

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 March 4, 1998 in Room 423-S-of the State Capitol.

All members were present except: Representative Jerry Henry
Representative Tony Powell
Representative Judy Showalter
Representative Clark Shultz
Representative Dixie Toelkes

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

Conferees appearing before the committee:
Steve Kearney, Kansas Physical Therapists Association
Candi Bahner, Physical Therapist and Director of Washburn University's Physical
Therapist Assistants Program, Topeka
Terry Butler, Physical Therapist, Junction City
Carolyn Bloom, Bloom & Associates, Topeka

Others attending: See Guest List ([Attachment 1](#))

Chairperson Mayans noted that 13 bills have been assigned to the committee since its last meeting, and asked members to advise him if there are any bills in which they have a special interest for consideration.

The minutes of the committee meeting held on February 19, 1998 was distributed for review and, by policy, will be approved as read if no changes are reported to the Chairperson by 5:00 p.m., March 4.

Representative Geringer introduced Peggy Geringer (his wife) and daughter, Terry Butler (a Physical Therapist) who were attending the meeting.

Chairperson Mayans stated that the Kansas Physical Therapists Association has been invited to instruct the committee on the professional activities of physical therapists and physical therapist assistants, and to describe their education and state registration requirements. He introduced Steve Kearney, who represents the association, who in turn introduced Candi Bahner, a Physical Therapist and Director of the Physical Therapists Assistants Program at Washburn University; Terry Butler, a Physical Therapist; and Carolyn Bloom, a Physical Therapist and owner of Bloom & Associates. Ms. Bloom is also the legislative liaison for the association.

Candi Bahner detailed the historical perspective of physical therapy and detailed the educational and experience requirements for physical therapists. (See testimony, [Attachment 2](#).) She advised currently some 1,400 physical therapists and 900 physical therapist assistants are registered in Kansas, who work in every arena from medical to home settings. Ms. Bahner noted that at Washburn University, 30 to 32 of some 150 students who apply each year are accepted into their program. The average grade point for these students is 3.8 to 3.9 on a scale of 4.0. Chairperson Mayans asked if there has been expansion of class sizes in the Kansas programs because of the high number of applicants. Ms. Bahner answered only Colby Community College has expanded their program by accepting 26 students in August and 26 students in January of each year. Expansion is limited by the lack of clinical sites for supervised experience. On graduation, physical therapists earn in the area of \$20 an hour, \$45,000 annually; and physical therapist assistants earn \$10.50 to \$17 an hour, \$28,500 to \$37,000 annually. Physical therapists is a Master's level degree; physical therapist assistants is an Associate level degree.

Terry Butler, a Physical Therapist, described the expanse of professional care given by licensed therapists. (See testimony, [Attachment 3](#).)

Carolyn Bloom described areas of concern that the association believes needs legislative action. (See testimony, [Attachment 4](#).) With respect to Medicare reimbursements, she testified that the dollar limit severely restricts the care given by physical therapists to patients outside of hospital settings. She described the cost differentials between hospital and private care, noting that the Medicare limit is for each year and covers the cumulative costs of all treatments for each patient who may need therapy in and out of hospital settings, with the hospitals receiving the higher reimbursements. Also, she described the problems encountered by physical therapists assistants in obtaining reimbursements from some national insurance companies who will not

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recognize assistants for repayment. If such reimbursements are denied, it will negatively affect western Kansas where there are fewer physical therapists for a large geographic area.

The Chairperson stated that the committee will hear three bills at tomorrow's meeting: **SB 111** (reporting certain medically diagnosed conditions of preschool children to the secretary of health and environment), **SB 122** (licensing and inspection requirements under asbestos control laws), and **SB 211** (infections or contagious disease reporting).

The meeting was adjourned at 2:50 p.m.

The next meeting is scheduled for March 5, 1998.

