

Approved: 2-17-99
Date

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE.

The meeting was called to order by Chairperson Sandy Praeger at 10:00 a.m. on February 10, 1999 in Room 526-S of the Capitol.

All members were present except:

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

Conferees appearing before the committee:

Larry Buening, Executive Director, Board of Healing Arts
Representative Gwen Welshimer
Robert D. Timberlake, President of Timberlake Consulting
Mark Stafford, General Counsel, Board of Healing Arts
Meg Draper, Kansas Medical Society

Others attending: See attached list

Hearing on: SB 189 - Qualifications for healing arts licensure and accreditation of schools or colleges of the healing arts

Larry Buening, Executive Director, Board of Healing Arts, testified before the Committee in support of **SB 189** which could give the Board of Healing Arts the authority to establish by rule and regulation the post secondary educational requirements necessary to obtain a license as a healing arts practitioner. The bill could also place in statute the standards to be used to define an accredited school of osteopathic medicine and surgery and an accredited school or college of chiropractic. The bill would require that both osteopathic and chiropractic schools be approved by the Board. (Attachment 1)

Representative Welshimer offered an amendment to the Committee that would add language to **SB 189** pertaining to naturopathic physician licensing and naturopathic medicine. (Attachment 2) Representative Welshimer noted that regulation would allow more people into the profession.

Robert D. Timberlake, representing naturopathic providers, presented testimony before the Committee in support of the amendment. Mr. Timberlake noted that naturopathic doctors can help fill a gap in the health care delivery system, and that naturopathy is a rapidly growing and re-emerging primary care health system. Background history of naturopathy was provided in Mr. Timberlake's written testimony. (Attachment 3) During Committee discussion, it was pointed out that the practice of naturopathy in the state is currently not allowed under Kansas statutes. Since the amendment would be a significant departure from current law, the Chair requested that the Department of Health and Environment provide information to the Committee on past deliberations relating to licensing of naturopathic physicians. Hearing on the bill would remain open until such information is received.

Hearing on: SB 190 - Healing arts licenses expiration date and fees

Larry Buening, BHA, testified in support of **SB 190** that could change current law so that the Board of Healing Arts would no longer be required to renew licenses annually. In addition, it would increase the maximum amount the Board could charge for a license renewal from \$300 to \$500, and increase the time an individual has to complete postgraduate training from 36 months to whatever length of time it takes to complete the program. Mr. Buening also called the Committee's attention to the word "annual" on page 5, line 13 of the bill that needed to be stricken. (Attachment 4)

Written testimony in support of the bill was received from Meg Draper, KMS. (Attachment 5)

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S, Statehouse, at 10:00 a.m. on February 10, 1999.

Hearing on: SB 194 - Actions against licensees under the healing arts act

Mark Stafford, General Counsel for the Board of Healing Arts, testified in support of **SB 194** which could change two laws concerning revocation of licenses by the Board of Healing Arts by doing the following: (1) Clarify the rights of a licensee when the licensee is under investigation for loss of a license because of physical illness, mental illness, or abuse of drugs or alcohol, and (2) amend current law so that licensees are no longer required to use the standardized written material that would supply information to a patient regarding treatment options for breast cancer, as well as the Board of Healing Arts would no longer develop and supply the brochure. Mr. Stafford noted that amendments to the Healing Arts Act, which are requested by the Board, would improve the Board's ability to protect the public from impaired licensees, would give procedural protection to those licensees who appear to be impaired, and would relieve the Board from the duty of publishing information on breast cancer options which are currently available from the American Cancer Society. (Attachment 6) Both Mr. Stafford and Mr. Buening agreed that language on page 3, subsection (m) could be stricken in the bill regarding the issue of distributing information on alternative methods of treatment of breast cancer.

Written testimony in support of **SB 194** was received from Meg Draper, KMS, (Attachment 7) and John Pepperdine, American Cancer Society, (Attachment 8). Written material on **SB 189, 190 and 194** was received from Harold Riehm, Kansas Association of Osteopathic Medicine, (Attachment 9).

Adjournment

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

The next meeting is scheduled for February 11, 1999.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: 2-10-99

NAME	REPRESENTING
Darla Hall	Guest of Max Wolshiman
Lora Murrell	Social Work
Leijer Linden	Social Work
Melissa Feldkamp	Social Work
Marsha Beaten	Washburn U. - Social Work
Dick Johnson	Bd of Healing Arts
John Kiefthaber	Ks. Health Care Assn.
Stacy Seldon	Hlin + Wlin Chel.
Mike Sheehy	Federico Consulting
KEITH R LANDIS	CHRISTIAN SCHEDULE COMMITTEE ON PUBLICATION FOR KANSAS
John Pepperdine	American Cancer Society
ARON KIEHN	KADM
Russell R. in	KCA
Mark Stafford	Bd of Healing Arts
Larry Buring	Bd of Healing Arts
Leslie Bay	KDH&E
Melby Draper	KMS

KANSAS BOARD OF HEALING ARTS


BILL GRAVES
Governor



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MEMORANDUM

TO: Senate Committee on Public Health and Welfare

FROM: Lawrence T. Buening, Jr. 
Executive Director

DATE: February 10, 1999

RE: **SENATE BILL NO. 189**

Madam Chair and members of the Committee, thank you for setting this bill for hearing and for allowing me the opportunity to appear before you and present information on behalf on the State Board of Healing Arts in support of Senate Bill No. 189. This bill was introduced through your committee at the Board's request.

Section 1 of the bill amends K.S.A. 65-2873 by adding the language that appears at lines 24 through 27 on page 1. This language would specifically authorize the Board to adopt rules and regulations specifying the requirements of postsecondary education which must be met prior to entering into a healing arts school or college. The reason for this requested amendment is the concern that has been raised regarding the Board's authority to make the changes to K.A.R. 100-6-2(d) which became effective May 23, 1997. A copy of the current version of K.A.R. 100-6-2 is attached as Exhibit 1. The changes made to subsection (d) require that persons entering a chiropractic college on or after January 1, 1999 must, at the time of applying for license, provide proof that a baccalaureate degree had been received prior to commencement of chiropractic education. While the Board may have authority to promulgate this change by virtue of the general rule and regulation authority granted by K.S.A. 65-2865, the amendment provided by this bill specifically authorizes the Board to establish admission requirements for entry to chiropractic schools. Also, if enacted, the amendment would enable the Board to set admission requirements for other healing arts schools, particularly those located in offshore or other foreign jurisdictions.

