

Approved: February 16, 2000  
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 8, 2000 in Room 423-S of the Capitol.

All members were present except: Representative Brenda Landwehr, Excused

Committee staff present: Emalene Correll, Kansas Legislative Research Department  
Dr. Bill Wolff, Kansas Legislative Research Department  
Norman Furse, Revisor of Statute's Office  
June Evans, Secretary

Conferees appearing before the committee: Cassie Lauver, ACSW, Kansas Department of Health and Environment  
Larry Buening, Executive Director, Kansas Board of Healing Arts  
Tuck Duncan, Occupational Therapy Assn.  
Rebecca Rice, KS Chiropractic Association  
Tom Bell, Kansas Hospital Association  
Susan Grace, President, KS Physical Therapy Assn.

Others Attending: See Attached Sheet

The Chairperson opened the hearing on **HB 2756 - Commission on Epilepsy.**

Staff gave a briefing on the background creating **HB 2756** and stated there had been many new strides taken on epilepsy. The Department of Health and Environment was unaware there was a Commission on Epilepsy as it had not been functioning and there was no funding for the Commission.

Cassie Lauver, ACSW, Kansas Department of Health and Environment, testified as a proponent to **HB 2756**, stating the bill was created in 1990 by **SB 371** and was effective July 1, 1990. The Commission was to sunset July 1, 1993. The Commission submitted what they considered their Final Report to Governor Joan Finney in August of 1993. The Final Report was accepted and the commission held no further meetings (See Attachment #1).

The Chairperson closed the hearing on **HB 2756.**

Representative Geringer moved and Representative Bethell seconded to move **HB 2756** out and put on the Consent Calendar.

Representative Henry moved and Representative Long seconded a Substitute motion to pass **HB 2756** out favorably. The motion carried.

The Chairperson opened the hearing on **HB 2235 - Relating to Licensure of Physical Therapy.**

Staff gave a briefing on **HB 2235** the bill relates to the change of the word "registration" as it relates to physical therapist to licensure and that necessitates several changes throughout the bill which does not have that much to do with physical therapy except that the term "registered physical therapist" and that needs to be amended and changed if the bill were enacted into law to "licensure". Several sections need to be changed from "registered" to "licensure." If registered the title is protected, can not use that title unless they are registered under the Act. Under licensure, under the pristine form of the law would protect both the title and scope of practice. Therefore, no individual could use the title nor could any individual practice physical therapy without being licensed as a physical therapist. This is a carryover bill so it would have to be updated with the 99 Session changes. There are several technical changes needed if the bill is enacted.

## CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on February 8, 2000.

The Chairperson stated there was a hearing a year ago and closed the hearing, but did not work the bill. That is what is proposed now but prior to doing that are going to have some short testimony bringing members up to date.

Lawrence Buening, Executive Director, Kansas Board of Healing Arts, stated he had a change to last year's testimony and that would be basically changing paragraph 2. In light of the action this committee took last year in licensing respiratory therapists, change somewhat the position of the board as what had traditionally been licensed doctors and registered people who take direction and supervision and delegation from doctors. With the licensure of respiratory therapists, that distinction has now been blurred and probably no longer as valid as stated in my testimony last year. The only other thing in looking back at the testimony there was some question and referred to at that time to the respiratory therapy bill that was going through and particularly refer to page 27 of the bill and there is a question whether there should be some exclusions from the practice of physical therapy because no longer talking title and protection but talking scope of practice. For those people who work within their own scope of practice or their own profession, things that may overlap into physical therapy such as occupational therapy, nursing, physician assistants, etc. In the respiratory therapy legislation there were 11 exceptions and if engaged in those things not violating the Practice Act and invading the scope of physical therapy. Perhaps those exceptions would be considered.

Susan Grace, President Kansas Physical Therapy Association, testified **HB 2235** with the suggested amendment would change the credentialing of physical therapists from registration to licensure and would not alter the current practice of other health care professionals. This is merely a clarification and protects the consumer.

