴	2	80	
Puerto Rico	500	200	3	75	X
Rhode Island	See 8	350	1	200	X
South Carolina	600	500	1	80	
South Dakota	550	200	1	50	
Tennessee	See 4	235	2	110	
Texas	800	800	1	300	X
Utah	530 ⁴	130	2	100	
Vermont	See 7	190	2	205	
Virgin Islands	See 7		1	200	X
Virginia	See 4	300	2	125	
Washington	See 4	300 ¹⁵	1	225	X
West Virginia	600	200	2	200 ¹⁰	X
Wisconsin	468	73	2	102	X
Wyoming	360 ⁴	250	1	100	

- X indicates yes. ¹Step 3 fees include exam costs and exam processing fees. ²Plus \$175 application fee (AL); plus \$25 application fee (DE); plus \$50 fee to fund Physician Rehabilitation Program (MD); plus \$325 nonrefundable application fee (NJ); plus administrative costs (OH). ³Oral exam is \$400. ⁴Federation of State Medical Boards administers examination. ⁵If less than 10 years since passing a written examination for licensure in another state, \$550 for endorsement requiring SPEX exam. ⁶A late penalty fee of \$350 is charged if renewal is not submitted by February 1 of each year. License automatically expires May 1 if renewal and late penalty fee are not submitted. ⁷No information provided. ⁸Does not process or administer exam. ⁹Nonresidents \$600. Penalty fee of \$100 is charged if renewal is not submitted by July 31 in the year of renewal. ¹⁰\$150 active; \$60 inactive (MT); \$150 inactive (NV); \$270 biennial inactive or out-of-state (OR); \$100 inactive (WV). ¹¹Undetermined at this time. ¹²Biennial. ¹³Subject to change in 1996. ¹⁴US/Canadian is \$20; IMG is \$80. ¹⁵Plus \$25 if initial applicant.

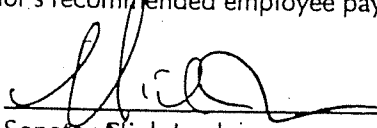
Fee Fund Analysis


Resource Estimate	Actual FY 1996	Senate Subcommittee Rec. FY 1997	Senate Subcommittee Rec. FY 1998	Senate Subcommittee Rec. FY 1999
Beginning Balance	\$ 1,064,371	\$ 911,175	\$ 804,622	\$ 765,456
Projected Receipts	1,453,747	1,470,865	1,561,800	1,643,745
Total Available	\$ 2,518,118	\$ 2,382,040	\$ 2,366,422	\$ 2,409,201
Less: Expenditures	1,606,943	1,577,418	1,600,966	1,619,507
Ending Balance	\$ 911,175	\$ 804,622	\$ 765,456	\$ 789,694
Ending Balance as a Percentage of Expend.	56.7%	51.0%	47.8%	48.8%

Current Status Comparison

	Gov. Rec. FY 1999	House Committee Action FY 1999	Senate Subcommittee Action FY 1999	Senate Subcommittee Change from House Comm. FY 1999
State Operations:				
Special Revenue Fund	\$ 1,658,279	\$ 1,658,279	\$ 1,619,507	\$ (38,772) *
FTE Positions	27.0	27.0	27.0	0.0
Unclass. Temp. Positions	0.0	0.0	0.0	0.0
TOTAL	27.0	27.0	27.0	0.0

* The entire reduction relates to the removal of the Governor's recommended employee pay plan.


 Senator Nick Jordan
 Subcommittee Chair


 Senator Paul Feleciano, Jr.


Kansas Association of Osteopathic Medicine

Harold E. Riehm, Executive Director

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(913) 234-5564 Fax

March 20, 1997

To: Chairman Mayans, Vice-Chairman Morrison and Members, House Committee on Health and Human Services

From:  Harold E. Riehm, Executive Director, KAOM

Subject: Proposed Amendment to S.B 244

Earlier this week, KAOM proposed this amendment to S.B. 221. Lack of success breeds persistence! We now offer it as an amendment to S.B. 244.

Attached is a copy of the proposed Amendment. It was drafted and initially offered by the Kansas State Board of Healing Arts, with the support and at the request of the Board.

The Amendment would permit the Board of Healing Arts, at its discretion, to compensate members of the Board's respective REVIEW COMMITTEES (presently four in number).