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

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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

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Section 2 of the bill amends K.S.A. 65-2874 by adding two new subsections relating to accreditation and approval of osteopathic and chiropractic schools. These additions are at lines 18 through 28 and line 31 on page 2 of the bill. Because of these proposed amendments, K.S.A. 65-2875 and 65-2876 are being repealed. Copies of K.S.A. 65-2875 and 65-2876 as they currently appear in the statute book are attached as Exhibit 2. The current language of K.S.A. 65-2874 requires the Board to adopt rules and regulations establishing criteria which a medical school shall satisfy in meeting the standard established under subsection (a). However, neither the current language of K.S.A. 65-2874 or that of K.S.A. 65-2875 and 65-2876 specifically authorizes the Board to establish criteria which an osteopathic or chiropractic college must meet in order to meet the standards created by those statutes. As to new subsection (b), the standard for osteopathic schools will be equal to that established by the Bureau of Professional Education of the American Osteopathic Association. The current language of K.S.A. 65-2876 established the standard as equal to or greater than the Kirksville college of osteopathy and surgery. Unlike the AOA, which has published standards for accreditation, the Kirksville college has no such publication. The changes made to new subsection (c) make minor technical changes to the standard established for chiropractic schools.

Thank you for your consideration of the rather technical amendments made by S.B. No. 189. On behalf of the State Board of Healing Arts, I request that you consider recommending this bill favorably for passage. I would be happy to respond to any questions.

ARTICLE 6. - LICENSES

K.A.R. 100-6-2. General qualifications. (a) Each applicant for licensure in medicine and surgery who is a graduate of an accredited school of medicine shall present to the board proof of completion of a postgraduate training or residency training program that is at least one year in length. This program shall have been approved by the council of education of the American medical association or its equivalent in the year in which the training took place.

(b) Each applicant for licensure in medicine and surgery who is a graduate of an unaccredited school of medicine shall present to the board proof of completion of a postgraduate training or residency training program that is at least two years in length. This program shall have been approved by the council of education of the American medical association or its equivalent in the year in which the training took place.

(c) Each applicant for licensure in osteopathic medicine and surgery who is a graduate of an accredited school of osteopathic medicine shall present to the board proof of completion of a postgraduate training program that is at least one year in length. This program shall have been approved by the American osteopathic association or its equivalent in the year in which the training took place.

(d) Each applicant for licensure in chiropractic who matriculates in chiropractic college on or after January 1, 1999 shall present proof of having received a baccalaureate degree prior to entering the chiropractic college. (Authorized by K.S.A. 65-2865; implementing K.S.A. 65-2873; effective Jan. 1, 1966; amended Feb. 15, 1977; amended May 1, 1979; amended, T-86-44, Dec. 18, 1985; amended May 1, 1986; amended May 23, 1997.)

Statute 65-2875

Chapter 65.--PUBLIC HEALTH

Article 28.--HEALING ARTS

65-2875. Accredited schools of osteopathic medicine defined. An accredited school of osteopathic medicine for the purpose of this act shall be a school or college which requires the study of osteopathic medicine and surgery in all of its branches which the board shall determine to have a standard of education not below that of the Kirksville college of osteopathy and surgery. All such schools shall be approved by the board.

Statute 65-2876

Chapter 65.--PUBLIC HEALTH

Article 28.--HEALING ARTS

65-2876. Accredited school or college of chiropractic, defined. An accredited school or college of chiropractic for the purpose of this act shall be a school or college teaching chiropractic which the board shall determine to have a standard of education not below that required for a recognized or accredited status with the council on chiropractic education. All such schools shall be approved by the board.

History: L. 1957, ch. 343, S. 76; L. 1976, ch. 273, S. 36; L. 1978, ch. 251, S. 1; July 1. Law Review and Bar Journal References:

"Should You Take A Chiropractor To Court?," Steven M. Dickson, J.K.T.L.A., Vol. XIII, No. 3, 19, 20 (1990). CASE ANNOTATIONS

1. Healing arts act held constitutional. Sutherland v. Ferguson, 194 K. 35, 38, 397 P.2d 335.
2. Provision in 65-1631 restricting approval for examination and registration is unlawful delegation of legislative authority. Gumbhir v. Kansas State Board of Pharmacy, 228 K. 579, 584, 618 P.2d 837.



SENATE BILL No. 189

By Committee on Public Health and Welfare

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9 AN ACT concerning the Kansas healing arts act; qualifications for licen-
10 sure by examination; defining accredited schools or colleges of the
11 healing arts; amending K.S.A. 65-2873 and 65-2874 and repealing the
12 existing sections; also repealing K.S.A. 65-2875 and 65-2876.
13

65-2872a,

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

15 Section 1. K.S.A. 65-2873 is hereby amended to read as follows: 65-
16 2873. (a) Each applicant for a license by examination to practice any
17 branch of the healing arts in this state shall:

18 (1) Present to the board evidence of proficiency in the basic sciences
19 issued by the national board of medical examiners, the board of examiners
20 of osteopathic physicians and surgeons ~~or the national board of chiro-~~
21 ~~practic examiners or such other examining body as may be approved by~~
22 the board or in lieu thereof pass such examination as the board may
23 require in the basic science subjects;

, or the naturopathic physician licensing
examination or its successor

24 (2) present proof that the applicant *has completed any postsecondary*
25 *educational requirements established by rules and regulations of the*
26 *board and is a graduate of an accredited healing arts school or college*
27 *and*

or accredited naturopathic medical college

28 (3) pass an examination prescribed and conducted by the board cov-
29 ering the subjects incident to the practice of the branch of healing art for
30 which the applicant applies.

31 (b) Any person seeking a license to practice medicine and surgery
32 shall present proof that such person has completed acceptable postgrad-
33 uate study as may be required by the board by regulations.

or naturopathic medicine

34 (c) The board may authorize an applicant who does not meet the
35 requirements of paragraph (2) of subsection (a) to take the examination
36 for licensure if the applicant:

37 (1) Has completed three years of postgraduate training as approved
38 by the board;

39 (2) is a graduate of a school which has been in operation for not less
40 than 15 years and the graduates of which have been licensed in another
41 state or states which has standards similar to Kansas; and

42 (3) meets all other requirements for taking the examination for licen-
43 sure of the Kansas healing arts act.

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1 (d) In addition to the examination required under paragraph (3) of
2 subsection (a), if the applicant is a foreign medical graduate the applicant
3 shall pass an examination given by the educational commission for foreign
4 medical graduates.

5 (e) No person licensed to practice and actively engaged in the prac-
6 tice of the healing arts shall attach to such person's name any title, or any
7 word or abbreviation indicating that such person is a doctor of any branch
8 of the healing arts other than the branch of the healing arts in which such
9 person holds a license but shall attach to such person's name the degree
10 or degrees to which such person is entitled by reason of such person's
11 diploma.