Physical therapy is the care and services provided by or under the direction and supervision of a physical therapist. Care provided by other individuals is not physical therapy and should not be represented as such. Misrepresentation of physical therapy services can be confusing to the public and place consumers at serious health risk (See Attachments #2 & 3).

R. E. "Tuck" Duncan, Kansas Occupational Therapy Association, stated his intention would be to amend **HB 2235** to also include the professional of occupational therapy. Physical Therapists and Occupational Therapists are, in a manner of speaking, "partners in rehabilitation services." Both professions make unique contributions to health care outcomes. Current law defines physical therapy as "the term 'physical therapy' means a health specialty concerned with the evaluation, treatment or instruction of human beings to assess, prevent and alleviate physical disability and pain." Occupational Therapy is defined as: "Occupational Therapy" is a health care profession whose practitioners, other than a occupational therapy practitioners working with the educationally handicapped in a school system, are employed under the supervision of a physician and whose practitioners provide therapy, rehabilitation, diagnostic evaluation, care and education of individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities or the aging process in order to maximize independence, prevent disability and maintain health. There has been a new bill introduced which is **HB 2886** which parallels most everything you have heard with simply substituting Occupational Therapist for Physical Therapist. The procedures of these professions are similar but the outcomes are different. Possibly **HB 2886** could be amended into **HB 2235** and both of these professions considered for licensure at the same time. (See Attachment #4).

Tom Bell, Senior Vice President/Legal Counsel, Kansas Hospital Association, testified in opposition to **HB 2235** for two main reasons: (1) it bypasses the state credentialing process; and (2) it does not sufficiently recognize the scope of practice of other health care personnel (See Attachment #5).

Rebecca Rice, representing the Kansas Chiropractic Association, testified in opposition of **HB 2235** and requested the following amendments: (1) on page 21, line 14 after *cauterization*, insert *chiropractic adjustments or thrust manipulation*; and (2) on page 21, line 26 after *a licensed podiatrist* insert *a licensed chiropractor*.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on February 8, 2000.

The Kansas Chiropractic Association would support the bill if the two amendments were included. If licensure is granted to physical therapist, the KCA believes future misunderstandings could be avoided and the public best protected if the Legislature codifies the existing positions of the Board of Healing Arts and the Kansas Attorney General (See Attachment #6).

Keith Landis, Christian Science Committee on Publication for Kansas, opposed the amendment offered because of item (2) "members of any church practicing their religious tenets."

Representative Showalter moved and Representative Flaharty seconded to insert amendment requested by the Kansas Physical Therapy Association into the bill. The motion carried.

The Chairperson asked staff to draft a balloon with the amendment and include the needed technical changes and will try to work the bill at that time.

Representative Geringer asked if the committee would want to have draft include Occupational Therapists and make more buoyant.

The Chairperson suggested the turf battles be knocked out, the people that still have issues to get those issues taken care of either in terminology or through some agreement and once that is done can answer that question as to whether others should be included because at this point might be just adding more weight to the ship. At this point we need to get the turf battles whipped.

Representative Henry requested that the balloon reflect amendment requested from the Chiropractic Association, and discuss those at that time.

The Chairperson stated the balloon should be all inclusive because anything can be wiped out as the bill is worked. Everything we have discussed here should be in the balloon.

Carolyn Bloom, physical therapist, in the audience, explained the different techniques.

The Chairperson stated that the interested parties would meet to discuss their differences and come up with a balloon that will be satisfactory to all parties. Lawrence Buening will moderate the meeting. After these differences are worked out, staff will draft a balloon and the committee will work the balloon if there is time.

The meeting adjourned at 3:15 p.m. and the next meeting will be February 9.