HOUSE COMMITTEE ON
HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST
MARCH 4, 1998

NAME	REPRESENTING
STEVE KEARNEY	KPTA
Ed Shin	KPTA
Candy Bahner MS. PT	KPTA
DON SNODGRASS	KFDA
Carolyn Bloom PT	KPTA
Mary Rowson	
Peggy Terzaghi	
George Hager	
Eric Stacy	Leadership, Overland Park
David Keger	KAOA
Susan Anderson	Hein + Weir
Hawn Reed	KSNA
Jerry Butler	KPTA
Martha Lawrence	Leadership Overland Park
Linda Naftel	Leadership OP
Gloria Campbell	Leadership Overland Park
Michelle Peterson	Peterson Public Affairs Group
LARRY BUENING	BD OF HEALING ARTS.
Mark Stafford	"
Alex Kotlyantz	Lobbyist J.C. (CVB)

Physical Therapy Education: A Historical Perspective

It was the tens of thousands of children paralyzed from polio and the thousands of soldiers wounded during World War I which brought about physical therapy in the United States.

1917 As a result of the paralyzed children and wounded soldiers, the Division of Special Hospitals and Physical Reconstruction was started.

The Division of Special Hospitals and Physical Reconstruction was responsible for training and managing reconstruction aides who were to provide physical therapy to the injured. It was these reconstruction aides who later became known as physical therapist.

1918 The first educational program for Reconstruction Aides/Physical Therapist was started at Walter Reed General Hospital in Washington, D.C.

1921 The American Women's Physical Therapeutic Association was formed. Its objectives were to:

1. Establish and maintain a professional and scientific standard for those engaged in the profession of physical therapeutics.
2. Increase efficiency among its members by encouraging them in advanced study.
3. Disseminate information by the distribution of medical literature and articles of professional interest.
4. Make available efficiently trained women to the medical profession.
5. Sustain social fellowship and intercourse upon grounds of mutual interest.

1922 The American Women's Physical Therapeutic Association was renamed the American Physiotherapy Association and further established the scope of physical therapy and formalized the educational process.

1923 The first males were admitted into the profession and the association.

1928 The American Physiotherapy Association developed and published a standardized curriculum for the education of physical therapist. It was a nine month program. Entrance requirements included graduation from a school of physical education or nursing.

1933 The American Physiotherapy Association sought the help of the American Medical Association to assist them in refining the educational requirements and credentialing of educational programs for the physical therapist.

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- 1936 The American Medical Association (AMA) adopted the Essentials of an Acceptable School for Physical Therapy Technicians. Entrance requirements and length of the program remained essentially unchanged; however, the curriculum was stated in detail, and other characteristics were stipulated. Thirteen schools were approved by the AMA.
- 1943 Kansas University Medical Center, Kansas City, Kansas started a Physical Therapy Program.
- 1947 The American Physiotherapy Association's name was changed to the American Physical Therapy Association and the term physical therapist became the appropriate title for persons practicing physical therapy.
- 1950s States were beginning to require licensure of physical therapists. Therapists were being required to take and pass an examination before they could practice as a physical therapist.
- 1955 The AMA changed the title of the "Essentials" to the Essentials of an Acceptable School of Physical Therapy, and established minimum curricular standards, including a program length of 12 months.
- 1960s-1980s Was characterized by growth and recognition in education, practice, and research. New educational programs were developed in an attempt to keep pace with the demand.
- 1960 American Physical Therapy Association (APTA) established a policy declaring the baccalaureate degree as the minimum educational requirement for physical therapist.
- 1963 A physical therapy practice act was established in Kansas which outlined the scope of practice and requirements for becoming a physical therapist in Kansas.
- 1967 The APTA established education guidelines for the Physical Therapist Assistant secondary to growing demands for physical therapy services.
- 1973 Kansas Physical Therapy Practice Act was amended to acknowledge the Physical Therapist Assistant.
- Wichita State University in Wichita, Kansas started a Physical Therapy Program.
- Colby Community College in Colby, Kansas started a Physical Therapist Assistant Program.