12 Sec. 2. K.S.A. 65-2874 is hereby amended to read as follows: 65-
13 2874. (a) An accredited school of medicine for the purpose of this act
14 shall be a school or college which requires the study of medicine and
15 surgery in all of its branches, which the board shall determine to have a
16 standard of education substantially equivalent to the university of Kansas
17 school of medicine. All such schools shall be approved by the board.

18 (b) *An accredited school of osteopathic medicine and surgery for the*
19 *purpose of this act shall be a school or college which the board shall*
20 *determine to meet the July, 1998, standards for accreditation of schools*
21 *of osteopathic medicine and surgery by the bureau of professional edu-*
22 *cation of the American osteopathic association. All such schools shall be*
23 *approved by the board*

24 (c) *An accredited school or college of chiropractic for the purpose of*
25 *this act shall be a school or college which the board shall determine to*
26 *meet the January, 1998, standards for accreditation of chiropractic pro-*
27 *grams and institutions by the council on chiropractic education. All such*
28 *schools shall be approved by the board.*

29 ~~(d)~~ The board shall adopt rules and regulations establishing the cri-
30 teria which a school shall satisfy in meeting the standard established under
31 subsection (a). ~~(b)~~ ~~(c)~~ The criteria shall establish the minimum stan-
32 dards in the following areas:

- 33 (1) Admission requirements;
- 34 (2) basic science coursework;
- 35 (3) clinical coursework;
- 36 (4) qualification of faculty;
- 37 (5) ratio of faculty to students;
- 38 (6) library;
- 39 (7) clinical facilities;
- 40 (8) laboratories;
- 41 (9) equipment;
- 42 (10) specimens;
- 43 (11) financial qualifications; and

(d) An accredited school or college of naturopathic medicine for the purpose of this act shall be a school or college which the board shall determine to meet January 1998, standards for accreditation or candidate for accreditation of naturopathic programs and institutions by the council on naturopathic medical education (CNME) or it's successor. All such schools shall be approved by the board.

(e)

(c) or (d)

2-3

1 (12) accreditation by independent agency.

2 ~~(e)(c)~~ The board may send a questionnaire developed by the board
3 to any school for which the board does not have sufficient information to
4 determine whether the school meets the requirements of this statute or
5 rules and regulations adopted pursuant to this statute. The questionnaire
6 providing the necessary information shall be completed and returned to
7 the board in order for the school to be considered for approval.

(f)

(g)

8 ~~(d)(f)~~ The board is authorized to contract with investigative agencies,
9 commissions or consultants to assist the board in obtaining information
10 about schools. In entering such contracts the authority to approve schools
11 shall remain solely with the board.

New Sec. 3. See attached

12 Sec. 3. K.S.A. 65-2873, 65-2874, 65-2875 and 65-2876 are hereby
13 repealed.

65-2872a,

14 Sec. 4. This act shall take effect and be in force from and after its
15 publication in the statute book.

**Testimony of
Robert D. Timberlake
Kansas Public Health and Welfare Committee
February 10, 1999**

TO: Senator Praeger, Chairperson, Kansas Public Health and Welfare Committee and Committee Members.

SUBJECT: SB # 189, Kansas Healing art act revision bill, re: NATUROPATHIC PROVIDERS

It is my honor and privilege to testify before your committee today. I want to thank you in advance for your time and attention to this important matter before you.

For the record, my name is Bob Timberlake. I live in Concord, NH and am president of Timberlake Consulting, Inc. which provides business and governmental relations including regulatory affairs services nationally. I have provided these services to many people and organizations in search of solutions for the integration of nonconventional practices into the current health care system. I am here to testify on behalf of the Kansas Association of Naturopathic Doctors, in support of SB #189.

First I would like to paint a background of why this bill before you is important to the citizens of Kansas. The U.S. spends over \$1 trillion per year on health care, which is over two and one-half times the defense budget. And yet, according to recently released figures from the World Health Organization, the U.S. placed 18th in the list of "good health" of the developed countries using infant mortality and longevity as the criterion. It stated that one of the important determinant factors was that nations ranking higher than the U.S. had developed a pluralistic approach to health care delivery. In other words, people had the freedom to choose what type of health care would benefit them the most without penalty such as insurance inequality or lack of access due to monopolistic regulatory authority. We are the 18th despite the fact that we:

- (1) have the highest number of doctors in the world;
- (2) have the highest number of hospitals in the world;
- (3) have the highest number of medical schools in the world;
- (4) have the highest number of doctors per capita in the world; and
- (5) spend far more on health care than any other country in the world.

We have the highest instance of infant mortality in the developed world and we are 17th in life expectancy. A child stands a better chance of reaching their 5th birthday in Hong Kong than a child does in the US. What this means to me is we do not have all the answers in our current delivery system. The sixteen countries with better life expectancy have pluralistic health systems which allow other schools of medicine and professionals to provide care in a cooperative manner. By combining the strengths of what, in this country, are deemed as alternative

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therapies with that of conventional medicine, we can greatly improve the health of Americans, help reduce the incidence of chronic and degenerative disease, thus significantly reduce health care costs.

✓ What I would like to suggest is that naturopathic doctors can help fill a gap in our health care delivery system here in the U.S. and in Kansas. Naturopathic medicine is a rapidly growing and re-emerging primary care health system. Naturopathic doctors have a different understanding as to how the human body works. I believe it is an expanded understanding. It is a recognition that the human body has extraordinary recuperative power from within. I see naturopathic doctors as the experts in mobilizing these powers.

What does the naturopathic doctor do? You may be surprised to know that naturopathic doctors perform physical exams, order laboratory testing, perform gynecological exams, nutritional and dietary assessments, allergy testing and other diagnostic procedures in states where they are licensed. The naturopathic doctor is a modern day medical detective using the symptoms of the patient as messengers to lead them to the underlying causes of disease. Naturopathic doctors are particularly effective in treating chronic diseases such as arthritis, asthma and allergies as well as many other acute and degenerative conditions. They are trained to know when to refer to specialists and they do refer. In the states that license naturopathic doctors, that referral network is well established. Naturopathic doctors can provide primary medical care to the under served areas of this country where no other physicians may be available.

What is the education and training provided this profession? Who monitors the accreditation of naturopathic medical schools? The Council on Naturopathic Medical Education (CNME) is recognized by the US government as the accrediting agency for naturopathic medical education. The CNME is reviewed and must meet the same standards established by exactly the same U.S. government Dept. of Education agency that reviews the accrediting for US medical schools. In other words, the CNME must meet the very same criteria as the Liaison Committee on Medical Education (LCME), its conventional medicine counterpart.