HEALTH AND HUMAN SERVICES

DATE February 8, 2002

NAME	REPRESENTING
Chip Wheelen	Osteopathic Association
Tina Wood	VCHS
K. Buone	Hair/Juice @ WPA
KEITH R LADDIS	REGISTRATION SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
TUCK DUNCAN	Ks. Occupational Therapy Assn.
Leslie Bray	KDHE
Tamiatus	"
Michael Moser	KDHE
Carolyn Middleton	Ks S N Assn
Cassie Hammer	KDHE
Bill Howell	Governor's Office
Mike Huttles	Ks. Govt Consulting
Chris Collins	KUS
Kim Guthrie	Health/Insurance
Susan Grace	KPTA
Carolyn Bloom PT	KPTA
Tom Sibsky BS	KPTA



**KANSAS**  
**DEPARTMENT OF HEALTH & ENVIRONMENT**  
BILL GRAVES, GOVERNOR  
Clyde D. Graeber, Secretary

---

Testimony presented to the  
House Health and Human Services Committee

February 8, 2000

by

Cassie Lauver, ACSW

HB 2756

The Commission on Epilepsy was created by 1990 Senate Bill 371 and was effective July 1, 1990. The Commission was to sunset July 1, 1993 per K.S.A. 74-7280. However, K.S.A. 74-7280 was later repealed by Senate Bill 471 effective July 1, 1992. Senate Bill 471 also repealed K.S.A. 75-5655 (e), which provided that the provisions of the Kansas Sunset Law applied to the Commission on Epilepsy.

From file documentation the Commission on Epilepsy was unaware the sunset provision had been repealed. The Commission submitted what they considered their Final Report to Governor Joan Finney in August of 1993. The Final Report was accepted and the commission held no further meetings. It is also documented that the Commission, thinking it would sunset, recommended not to request continuation of the Commission past July 1, 1993 due to the lack of funding, staffing and general support needed to carry out the statute.

The Kansas Department of Health and Environment supports the repeal of K.S.A. 75-5655.

D:\MyFiles\Cassie\HB 2756.doc

Suggested Amendment to HB 2235

(a) Nothing in this act is intended to limit, preclude or otherwise interfere with the practices of other health care providers formally trained and licensed, registered, credentialed or certified by appropriate agencies of the state of Kansas. The practice of physical therapy shall not be construed to include the following individuals:

(1) Persons rendering assistance in the case of an emergency.

(2) Members of any church practicing their religious tenets.

(3) Persons whose services are performed pursuant to the delegation of and under the supervision of a physical therapist who is licensed under this act.

(4) Health care providers in the United States armed forces, public health services, federal facilities and coast guard or other military service when acting in the line of duty in this state.

(5) Licensees under the healing arts act when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to a delegation authorized under subsection (g) of K.S.A. 65-2872 and amendments thereto.

(6) Dentists practicing their professions, when licensed and practicing in accordance with the provisions of law.

(7) Nurses practicing their professions, when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to the delegation of a licensed

nurse under subsection (m) of K.S.A. 65-1124 and amendments thereto.

(8) Health care providers who have been formally trained and are practicing in accordance with the training or have received specific training in one or more functions included in this act pursuant to established educational protocols or both.

(9) Students while in actual attendance in an accredited health care occupational education program and under the supervision fo a qualified instructor.

(10) Self-care by a patient or gratuitous care by a friend or family member who does not represent or hold oneself out to the public to be a physical therapist.

(11) Optometrists practicing their profession when licensed and practicing in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated and amendments thereto.

(12) Podiatrists practicing their profession when licensed and practicing in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated and amendments thereto.

(13) Occupational therapists practicing their profession when registered and practicing in accordance with the occupational therapy practice act.

(14)(m)Physicians' assistants practicing their profession when registered and practicing in accordance with K.S.A. 65-2896 et seq. and amendments thereto.