- 1974 The APTA adapted the "Essentials of an Accredited Educational Program for the Physical Therapist".
- 1977 The APTA became recognized by the United States Office of Education and Council on Postsecondary Education as an accrediting agency.
- 1979 "Standards for Accreditation of Physical Therapy Educational Programs" were adopted by the APTA.
- Foundation for Physical Therapy was initiated to promote and support research in the profession.
- APTA adopted a policy which stated that new and existing programs in physical therapy must award a postbaccalaureate degree by December 31, 1990.
- 1983 Direct Access to Physical Therapy Services were initiated in some states.
- Kansas statues were changed to allow the Physical Therapist to evaluate patients without a physician's order, but could initiate treatment only upon orders from a physician.
- 1984 The APTA adopted a policy recognizing diagnosis in physical therapy.
- Washburn University in Topeka, Kansas started a Physical Therapist Assistant Program.
- 1993 Post-professional/advanced education of a licensed physical therapist at a master's or doctorate level was initiated.
- Colby Community College expanded its Physical Therapist Assistant Program.
- 1995 Wichita State University in Wichita, Kansas started a Physical Therapist Assistant Program.
- 1996 Kansas City Community College in Kansas City, Kansas started a Physical Therapist Assistant Program.
- Kansas University Medical Center in Kansas City, Kansas started a Distant Education Physical Therapy Program at Pittsburg State University in Pittsburg, Kansas.

Physical Therapy Programs In Kansas

Physical Therapist Programs

1. University of Kansas Medical Center
Kansas City, Kansas
Started in 1943
Accepts 44 students a year: 36 at KU, 8 at PSU
Grants a Masters of Science in Physical Therapy (1989)
Has approximately 250 applicants a year
Accredited by the Commission on Accreditation of Physical
Therapy Education

2. Wichita State University
Wichita, Kansas
Started in 1973
Accepts 32 students a year
Grants a Masters of Science in Physical Therapy (1990)
Has approximately 250 applicants a year
Accredited by the Commission on Accreditation of Physical
Therapy Education

Physical Therapist Assistant Programs

1. Colby Community College
Colby, Kansas
Started in 1973, expanded in 1993
Accepts 26 students in August and January
Grants an Associate of Science Degree
Has approximately 60 applicants per admission time
Accredited by the Commission on Accreditation of Physical
Therapy Education

2. Washburn University
Topeka, Kansas
Started in 1984
Accepts 24 students a year
Grants an Associate of Science Degree
Has approximately 100 applicants a year
Accredited by the Commission on Accreditation of Physical
Therapy Education

3. Wichita State University
Wichita, Kansas
Started in 1995
Accepts up to 24 students a year
Has approximately 100 applicants a year
Accredited by the Commission on Accreditation of Physical
Therapy Education

4. Kansas City Community College
Kansas City, Kansas
Started 1996
Accepts up to 30 students a year
Grants an Associate of Science Degree
Has approximately 50 applicants a year
Has Candidacy status with the Commission on Accreditation of
Physical Therapy Education

Physical Therapist Educational Requirements

Following is an example of prerequisite courses for consideration of acceptance into the Master of Science Degree at Kansas University Medical Center (KUMC):

- Chemistry I & II
- Physics I & II
- Biology and Laboratory
- Microbiology
- Human Anatomy with Dissection Laboratory
- Human Physiology and Laboratory
- Statistics
- Calculus I
- Composition and Literature
- Speech
- General Psychology
- Abnormal Psychology
- Sociology
- Humanities Courses (2)
- Human Growth and Development
- First Aid

Once accepted in the Physical Therapy Program at KUMC, the physical therapy curriculum consists of the following courses:

First Semester:

- Advanced Topics in Human Anatomy
- Physical Therapy Procedures I
- Professional Topics I

Second Semester:

- Advanced Human Physiology
- Physical Therapy Procedures II
- Applied Kinesiology and Biomechanics
- Professional Topics II
- Research in Physical Therapy
- Clinical Education I

Third Semester:

- Pathophysiology
- Neuroscience
- Evaluation Methods and Principles of Treatment of
Musculoskeletal Disorders
- Life Cycle Development and Health Promotion
- Clinical Education II

Fourth Semester:

- Pharmacology for Physical Therapists
- Advanced Cardiopulmonary Therapeutics
- Clinical Neurology
- Professional Topics III

Fifth Semester:

Related Theories and Procedures
Advanced Evaluation Methods and Principles of Treatment
of Musculoskeletal Disorders
Neuromuscular Therapeutics
Professional Topics IV
Clinical Education III

Sixth Semester:

Research in Physical Therapy II
Clinical Education IV

Wichita State University's physical therapy curriculum has most of the same prerequisite courses, with the curriculum once in the Masters Program being almost identical to KUMCs. The Commission on Accreditation of Physical Therapy Education specifies what must be covered in the curriculum of accredited PT Programs.