Former Surgeon General C. Everett Koop, MD stated "We have a system that is distinguished by a virtual absence of self-regulation on the part of those who provide care, but distinguished as well by the absence of such natural marketplace controls as competition in regard to price, quality and service".

With this in mind, let me provide you with a brief historical perspective. Throughout the first half of this century, naturopathic doctors were licensed in as many as 25 states. With the advent of chemical medicines as we know it today, everyone expected the scourge of all disease would be successfully treated by these new innovative drugs. During this time there was little demand by those pursuing the practice of medicine to become naturopathic doctors and as a result all schools of naturopathic medicine closed. Thus there was no need for new licenses to be granted. Many of the states sunsetted the licensing laws during this period. This helped contribute to the development of a single, dominant school of medicine referred to above by the former Surgeon General. We now see that after 50 years of focus on drug therapy and surgery, the incidence of chronic, degenerative diseases along with our health care costs have sky rocketed. Correspondingly, the demand for naturopathic education and naturopathic doctors is increasing sharply, with naturopathic medical schools having doubled the size of their classes and a new federally accredited school having been established.

In the New England Journal of Medicine, January 1993, a Harvard University study conducted in 1990, established that over 1/3 of the US citizens are obtaining their health care from outside the current conventional delivery system. Much of the public is looking for a more natural approach to solving their health care needs. **Naturopathic medicine provides significant natural solutions to many existing health care problems.**

Consider this fact — it is well documented that diet and lack of nutrition are major factors in five of the ten leading causes of death in the U.S., including heart disease, cancer, stroke, diabetes, and atherosclerosis. Together, these diseases account for approximately 70% of all deaths in this country. Sound nutritional advice can prevent or at least alleviate most of these diseases. If diet is so important, then wouldn't it make sense that dietary advice should be the primary, or "highest rank in importance" in the evaluation, management, and treatment of any non-emergency medical condition. It follows that an ideal primary care physician would be skilled in medical nutrition as well as conventional diagnosis, rely on low cost and non-toxic therapeutics, and know where to refer to more specialized physicians when necessary. In all the licensed states, naturopathic doctors fulfill these criteria. They are well-trained to know their strengths and know their limitations (and refer appropriately).

In most states where naturopathic doctors are licensed, they have the authority to sign birth and death certificates, provide examinations for schools and other legally required physical assessments. They are recognized and reimbursed as primary care doctors for state Medicaid in many jurisdictions and are reimbursed by third party insurance companies even though it is not usually mandated. As an example, many insurance carriers have instituted cost saving wellness programs reimbursing naturopathic doctors as the providers on their own.

The federal government has also requested significant input from the naturopathic profession. Quoting from the congressional record, "the (Senate Appropriations) Committee is not satisfied that the conventional medical community has fully explored the potential that exists in unconventional medical procedures." In the last several years, one of the federally accredited naturopathic schools, Bastyr University received over \$1,000,000 in NIH grants to research naturopathic medicine's efficacy in the treatment of AIDS. Also the recently created Office of Alternative Medicine has been given independent status and increased funding by the federal government.

Currently eleven states license the practice of naturopathic medicine. In each of these states, licensure has been the regulatory choice. The states are Arizona, Utah, Oregon, Washington (state), Alaska, Hawaii, Montana, Connecticut, Vermont, New Hampshire and Maine. Many of these states have had licensure for their naturopathic doctors for many decades. The state of Washington licensed naturopathic doctors in 1918. Lets look at what has happened when there are no standards of education established for practitioners in a state. A naturopathic doctor graduates with the equivalent amount of school loan debt as a conventional physician often in excess of \$100,000. States which do not recognize the practice are unlikely to have any significant numbers of these doctors willing to move their families, start new practices and provide services to their citizens only to have their practice closed down or be threatened with expensive legal proceedings. As surrounding states have licensed naturopathic doctors, some unqualified people have moved to nearby states to practice. Nevada does not license naturopathic doctors. An arrest a few years ago of a person who has repeatedly claimed to be a naturopathic doctor found her using "large quantities of dangerous drugs", claiming to cure cancer and netting \$14,000 per day according to a newspaper article. This person would not meet the

criteria for education established in SB #189. SB #189 will help protect Kansas citizens from situations such as this.

Currently there are several correspondence schools operating in unlicensed states in the U.S. which issue Doctorate of Naturopathic Medicine degrees with minimal correspondence only training with as little as three months and one thousand dollars needed to obtain these diplomas. In some cases it is not even required to have a high school diploma as prerequisite education. Meanwhile the demand for services from non-conventional health care practices are continuing to grow at a rapid rate. Without recognition of appropriate educational standards of this rapidly growing area of interest, public harm and confusion is very likely to occur. These types of problems will not just go away by ignoring them. A solution could be to follow the recent course of actions taken in this decade such as Alaska, Montana, New Hampshire, Vermont Utah and Maine have done in establishing recognition at the primary care level for practitioners fully trained in these reemerging health care options - naturopathic doctors.

I believe the question to you as lawmakers is not whether naturopathic doctors meet acceptable standards--they do, but rather is the Kansas legislature going to allow it's citizens the freedom to choose naturopathic health care in Kansas and whether they will allow the best trained practitioners to provide this needed service. I would propose the potential risk of not recognizing naturopathic doctors may far outweigh any perceived risk in recognizing this profession. I respectfully request you support the passage of SB 189.

KANSAS BOARD OF HEALING ARTS


BILL GRAVES
Governor



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MEMORANDUM

TO: Senate Committee on Public Health and Welfare

FROM: Lawrence T. Buening, Jr. 
Executive Director

DATE: February 10, 1999

RE: **SENATE BILL NO. 190**

Madam Chair and members of the committee, I wish to again express the appreciation of the Kansas State Board of Healing Arts for your willingness to set Senate Bill No. 190 for hearing and for allowing me to present testimony in favor of this bill. S.B. No. 190 was the second of three bills which the Board requested be introduced this Legislative session through this committee.

S.B. No. 190 is intended to accomplish two purposes. The changes made to K.S.A. 65-2809 and 65-2852 by Sections 1 and 3 of the bill simply would enable but not require the Board to renew licenses on other than an annual basis. Letters supporting a two-year renewal cycle are attached as Exhibits 1 and 2. By going to a two-year as opposed to an annual renewal, the Board would cut the number of renewals it would annually process in half, resulting in greater efficiency and reduced costs. If the changes are enacted, the Board will meet with all the various professional groups as well as those entities that rely on data supplied by the Board to determine whether something other than annual renewal should be instituted. Issues such as proof of maintenance of professional liability insurance and continuing education requirements must be addressed before a decision is made to move to something other than annual renewal. Any decision in this regard will be made only after a thorough review of the consequences of any change.