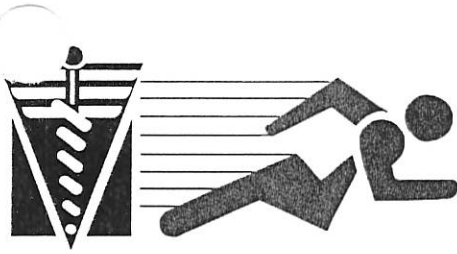
(15) Athletic trainers practicing their profession when registered and practicing in accordance with the athletic

trainers registration act.

(b) Any patient monitoring, assessment or other procedures designed to evaluate the effectiveness of prescribed physical therapy must be performed by or pursuant to the delegation of a licensed physical therapist or other health care provider.

(c) Nothing in this act shall be construed to permit the practice of medicine and surgery. No statute granting authority to licensees of the state board of healing arts shall be construed to confer authority upon physical therapists to engage in any activity not conferred by this act.





# KANSAS PHYSICAL THERAPY ASSOCIATION

1200 SW 10th  
P.O. Box 2428  
Topeka, KS 66601-2428  
Phone: (785) 233-5400  
Fax: (785) 234-2433

## Board of Directors

Susan Grace, PT  
President

Susan Willey, PT  
Vice President

Dale Barb, PT  
Secretary

Pam Palmer, PT  
Treasurer

Candy Bahner, PT  
Chief Delegate

February 8, 2000

Chairman Boston and Members of the Health and Human Services Committee:

As President of the Kansas Physical Therapy Association I am asking for your support of H.B. 2235 with the suggested amendment. This bill, as amended, would change the credentialing of physical therapists from registration to licensure and would not alter the current practice of other health care professionals. I would also refer you to my testimony of February 16, 1999.

I would like to reiterate some key points of my previous testimony as well as clarify some of the issues that were brought forward at that time.

Steve Kearney  
Executive Director

Physical therapists are health care providers who are professionally educated at the university level. Qualifying university programs must be accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE). As of 2002, CAPTE will only accredit those professional programs that award a post baccalaureate degree. Physical therapists practice in a broad range of inpatient, outpatient, and community based settings including but not limited to hospitals, rehabilitation facilities, school systems, homes and independent practices.

*Physical therapy* is the **care and services provided by or under the direction and supervision of a physical therapist.** Care provided by other individuals is *not* physical therapy and should not be represented as such. Misrepresentation of physical therapy services can be confusing to the public and place consumers at serious health risk. Physical therapy includes five elements of client management: examination, evaluation, diagnosis, prognosis, and intervention. Each element requires a level of skill and expertise in order to achieve the desired outcome. Physical therapy interventions require knowledge of both indications and contraindications as well as skill and judgement in application. Without such knowledge and expertise the potential for harm is significant.

By Kansas law, licensure requires individuals to meet predetermined qualifications to engage in a profession. The required qualifications for physical therapists are clearly delineated in our educational standards and are outlined in our current practice act. Physical therapists are required to pass an entry level examination, are bound by a Code of Ethics, directed by Standards of Practice and are subject to disciplinary process.

It is our premise that licensure is the level of credentialing that best corresponds to the unique qualifications and expertise of a physical therapist. Licensure is the appropriate level of regulation according to the criteria outlined in K.S.A. 65-5006. Licensure is necessary to provide adequate protection to the consumer.

Please support H.B. 2235 with our proposed amendment.

Thank you for your consideration.

Respectfully submitted,

A handwritten signature in cursive script that reads "Susan Grace, PT".

Susan Grace, PT  
President  
Kansas Physical Therapy Association



214 S.W. 7th Street  
Topeka, KS 66603  
(913) 233-4111

TO: Committee Members  
House Health and Human Services Committee

FROM: R. E. "Tuck" Duncan *[Signature]*  
Kansas Occupational Therapy Association

RE: HB 2235

Pending before the House Health and Human Services Committee is HB 2235 relating to licensure of physical therapy. It will be my intention to ask the Committee to amend the bill to also include the profession of occupational therapy, and I wanted you to be so aware before the meeting.