Physical Therapist Assistant Educational Requirements

Outlined below is the correlate and professional courses required for completion of the Physical Therapist Assistant Program at Washburn University:

Correlate Courses:

- Human Anatomy with Laboratory
- Human Physiology with Laboratory
- College Algebra
- Biology with Laboratory
- Kinesiology
- Exercise Physiology
- Introduction to Human Disease
- Composition
- Social Science Courses (2)
- Humanities Courses (2)
- Lifetime Wellness

Professional Courses:

- Introduction to Physical Therapy
- Physical Therapy Procedures I
- Physical Therapy Procedures II
- Clinical I
- Physical Therapy Procedures III
- Clinical II
- Physical Therapy Procedures IV
- Issues in Physical Medicine
- Physical Therapy Procedures V
- Clinical III

Physical Therapist Assistant Curriculums at the other institutions are very similar. The Commission On Accreditation of Physical Therapy Education outlines in its accreditation documents what must be covered in an accredited PTA Program.

Testimony of Terry Butler
March 4, 1998

Mr. Chairman
Members of the Committee

I am truly honored that you have taken time from your very busy schedules to allow me to share my profession. You have taken a tremendous responsibility upon yourselves when you stepped into your legislative roles. Through my father, Gerry Geringer, I am learning more and more about these roles. You are the decision making body for Kansas and those decisions do not come easy. As a citizen of Kansas I thank you for serving our State.

Now, allow me to paint a picture of physical therapy as it might touch your lives.

The Lord has truly blessed me as he has given me the knowledge and skills to be a part of this great profession. A profession for which I have an incredible passion.

Physical Therapy - A profession that requires skill, patience, understanding, compassion and education.

- A profession that touches so many lives.

Sir, suppose you have a little granddaughter recently diagnosed with cerebral palsy. Just like any proud grandfather, you would want the world for her. Physical Therapy is there to help her reach for the stars. Through the Infant Toddler Program, a physical therapist would be visiting your granddaughter in her home instructing her parents in positioning techniques, stretching exercises, and activities that would promote normal movement patterns. We would also assist in acquiring appropriate equipment such as feeder chairs and car seats.

When she turns 3, she might be placed in an Early Childhood Intervention Program, a type of preschool, where she can get a headstart in education. The equipment may change to an adapted tricycle or prone stander and paraprofessionals may be able to assist with her therapy program. This scenario continues as she grows until eventually we work with the vocational rehabilitation staff to prepare for post-secondary plans. College? Job Opportunities? Truly, where your little shooting star lands may depend on her take-off.

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Mr. Chairman, does your back ache by the end of the day? I understand your job entails long hours of sitting. Increased postural awareness, a simple, brief exercise program, an appropriately adjusted office chair or a back support cushion may be all it takes to get you comfortably through the day. These minor changes might also prevent the onset of the more acutely painful symptoms (such as radiating leg pain) from a herniated disc. What's that old saying? "An ounce of prevention is worth a pound of cure."

Ma'am, it's more than likely that you have a friend or even a family member with diabetes. To that individual a stubbed toe can quickly progress from a minor laceration to an amputation. When physical therapy is immediately initiated, the outcome could be a triumph as she joins our society of ambulators, the most desirable long term goal. Your friend might begin therapy with a strengthening exercise program to prevent atrophy, or muscle wasting. Instructions in the use of an ace wrap for swelling control and shaping of the residual limb would be carried out. Shaping is detrimental in these early stages. Let me explain. Ultimately, the residual limb should be conical in shape. If the limb was to become bulbous, like the bottom of a thermometer, the donning of a prosthesis would be impossible and permanent dependence of an assistive device, such as crutches, inevitable.

Positioning - proper positioning is imperative as well. Most patients with amputations prop their limb in a bent fashion for comfort, some even resting their leg on their crutch handle. If this was to continue, there might be permanent shortening of their flexor muscles, subsequently preventing the use of a prosthesis. So you see, these early interventions and continued rehabilitation may mean this difference between walking or being wheelchair bound. Which would you prefer?