Unfortunately, when the Board presented the bill for introduction and drafting, a typographical omission occurred. Therefore, in order to accomplish the first purpose of the bill, the Board asks that the bill be amended by deleting the word "annual" in line 13 on page 5.

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

MEMBERS OF THE BOARD

RONALD J. ZOELLER, D.C., PRESIDENT
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JOHN P. GRAVINO, D.O., LAWRENCE

JANA D. JONES, M.D., LANSING

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

Senate Public Health and Welfare
Date: 2-10-99
Attachment No. 4

✓
The second purpose of the bill is to delete the maximum length of time a person may hold a postgraduate permit under K.S.A. 65-2811(b) and (c). Currently, a postgraduate permit is valid for a period not to exceed 36 months. If the residency program has not been completed by that time, the person has been required to apply for and receive a full and permanent license. We have had a number of concerns raised by residents whose postgraduate permit is to expire but who do not want to obtain full licensure in Kansas as they do not intend to practice in Kansas following completion of the program. Obtaining a permanent license requires a \$250 application fee and, at present, requires annual renewal at a cost of \$180. For those who do not intend to practice in Kansas outside of their residency program, this is an unnecessary expense. A letter from Dr. Kellerman indicating concern over the 36-month maximum for a postgraduate permit is attached as Exhibit 3.

Thank you for your consideration of this bill. On behalf of the State Board of Healing Arts, I would request that the amendment be made on page 5 of the bill as above requested and that the bill be recommended favorably for passage by the full Senate. I would be happy to respond to any questions.



929 North St. Francis
Wichita, KS 67214-3882

Tel 316-268-5000

Via Christi
Regional Medical Center

July 24, 1998

RECEIVED

JUL 28 1998

KANSAS STATE BOARD OF
HEALING ARTS

Lawrence Buening, J.D.
Kansas State Board of Healing Arts
235 SW Topeka
Topeka, KS 66603-3068

Dear Mr. Buening:

It is my understanding that the Kansas State Board of Healing Arts is reviewing the system of renewal dates of licensees. Please consider the following as you make your decisions.

As you know, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) requires at a maximum biennial reappointment of members to a medical staff. In order to make this a less cumbersome process for institutions with large medical staffs, this reappointment procedure is carried out in some institutions by the birth month and birth year of the physician every two years; e.g., if the physician was born in July of 1946, his/her reappointment would come due in July of 1998, an even numbered year. Changing to a two-year cycle on a birth month, birth year basis for license renewal would provide assistance with JCAHO compliance.

I understand there has been some discussion of a three year license renewal instead of the annual renewal. This would be good from a licensee standpoint in fulfilling requirements of the Physicians Recognition Award of the American Medical Association. However, from a hospital standpoint, this would be no better than the annual renewal since the renewal date would not generally coincide with any JCAHO reappointment process requirement of two years.

We would also encourage you to renew allopathic and osteopathic physicians on the same timeframes since medical staffs are generally composed of both types of practitioners.

Thank you for your consideration of these matters.

Sincerely,

Anna M. Fryar
Director, Medical Staff Administration

cc: Dwight Allen
Medical Society of Sedgwick County



Medical Society of Sedgwick County

October 29, 1998

RECEIVED

NOV 02 1998

**KANSAS STATE BOARD OF
HEALING ARTS**

Mr. Larry Buening, Jr., Director
Kansas State Board of Healing Arts
235 S. Topeka Blvd.
Topeka, KS 66603

Dear Larry:

Based on our previous telephone conversations, I understand the Board of Healing Arts at their August 15, 1998 meeting endorsed modifying the Board's current policy and procedures regarding the licensure frequency of physicians licensed to practice in the State of Kansas.

This matter has been discussed on several occasions by the society's Board of Directors, the latest being at their July 29th meeting. The MSSC Board unanimously supports changing the current frequency from an annual basis to every two years (biennially), determined by the month and year (odd/even) of the licensee's birth. This frequency would be in keeping with the credentialing provisions of the JCAHO (hospitals) and the NCQA (managed care organizations). Switching to an odd-even year basis would also more evenly spread the workload associated with processing licensure applications as compared to a straight two year cycle. Some problems will be encountered in switching to a new frequency but it is our belief the odd-even year basis is superior. In Sedgwick County all of the hospitals utilize the odd-even frequency. This involves some 900 physicians which is approximately 27% of all the physicians licensed by the Healing Arts Board. The MSSC board also recommends that the new frequency apply to osteopathic physicians and podiatrists since at the hospital credentialing level, M.D.'s, D.O.'s and D.P.M.'s are processed on the same schedule.

In August of 1992, the MSSC, through collaborative and cooperative efforts with all of the Wichita hospitals, developed and implemented a centralized physician information verification program. Through this program, administered by the MSSC, a single application is used and a uniform re-appointment frequency is followed. All required information is collected from the original source. A copy of this information is provided to the credentials committee of the participating hospitals for final review and action. This program has been well received by physicians and hospitals alike. All of the hospitals have been surveyed at least twice by the JCAHO and the surveyor remarks have been excellent with no deficiencies given.

Based on our six years of experience with physician credentialing, a two year frequency based on the licensee's birth month, odd-even years has been most successful. The MSSC Board urges the Healing Arts Board to adopt this frequency.

Should you have questions or need additional information, please contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Dwight Allen", with a long horizontal line extending to the right.

Dwight Allen
Executive Director

DA:jn

c: Jerry Slaughter, KMS

HABCRED/JN



Smoky Hill Family Practice Residency Program

501 S. Santa Fe

Suite 200

Salina, Kansas

67401

Phone

(913) 825-7251

FAX (913) 825-1605

Rick Kellerman, M.D.,

Director

Jul Jaster, M.D.,

Associate Director

Charles Allred, M.D.,

Associate Director

David Hanson, M.D.,

Associate Director

Robert Brown, M.D.,

SHEF Director

Sally Leger, M.S.,

Behavioral Science

Coordinator

Jan Wildman, Business

Manager

Danita Hendrixson

Program Coordinator

April 9, 1997

RECEIVED

APR 21 1997

KANSAS STATE BOARD OF HEALING ARTS

Larry Buening
Kansas Board of Healing Arts
235 SW Topeka Blvd.
Topeka, KS 66603

Dear Mr. Buening,

After our discussion about the "36 month" issue for post graduate permits, I put together the following list of instances where 36 months may not be an adequate time period for residents in our training programs.