Physical Therapists (PTs) and Occupational Therapists (OTs) are, in a manner of speaking, "partners in rehabilitation services." Both professions make unique contributions to health care outcomes.

Current law defines physical therapy as: "the term 'physical therapy' means a health specialty concerned with the evaluation, treatment or instruction of human beings to assess, prevent and alleviate physical disability and pain. This includes the administration and evaluation of tests and measurements of bodily functions and structures in aid of treatment; the planning, administration, evaluation and modifications of treatment and instruction including the use of physical measures, activities and devices for prevention and therapeutic purposes; and the provision of consultative, educational and advisory services for the purpose of reducing the incidence and severity of physical disability and pain. The use of roentgen rays and radium for diagnostic and therapeutic purposes, the use of electricity for surgical purposes, including cauterization, and the practice of medicine and surgery are not authorized or included under the term 'physical therapy' as used in this act." (KSA 65-2901)

Occupational Therapy is defined as: "Occupational therapy" is a health care profession whose practitioners, other than occupational therapy practitioners working with the educationally handicapped in a school system, are employed under the supervision of a physician and whose practitioners provide therapy, rehabilitation, diagnostic evaluation, care and education of individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities or the aging process in order to maximize independence, prevent disability and maintain health. Specific occupational therapy services include:

HHS  
2-8-2000  
Atch # 4

TO: Committee members  
House Health and Human Services Committee  
FROM: R. E. "Tuck" Duncan  
Kansas Occupational Therapy Association  
RE: HB 2235, Page two

- (1) administering and interpreting tests necessary for effective treatment planning;
  - (2) developing self care and daily living skills such as feeding, dressing, hygiene and homemaking;
  - (3) designing, fabricating, applying or training, or any combination thereof, in the use of selected orthotics, upper extremity prosthetics or adaptive equipment;
  - (4) developing sensory integrative skills and functioning;
  - (5) using therapeutic activity and exercise to enhance functional or motor performance, or both;
  - (6) developing prevocational/vocational work capacities and play/leisure skills; and
  - (7) adapting environment for the disabled.
- (KSA 65-5402)

As you can readily determine there are parallels, albeit differences. *Thus, licensure of both professions should proceed together to ensure continuity in the law for these "partners in rehabilitative services."*

There are over 65,000 occupational therapy practitioners in the United States and approximately 1400 in Kansas. The majority of states require licensure -- 41 states license occupational therapists and 39 states license occupational therapy assistants. Defining a scope of practice legally articulates the parameters of OT practice and provides important guidance to facilities, providers, consumers and major public and private health and education systems on the appropriate use of OT services and practitioners.

Occupational therapy practitioners provide important health and rehabilitation services to people of all ages who, because of illness, injury, developmental or psychological impairment, need specialized broadly covered under public insurance programs such as Medicare, Medicaid, FEHBP, CHAMPUS, and workers compensation programs, as well as by private insurers and managed care organizations (MCOs). They also provide extensive early intervention and school-based services to children under the Federal Individuals with Disabilities Education Act (IDEA). Because occupational therapy practitioners work extensively with extremely vulnerable and frail populations, it is especially important to regulate members of this profession in a manner that assures the highest level of consumer protection.

While 41 states, the District of Columbia, and Puerto Rico have enacted licensure laws for OT practitioners, four states (Hawaii, **Kansas**, Mich. and Minn.) have passed registration laws, three states (Ind., Vermont and Wis.) have enacted certification laws, and two states (Calif. and Colo.) and Guam have passed trademark laws. (See back page for additional information).

TO: Committee members  
House Health and Human Services Committee  
FROM: R. E. "Tuck" Duncan  
Kansas Occupational Therapy Association  
RE: HB 2235, Page three

As you are aware, licensing is "the process by which an agency of government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected." (U.S. Department of Health, Education and Welfare, 1977)

Licensure laws ensure that only individuals with specified training and experience may refer to themselves as occupational therapists or occupational therapy assistants. Licensure laws deter untrained individuals from practicing occupational therapy and prohibit unqualified individuals from engaging in the professional activities covered by the definition of services.