Currently, there is doubt as to whether Review Board members can be paid anything other than normal compensation for attendance at a meeting, subsistence, and travel--all related to the formal meeting of the Committee at which decisions are made. The doubt is whether these providers can be compensated for hours spent outside formal meetings, reviewing cases in preparation for the meetings.

When the Board utilizes consultants for reviewing cases, they may be and are compensated at hourly rates substantially higher than what is being sought here. Due to a confusing interpretation by the State Attorney General, the Board has ceased compensating Review Board members for hours spent outside meetings. THIS AMENDMENT WOULD MAKE IT CLEAR THAT SUCH COMPENSATION IS PERMITTED, AT THE DISCRETION OF THE BOARD. The Board would set the level of compensation (probably at or near the previous rate paid of \$70/hour).

We think this is a needed and reasonable authority for the board and a way to insure that quality, concerned persons can be recruited to serve on the respective Review Committees.

HOUSE HEALTH/HUMAN SERVICES
Attachment 3 - 1
3 - 20 - 97

Session of 1997

SENATE BILL No. 244

By Committee on Public Health and Welfare

2-10

9 AN ACT concerning the state board of healing arts; relating to fees paid
 10 to the board; amending K.S.A. 65-2012, ~~65-2896, 65-5409 and 65-5509~~ 65-2840c,
 11 and K.S.A. 1996 Supp. 65-2852 and 65-6910 and repealing the existing
 12 sections.

Section 7. K.S.A. 65-2840c is hereby amended to read as follows.
 K.S.A. 65-2840c. Review committees shall be established and appointed
 by the state board of healing arts for each branch of the healing arts as
 necessary to advise the board in carrying out ~~implement the provisions of~~
 this act. Each review committee shall be composed of three members and
designated alternates. ~~Two~~ Each of the members and their designated
alternates shall serve for a period of two years, all of whom shall be
members of the same branch of the healing arts as the person who is being
reviewed licensed by the board to practice the branch of the healing arts
for which the review committee is established. ~~The third member of the~~
~~review committee shall be appointed on an ad hoc basis, and shall be of~~
~~the same branch of the healing arts and specialty, if any, as the person~~
~~whose conduct is being reviewed.~~ Members of the state board of healing
 arts shall not be eligible to act as members of the review committee.
 Members of the review committee who are licensees of the state board of
 healing arts may be selected from names submitted by the state
 professional association for the branch of the healing arts involved. ~~The~~
~~board of healing arts shall ensure that no conflict of interest exists by~~
~~reason of geography, personal or professional relationship, or otherwise,~~
~~between any of the review committee members and any person whose~~
~~conduct is being reviewed.~~ The members of such review committees
attending meetings of any review committee shall be paid compensation,
subsistence allowances, mileage and expenses as provided by K.S.A. 75-
3223 and amendments thereto. Notwithstanding any other pro-
vision of law, the board may compensate review committee mem-
bers as deemed appropriate by the board to review records
relating to matters being investigated by the board.

NOTE: Language Prior to last
 four lines is cleanup
 or minor organization
 changes

LAST FOUR LINES PROVIDE
 BOARD OF HEALING ARTS
 DISCRETION TO COMPENSATE
 REVIEW BOARD MEMBERS
 AS THEY DEEM APPROPRIATE

32 ~~Sec. 7.~~ K.S.A. 65-2012, ~~65-2896, 65-5409 and 65-5509 and K.S.A.~~ 65-2840c
 33 ~~1996 Supp. 65-2852 and 65-6910 are hereby repealed.~~
 34 ~~Sec. 8.~~ This act shall take effect and be in force from and after its
 35 publication in the Kansas register. Sec. 9.

TESTIMONY

*House Health and Human Services Committee
Senate Bill No. 61*

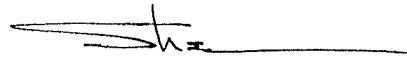
March 20, 1997

Mr. Vice-Chairman and members of the committee, my name is Shelby Smith, lobbyist for the Kansas Podiatric Medical Association (KPMA).

Last year your committee recommended, and the House passed, H.B. 2756 which deleted from the Podiatry Act the 1927 prohibition on amputation of toes by licensed podiatrists. The Senate Public Health and Welfare Committee did not hold hearings on the measure.

This year, S.B. 61 passed the Senate on a vote of 34-5. It expands the scope of practice by allowing amputation of toes, and is supported by the KMS, KPMA, as well as the Kansas Board of Healing Arts. We respectfully request your support of S.B. 61.

Thank you for every courtesy and consideration extended to us.



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