1. A female resident may become pregnant, miss part of the continuity of her residency and be required to extend her residency beyond the original 36 months.
2. Residents who attend off-shore medical schools and are not eligible for licensure within their first three years and, for one reason or another, are required to extend their residency's beyond 36 months would present a problem.
3. Some residency programs offer "shared residencies" to two individuals who split their duties (for example, two residents who wish to maintain high levels of care for their children at home) and will not be able to complete their programs within 36 months.
4. Medicine/Pediatrics programs are 4 years in length.
5. Surgery/Orthopedics/OB-GYN are examples of non-primary care residency programs which last more than three years.
6. If a resident decides not to moonlight or is not allowed to moonlight by their program director and the resident may not apply for permanent licensure. If, for one reason or another the resident is required to extend residency beyond 36 months and does not elect to set up practice within the state of Kansas, a 36 month permit may not be adequate.

Thank you for asking the Primary Care Residency Directors Council for their input on this issue. There may be other actual and hypothetical situations where the "36 month" regulation may be inadequate.

Sincerely,

Rick Kellerman, M.D.
Chairperson, PCRDC

EXHIBIT 3

P.S. Please clarify whether a resident can receive a second post graduate permit.


4-6



KANSAS MEDICAL SOCIETY

February 10, 1999

TO: Senate Public Health and Welfare committee

FROM: Meg Draper 
Director of Government Affairs

SUBJ: SB 190: Biennial Licensure

The Kansas Medical Society appreciates the opportunity to provide written comments on SB 190, which relates to licensing of physicians and other healing arts licensees. KMS supports the proposed amendments, which allow the board to renew licenses biennially.

For the past couple of years, KMS has been discussing the issue of biennial licensure for physicians with staff from the board of healing arts. The issue was raised by the Medical Society of Sedgwick County (MSSC) and resulted in a 1997 KMS Resolution (Res. 97-12) directing KMS to support changing the frequency of relicensing. The MSSC board and KMS legislative committees voted unanimously to support changing the current frequency for renewing a license to practice medicine from an annual basis to every two years.

Currently, physicians and chiropractors are required to renew their licenses to practice the healing arts annually. Changing to a two-year renewal would have several advantages. First, biennial licensure would be consistent with the credentialing provisions of both the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which credentials hospitals, and the National Committee for Quality Assurance (NCQA), which credentials managed care organizations. Moreover, staff time spent handling renewals at the board would conceivably diminish, as would the paperwork that physicians are currently required to complete annually.

Thank you very much for considering our comments.

KANSAS BOARD OF HEALING ARTS

BILL GRAVES
Governor



235 S. Topeka Blvd.
Topeka, KS 66603-3068
(785) 296-7413
FAX # (785) 296-0852
(785) 368-7102

February 10, 1999

Hon. Sandy Praeger
State Senator, Second District
Chair, Public Health and Welfare Committee

Re: Senate Bill No. 194

On behalf of the Kansas State Board of Healing Arts, thank you for the opportunity to appear before you today in support of Senate Bill No. 194. The Board requested this bill to clarify two issues. The first issue is under what circumstances and under what procedures may the Board require a licensee to submit to a mental or physical examination or drug screen. The second issue is whether the Board should continue to publish and distribute a standardized summary of treatment methods for breast cancer.

Evaluations for Impairment

The Board has long had authority to revoke, suspend or limit the license of those who are a danger to the public because of mental impairment, including use of alcohol or drugs. This authority includes the ability to require evaluation and treatment. The statutory provisions regarding mental or physical evaluations or drug screens currently appear at K.S.A. 1998 Supp. 65-2836(i). That section allows the Board to order a licensee to submit to an appropriate evaluation when the Board finds reasonable suspicion to believe there is a threat to the public.

In *Corder v. Kansas Bd. of Healing Arts*, 256 Kan. 638, 889 P.2d 1127 (1994), the Kansas Supreme Court considered a challenge to a Board decision that was issued under this statute. The Board's emergency order suspended a physician's license and ordered a mental examination. The order was based upon a concern that the physician was psychologically impaired and a danger to patients. The physician refused to comply with the examination order, and requested a hearing on the suspension order. Based upon the current language of K.S.A. 65-2842, the Board declined to hold a hearing on the emergency suspension until the physician submitted to the evaluation. As the Court correctly noted, confusion reigned as to the application of this statute. Ultimately, the Court construed K.S.A. 65-2836(i) to require that a formal hearing must be commenced before an order for examination is entered.

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

MEMBERS OF THE BOARD

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HAROLD J. SAUDER, D.P.M., INDEPENDENCE
EMILY TAYLOR, LAWRENCE

Senate Public Health and Welfare
Date: 2-10-99
Attachment No. 6

The Court's decision is problematic for two reasons. Initially, most situations in which the Board finds reasonable suspicion of impairment occur during the investigative stage. Formal allegations of professional wrongdoing are often premature at the time the impairment is first observed. In that sense, the evaluation itself is an important investigative tool. Many investigations take weeks to complete before disciplinary charges are initiated. Leaving the public at the hands of a dangerous doctor while the investigation is being finalized is inconsistent with the Board's purpose of protecting the public.

Secondly, not all of the Board's proceedings are "formal" hearings under the administrative procedure act. The majority of the Board's hearings are "conference" hearings. The distinction between these two hearing types is found in the administrative procedure act. A conference hearing is appropriate when there are no material disputes of fact, leaving only questions of law and the application of discretion to resolve. A formal hearing is the method used to resolve disputed questions of material fact. The Board does not believe that orders for evaluations are appropriate only in formal proceedings.

As a result of the *Corder* decision, the Board has struggled with balancing the public and private interests when a licensee appears before the Board exhibiting signs of impairment even though no formal hearing is pending. The proposed amendments contained in Senate Bill No. 194 would protect both interests.

The current procedure for issuing an order for an evaluation would be removed from K.S.A. 65-2836(i). That statute would continue to state as grounds for discipline that the licensee is unable to safely practice due to chemical, mental or physical impairment.

The current language of K.S.A. 65-2842 which caused confusion in the *Corder* case would be deleted by section two, and the new procedure for issuing orders for evaluations put in its place. The section would provide for an implied consent to an evaluation, much like the holder of a driver's license is deemed to have consented to an evaluation for alcohol. The new language would clarify that a proceeding for an examination may be commenced as part of an investigation or as part of a disciplinary proceeding. The consent is implied only when certain conditions are met, however. The Board must make a finding of reasonable suspicion that the licensee is unable to practice safely.

The amendment establishes procedural protections for the licensee. The licensee must be given notice and an opportunity for a hearing under the provisions of the administrative procedure act. Any order would be reviewed by the District Court under the judicial review act. Finally, the new language provides that the proceeding and records would be confidential in the same manner as under the current statute.