More importantly, licensure laws provide a venue for a consumer to seek redress if he or she believes there has been a violation of the law. Ultimately, the majority of the states have considered these and other factors and determined that licensure is the most effective approach to regulating OT practitioners.

The goals of licensure for the profession are to:

a. Protect consumers of the OT services from unskilled or improperly trained practitioners by assuring minimum standards for practice are met.

b. Prevent unqualified and unethical individuals from practicing occupational therapy or referring to themselves as occupational therapists or occupational therapy assistants.

c. Establish a legal definition for the practice of occupational therapy within the state law.

d. Establish a mandate for minimum requirements to practice occupational therapy in public and private agencies throughout a state.

e. Provide further recognition of recognized standards, integrity and value of the profession; and monitor and discipline incompetent, fraudulent and negligent behavior.

**The proposed amendment will not increase the cost of state regulation.**

Thus, please consider the amendment we will propose on behalf of OTs as licensure of both professions should proceed together to ensure continuity in the law for these "partners in rehabilitative services."

## JURISDICTIONS REGULATING OCCUPATIONAL THERAPISTS (OTs)

### Jurisdictions with Licensure Law

1990	Alabama
1987	Alaska
1989	Arizona
1977	Arkansas
1978	Connecticut
1985	Delaware
1978	District of Columbia
1975	Florida
1976	Georgia
*	Guam
1987	Idaho
1983	Illinois
1980	Iowa
1986	Kentucky
1979	Louisiana
1984	Maine
1977	Maryland
1983	Massachusetts
1988	Mississippi
1997	Missouri
1985	Montana
1984	Nebraska
1991	Nevada
1977	New Hampshire
1993	New Jersey
1983	New Mexico
1975	New York
1984	North Carolina
1983	North Dakota
1976	Ohio
1984	Oklahoma

1977	Oregon
1982	Pennsylvania
1968	Puerto Rico
1984	Rhode Island
1977	South Carolina
1986	South Dakota
1983	Tennessee
1983	Texas
1977	Utah
1998	Virginia
1984	Washington
1978	West Virginia
1991	Wyoming

### States with Registration Law

1998	Hawaii
1986	Kansas
1988	Michigan
1989	Minnesota

### States with Certification Law

1989	Indiana
1993	Vermont
1988	Wisconsin

### States with Trademark Law

1977	California
1996	Colorado

- 41 states with licensure laws for occupational therapists
- 44 jurisdictions with licensure laws for occupational therapists
- 4 states with registration laws for occupational therapists
- 3 states with certification laws for occupational therapists
- 2 states with trademark laws for occupational therapists

**Total: 53 Jurisdictions Regulate Occupational Therapists**

\*Licensure initiative is pending, Trademark Law, 1994.

# Memorandum



Donald A. Wilson  
President

TO: House Health and Human Services Committee

FROM: Kansas Hospital Association; Tom Bell, Senior Vice President/Legal Counsel

RE: House Bill 2235

DATE: February 7, 2000

The Kansas Hospital Association appreciates the opportunity to comment regarding the provisions of House Bill 2235, which would grant licensure status to physical therapists. The Kansas Hospital Association is opposed to HB 2235 as introduced for two main reasons: 1) it bypasses the state credentialing process; and 2) it does not sufficiently recognize the scope of practice of other health care personnel.