On a more personal note, let me tell you a little bit about myself. I graduated from Kansas University Medical Center in 1983 with a Bachelors of Science in Physical Therapy. My husband is military and presently stationed at Ft. Riley. During the course of his career, we've had numerous assignments. I've served in many areas of physical therapy: in a small acute care hospital in Warrenton, Virginia; a long-term rehabilitation hospital in Arlington; a nursing home in New York City; St. Francis Regional Medical Center in Wichita; an outpatient clinic and the school system in Junction City; and contracting with similar facilities in El Paso and San Antonio.

Our assignment in Korea was special in that I contracted with the U.S. Army to serve as a Physical Therapist in an outlying medical clinic. It had been 4 or more years since there had been a local therapist. Therefore, a military physical therapist, Colonel Satterfield had been flying south bimonthly or the soldiers had to travel north to Seoul for care. The military is unique in that it allows therapists to refer those patients with neuromuscularskeletal disorders, for whom they are performing primary care, to the appropriate specialty clinics such as neurology or orthopedics. X-rays can be ordered by the physical therapists, specific medications prescribed, quarters (or bedrest) assigned, and profiles written providing specific restrictions in a soldier's daily routine to prevent exacerbation and promote healing.

I now have returned home to Junction City and am enjoying treating patients in their own homes. What did Dorothy say? "There's no place like home." But sometimes returning home for patients is frightening. "Can I get into my shower... get up from my commode.... carry my coffee cup to the table... reach for my shoes that slid under the bed... and eventually, leave my home and go to the grocery store, return to work or play Bingo?"

Children, young adults, and the geriatric population.

Hospitals, nursing homes, schools, private homes, outpatient clinics and industries.

These are the people and these are the places.

I ask you to think seriously about these scenarios while you are considering laws to deal with our profession.

Thank you for allowing me to speak.

Now Mr. Chairman, I'll stand for questions.

The Kansas Physical Therapy Association
1200 W. 10th Street, Topeka, KS 66601 357-8799

Carolyn Bloom, PT 785-273-7700

Chairman Mayans and members of the Health and Human Services
Committee:

I would like to thank you for giving us the opportunity to
address your Committee.

The Kansas Physical Therapy Association would like to point out
several areas of concern that we believe need to be addressed in
order to assure continued Physical Therapy service in Kansas.

Reimbursement for services:

1.) Medicare reimbursements limits of \$900 per year for physical
therapy care provided by an independently practicing therapist,
and the upcoming \$1500 cap on combined PT/speech service to be
applied to outpatient and rehabilitation centers. These caps put
a large burden on families of persons with illnesses.

2.) There have been denials of reimbursement by at least one major
insurance company for the care provided by a certified physical
therapist assistant working directly under a physical therapist.

This would be like denying payment for the care of a physicians
assistant or LPN at a time when health care extenders are needed
especially in rural areas.

Direct Access:

1. Currently Kansas law requires that a patient receive a
physicians order before seeing a physical therapist. Direct
Access would allow patients to be referred to a physical
therapist as currently, but would give patients the choice to see
a PT directly without the time and expense of an additional
physicians appointment, in certain circumstances.

2.) Currently 31 states have direct access to PT care, and 1994
studies indicate that health care costs were 123% higher when
patients were seen by a physician initially.

Licensure:

1.) Currently, Physical Therapists are Registered in the state of
Kansas. This means that no one else can call themselves a
physical therapist, but anyone can advertise physical therapy
without the appropriate education and training of a Physical
Therapist or oversight by the Board of Healing Arts.

2.) Licensure would mean we could have a defined scope of
practice that would prohibit other, whose scope of practice does
not overlap in some areas like the OT's, from advertising to the

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public that they provide physical therapy.

3.) There is most certainly a public health, safety, and welfare issue that needs to be addressed in this scenario. If the service of Physical therapy is being offered, the Kansas citizen has an expectation that they are receiving treatment from a trained medical professional able to deliver Physical Therapy treatment. Unfortunately, this is not the current case in Kansas.

Current Regulation:

1.) We are currently regulated by the Kansas Board of Healing Arts and have some input to the Board through the Physical Therapy Examining Committee.

2.) The current regulatory framework has been in existence for some time, but we endorse as an Association, a seat on the Board for each of the regulated professions such as OT's, PT's, and P.A.s. We believe that the input of the additional board members would provide the citizens of Kansas with a more informed regulatory structure.

We are pleased to answer questions, or provide more detailed information.