In summary, the revisions to K.S.A. 1998 Supp. 65-2836(i) and to K.S.A. 65-2842 contained in Senate Bill No. 194 are intended to allow the Board to carry out its function of protecting the public from dangerous practitioners of the healing arts. Adequate protection is provided to afford the licensees all elements of due process.

Breast Cancer Information

The healing arts act contains numerous grounds for discipline against a licensee. Generally those provisions are found at K.S.A. 1998 Supp. 65-2836. Subsection (m) of that

statute imposes a duty upon the Board to supply a standardized summary of recommended and alternative forms of treatment of breast tissue abnormalities. The purpose of the law was to address what was seen as the performance of many unnecessary radical mastectomies. Since 1984 when the law was adopted, the Board has developed a brochure which summarizes these treatment forms, and distributed it to persons licensed to practice medicine and surgery. On occasion the brochure has been updated to reflect current medical practices. A copy of the current brochure produced by the Board is attached to this memorandum.

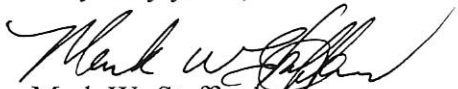
Subsection (m) is a unique provision of the healing arts act. The Board does not doubt the value of providing information to patients. However, the Board is required to fulfill this function only for breast tissue abnormalities, not for other ailments.

Alternative materials are available which provide the information mandated by subsection (m). In a recent disciplinary case, a physician was alleged to have failed to provide the Board's brochure to a woman with a breast tissue abnormality. There was actually no dispute that the Board's brochure was not provided, and thus there was a violation of the healing arts act. The physician admitted his ignorance of subsection (m), and admitted he was unaware that the Board even provided a brochure. However, he was able to establish that he had provided a similar brochure prepared by the American Cancer Society. The physician believed that providing the information to the patient was necessary of a competent practitioner. The Society's brochure was reviewed by the Board, and the Board determined that the spirit of the law had been fulfilled. Seeing no point in punishing a technical violation resulting in no patient injury or threat to the public welfare, the allegation was dismissed. Thus, the standard of practice achieved the end sought by subsection (m).

In light of the availability of resources for providing information to patients, and in light of the standard of practice which satisfies the goals of subsection (m), the Board requests that it be relieved of the duty to publish and distribute the materials. The added language makes clear that a physician continues to be obligated to provide information to the woman regarding recommended and alternative forms of treatment. This language establishes the negligence standard as the rule for determining what information should be provided.

In conclusion, the amendments to the healing arts act which are requested by the Board would improve the Board's ability to protect the public from impaired licensees, would give procedural protection to those licensees who appear to be impaired, and would relieve the Board from the duty to publish information which is available from other sources. I urge your support for Senate Bill 194, and ask that this Committee recommend the bill favorably for passage.

Very truly yours,



Mark W. Stafford,
General Counsel



KANSAS MEDICAL SOCIETY

February 10, 1999

TO: Senate Public Health and Welfare committee

FROM: Meg Draper 
Director of Government Affairs

SUBJ: SB 194: Healing Arts Licensees

The Kansas Medical Society appreciates the opportunity to testify this morning on SB 194, relating to certain disciplinary provisions of the healing arts act. KMS supports the proposed amendments.

SB 194 amends various statutes dealing with disciplinary actions against licensees of the healing arts (physicians and chiropractors). K.S.A. 65-2836 lists the categories of violations for which a licensee could have his or her license revoked, limited or suspended, and subsection (i) of this section governs consent to a physical or mental examination or a drug screen upon reasonable suspicion that the licensee might be impaired, and describes the procedures that must be followed in such cases. K.S.A. 65-2842 stays the opportunity for hearing under the Kansas Administrative Procedures Act until a licensee has complied with the board's order to submit to testing or screening. KMS understands that the healing arts board is proposing changes to these laws in response to a Kansas Supreme Court decision holding these laws unconstitutional as a violation of a licensee's due process rights. We support these amendments because they will help ensure that physicians and other licensees will have adequate due process protections under the law. They will also give the Medical Advocacy Program, the impaired provider program for physicians administered by KMS under contract with the board, the ability to conduct examinations and screenings upon the licensee's consent without requiring notice and hearing under the Administrative Procedures Act.

SB 194 also amends K.S.A. 65-2836(m), which governs informing patients suffering from breast abnormalities of alternatives that they have to surgery. The current law states that these alternatives must be supplied to the patient in the "standardized summary supplied by the board" and specifies the information that must be included in this summary. Physicians must comply with this subsection or risk disciplinary action by the board. As a practical matter, new forms of treatment for breast cancer are being rapidly developed, and it is difficult for the board to keep pace with these developments so that they may be included in the standardized brochure. The new language gives physicians the flexibility to inform this patient population in writing of their treatment options using generally accepted literature, like brochures developed by the American Cancer Society.

Thank you very much for considering our comments.

623 SW 10th Ave. • Topeka KS 66612-1627 • 913.235.2383 • 800.332.0156 •
Western Kansas office • 108 E 12th St. • Hays KS 67601 • 913.625.8215 • 800.293.1

Senate Public Health and Welfare
Date: 2-10-99
Attachment No. 7



February 10, 1999

Written testimony by John Pepperdine
Manager of Government Relations

**AMERICAN CANCER SOCIETY'S TESTIMONY OF SENATE BILL 194 UNDER
REVIEW BY THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE**

At the close of the 20th century, patients and their families are becoming increasingly responsible partners in their health care. So, good communication about a health problem and its treatment is more important than ever. The American Cancer Society supports the patient's right to be given as much information as possible to make an informed decision about having medical care, diagnostic studies, or treatment.

As the nation's premier community-based voluntary health organization dedicated to eliminating cancer, the American Cancer Society is always concerned about legislation that effects the cancer patient and we appreciate your concern for the patient on this issue. Included with this testimony are the summaries of the 4 types of brochures we offer to the public and the medical community regarding breast cancer reconstruction.

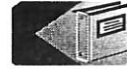
If you have any questions or concerns feel free to contact the American Cancer Society in Topeka at (785) 273-4422. Thank you for your time.