Before discussing the provisions of HB 2235, it is appropriate to review the statutory criteria that is to be applied when a particular health care provider group seeks credentialing by the state. Our statutes state that credentialing by the state is only appropriate when the following findings are made:

- (1) the unregulated practice of the occupation or profession can harm or endanger the health, safety or welfare of the public, and the potential for such harm is recognizable and not remote;
- (2) the practice of the occupation or profession requires an identifiable body of knowledge or proficiency in procedures, or both, acquired through a formal period of advanced study or training, and the public needs and will benefit by assurances of initial and continuing occupational or professional ability;
- (3) if the practice of the occupation or profession is performed, for the most part, under the direction of other health care personnel or inpatient facilities providing

---

## Kansas Hospital Association

215 SE 8<sup>th</sup> Ave. • P.O. Box 2308 • Topeka, KS • 66601 • 785/233-7436 • Fax: 785/233-6955 • [www.kha-net.org](http://www.kha-net.org)

Ha HS  
2-8-2000  
Atch #5

health care services, such arrangement is not adequate to protect the public from persons performing noncredentialed functions and procedures;

(4) the public is not effectively protected from harm by certification of members of the occupation or profession or by means other than credentialing;

(5) the effect of credentialing of the occupation or profession on the cost of health care to the public is minimal;

(6) the effect of credentialing of the occupation or profession on the availability of health care personnel providing services provided by such occupation or profession is minimal;

(7) the scope of practice of the occupation or profession is identifiable;

(8) the effect of credentialing of the occupation or profession on the scope of practice of other health care personnel, whether or not credentialed under state law, is minimal; and

(9) nationally recognized standards of education or training exist for the practice of the occupation or profession and are identifiable.

This law was passed to provide the Legislature with guidance and criteria when professional groups seek to be credentialed. It provides a mechanism for such groups to go through a process where a "technical committee" initially reviews the application. This technical committee is usually made up of individuals who have some expertise in the health care field. They are able to provide legislators with guidance regarding difficult clinical issues. The technical committee also answers the specific questions posed by the statutes. In this case, that process has not been followed.

Section 11 of HB 2235 creates a very broad scope of practice for physical therapists. Section 20(a) then says that a person must be licensed to perform any of the acts within that scope of practice. Section 20(c) creates an exception for "independent" practitioners, but the bill does not recognize the numerous other health care workers who may provide services within this scope of practice. This creates many problems in the hospital setting, where dependent practitioners, such as nurses, play an important caregiving role. Because of this, HB 2235 does not meet the requirements of the statute and should therefore be rejected.

Thank you for your consideration of our comments.

/pc





**Rebecca Rice, J.D.**

Attorney at Law

P.O. Box 4842  
Topeka, KS 66604

913-234-9702

## Memo

**To:** Members, House Health and Human Services Committee  
**From:** Rebecca Rice  
**Subject:** HB 2235, Licensure of Physical Therapists  
**Date:** February 7, 2000

On February 16, 1999, I represented the Kansas Chiropractic Association to this committee and requested the bill be defeated. We appreciate the committee's response to the concerns that were raised about this legislation.

Our original opposition to this legislation was based on the fact that physical therapy did not rise to the level of licensure as it has been traditionally defined and measured by the Legislature. However, the Legislature chose to break with that tradition last year with the licensure of respiratory therapists.

Because of this new legislative direction, the KCA is no longer opposed to licensure of physical therapists. However, we are requesting two amendments to ensure that the chiropractic scope of practice and the public are adequately protected.

The requested amendments are:

1. On page 21, line 14 after *cauterization*, insert *chiropractic adjustments or thrust manipulation*;
2. On page 21, line 26 after *a licensed podiatrist* insert *a licensed chiropractor*

The Kansas State Board of Healing Arts (Board Resolution, 1986) and the Kansas Attorney General (Opinion 96-12) have both placed thrust manipulation outside the scope of physical therapy practice. The first amendment is necessary since past legislative history has shown some physical therapists still believe they are qualified and authorized to perform manipulation.

If licensure is granted to physical therapists, the KCA believes future misunderstandings can be avoided and the public best protected if the Legislature codifies the existing positions of the Board of Healing Arts and the Kansas Attorney General.

Thank you for your consideration of these requested amendments. We hope this will assist in providing cooperation in resolving the opposition to this legislation.