HEARTLAND DIVISION, INC.
1315 S.W. ARROWHEAD ROAD • TOPEKA, KANSAS 66604-1555
(785) 273-4422 • 800-359-1025 • FAX (785) 273-4422
DISTRIBUTION FAX (785) 273-7560

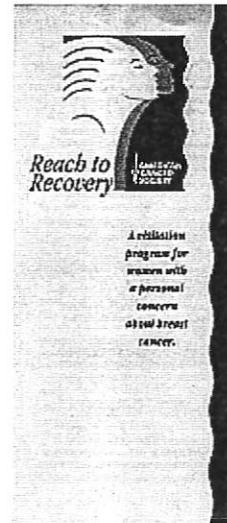
Senate Public Health and Welfare
Date: 2-10-99
Attachment No. 8



Materials Catalog



Title Reach to Recovery Program Pamphlet
Code 4601.00
Department 5500 Cancer Control
Contact Sherry Bailey
Subject Patient & Family Services
Language
Program Reach to Recovery
Medium Pamphlet
Site Breast
Keywords
Price \$3.84 Per 100
Banding 50
Cartons 2000
Status Active
Division
Specific



Description: This pamphlet provides an overview of the Reach to Recovery program. It can be widely distributed in clinics, hospitals, waiting or recreation rooms, and physicians offices. Also available in Spanish (No. 4615).

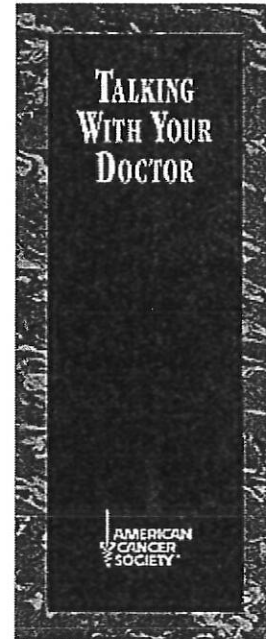
Year of Release: 1982 Last Revision: 1997
Modified By Peter Carlin on 06/03/98 01:01:12 PM



Materials Catalog



Title Talking With Your Doctor
Code 4638.00
Department 5500 Cancer Control
Contact Claudia Bannon
Subject Patient & Family Education
Program Common Questions & Communication
Medium Pamphlet
Site Non-Site Specific
Keywords fc
Price \$8.24 Per 100
Banding 50
Cartons 1000
Status Active
Division
Specific



Description: This pamphlet assists patients in building a good working relationship with their doctors through effective communication. Written for a sixth-grade reading level. Size of pamphlet is 3 3/4" x 9", eight pages.

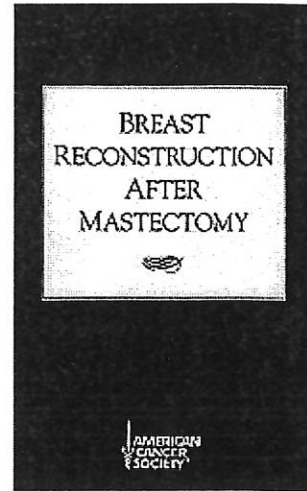
Year of Release: 1987 Last Revision: 1996



Materials Catalog



Title **Breast Reconstruction After Mastectomy**
Code **4630.00**
Department **5500 Cancer Control**
Contact **Sherry Bailey**
SubjectBreast **Cancer Network**
Program **Patient & Family Education**
Medium **Booklet**
Site **Breast**
Keywords **fc**
Price **\$27.60 Per 100**
Banding **50**
Cartons **400**
Status **Backordered - under review by Department**
Division
Specific



Description: This booklet describes the various types of breast reconstruction options available to women after a mastectomy. It includes illustrations of the various types of breast reconstruction. It also includes information on planning and preparing for surgery, possible risks of breast reconstruction, what to expect after breast reconstruction, and questions to ask the plastic surgeon. Size is 5 1/2" x 8 1/2", 18 pages. Also available in Spanish (4637).

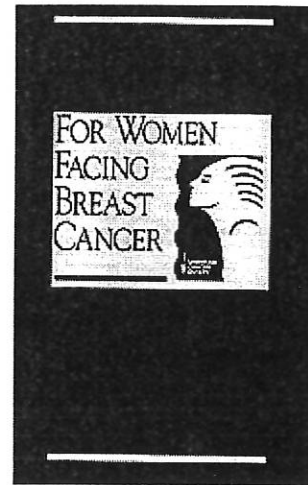
Year of Release: 1985 Last Revision: 1994



Materials Catalog



Title For Women Facing Breast Cancer
Code 4652.00
Department 5500 Cancer Control
Contact Sherry Bailey
SubjectBreast Cancer Network
Program Patient & Family Education
Medium Booklet
Site Breast
Keywords fc
Price \$31.97 Per 100
Banding 10
Cartons 250
Status Active
Division
Specific




Description: A booklet for women that explains mammography, biopsy, cancer staging, breast reconstruction, and treatment options. It also gives general information about joining an clinical trial and guidance on where to find emotional support. This booklet should be used as the primary information piece during a Reach to Recovery Early Support Visit. It is also appropriate for women concerned about breast cancer who may call the ACS for information. Size of booklet is 5 1/2" x 8 1/2", 48 pages.

Year of Release: 1995 **Last Revision:** 1997

Kansas Association of Osteopathic Medicine

Harold E. Riehm, Executive Director
1260 SW Topeka Blvd
Topeka, KS 66614

(785) 234-5563
(785) 234-5564 fax
e-mail: kansasdo@aol.com

Statement
Submitted to the
Senate Committee on Public Health and Welfare
February 10, 1999
by Harold Riehm 

Thank you for the opportunity to submit written comments regarding Senate Bills 189, 190, and 194. In general, these bills are designed to improve the operational effectiveness of the State Board of Healing Arts and therefore we support them.

SB189 would clarify that it is the Board rather than any private accrediting agency or association which has the ultimate authority to approve postsecondary education requirements and curriculum. This is important for purposes of assuring the integrity of the Healing Arts Act.

SB190 consists of principally technical changes in the sections of law dealing with license renewals but also contains an important amendment pertaining to postgraduate permits. Current law is based on the assumption that residency training programs last three years. This is not always the case. Some specialty residency programs last four years or even longer. The amendment at line 36 of page 4 recognizes this by repealing the 36 month limit on the permit.

SB194 deletes a substantial amount of superfluous language contained in two related sections of the Healing Arts Act; one section dealing with the disciplinary authority of the Board and another section dealing with suspected impairment of a licensee. Both of these amendments would streamline the process and improve the Board's ability to perform one of its most important functions. It is noteworthy that section two of the bill would assure that any licensee who is the subject of a report of suspected impairment would receive the benefit of an opportunity for a hearing under the Kansas Administrative Procedure Act, unless the licensee has already agreed to random drug screens pursuant to an impaired provider contract. This preserves the right of a licensee to appeal while assuring that impaired provider programs can continue to fulfill their infrequent but important duty.

Thank you for considering our comments in your deliberations. We respectfully request that you recommend passage of all three bills.

Senate Public Health & Welfare
Date: 2-10-99
Attachment No. 9