

Approved: March 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 March 14, 2000 in Room 423-S of the Capitol.

All members were present except: Representative Dale Swenson, Excused
Representative Jonathan Wells, Excused

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

Conferees appearing before the committee: Phyllis Gilmore, Executive Director, Behavioral Sciences
Regulatory Board
Ronald R. Hein, Mental Health Credentialing Coalition
Representative Nancy Kirk
Larry Froelich, Secretary, Kansas Board of Pharmacy
Loretta Hoerman, Kansas Academy of Physician Assistants
Lawrence T. Buening, Executive Director, Kansas Board of
Healing Arts
Larry Slaughter, Kansas Medical Society

Others attending: See Attached Sheet

The Chairperson opened the hearing on: **SB397-Allowing licensed professional counselors to practice without direction if such counselor does not diagnose and treat.**

Staff gave a briefing on **SB397**, stated the bill was the result of the Task Force on Providers of Mental Health Services. The Task Force recommended that licensed professional counselors whose practice does not include diagnosis and treatment not be required to work under the direction of another person.

Phyllis Gilmore, Executive Director, Behavioral Sciences Regulatory Board, testified in support of **SB397**, stating this was a "technical clean-up" to **HB2213** that was passed by the 1999 legislature. Currently there are some licensed professional counselors practicing independently who are not diagnosing and treating mental disorders. An example would be vocational or educational counselors (See Attachment #1).

Ron Hein, legislative counsel for the Mental Health Credentialing Coalition, testified as a proponent to **SB397**, stating MHCC supports elimination of the requirement of being under direction if the licensed professional counselor does not diagnose and treat mental disorders (See Attachment #2).

Representative Nancy Kirk offered an amendment to Section 2. **SB397** (See Attachment #3)

Representative Bethell moved and Representative Geringer seconded to adopt Representative Kirk's amendment. The motion carried.

Representative Bethell moved and Representative Morrison seconded to adopt balloon on page 1, line 11 to add "behavioral sciences; relating to the board; relating to" between "concerning" and "professional" and add "K.S.A. 74-7508 and" between "amending" and "K.S.A." and on line 13 change "section" to "sections". Amend Section 2 and renumber the remaining sections. The motion carried. (See Attachment #4).

Representative Long stated she would like to hold off on final action until after hearing from BSRB that

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on March 14, 2000.

they do not have a problem with it.

The Chairperson terminated the hearing on **SB397** as don't believe the members feel comfortable with the bill and stated would try to pick up at a later date.

The Chairperson opened the hearing on **SB512 - Controlled substances scheduled under the uniform controlled substances act.**

Larry Froelich, Secretary for the Kansas Board of Pharmacy, testified in support of **SB512**, stating these changes have already been enacted federally. Prescription drugs that have a potential for abuse are "scheduled" as controlled substances according to the potential for psychological and physical abuse potentials (See Attachment #5).

Representative Bethel offered an amendment to **SB512**, striking "ketamine" which is a date rape drug on line 23 of page 1 and striking "class A person misdemeanor" on lines 28 and 29 and add "severity level 7, person felony".

Representative Bethell moved and Representative Morrison seconded to accept balloon to strike "ketamine" on line 23 of page 1 and striking "class A person misdemeanor" on lines 28 and 29 and add "severity level 7, person felony" The motion carried.

Representative Morrison moved and Representative Bethell seconded to move **SB512** out as amended. The motion carried.

The Chairperson opened the hearing on **SubSB599 - Licensure of physicians assistants.**

Loretta Hoerman, representing the Kansas Academy of Physician Assistants (KAPA), testified in support of **SubSB599**, offering an amendment, on page 11, line 21, New Sec. 9, striking (c) and replacing it with (c) "A physician assistant shall not perform professional services unless the name, address and signature of each supervising physician have been provided to the board. A responsible physician shall notify the board when supervision and direction of the physician assistant has terminated. The board shall provide forms for identifying each supervising physician and for giving notice that direction and supervision has terminated. These forms may direct that additional information be provided, including a copy of any protocols, as required by rules and regulations adopted by the board (See Attachment #6).

Lawrence T. Buening, Jr., Executive Director, Kansas Board of Healing Arts, testified in support of **Sub SB599**, stating passage last session of the bill licensing respiratory therapists, the distinction which previously existed between those licensed as independent practitioners and those registered as dependent practitioners no longer existed. Therefore, the Board voted to support physician's assistants in becoming licensed and directed Board staff to work together on a proposed bill. The amendment offered by the Kansas Academy of Physician Assistants is acceptable to the Board.

The Board offers an additional amendment to insert New Section: (a) All administrative proceedings to revoke, suspend, limit or deny a license, or to censure a licensee, shall be conducted in accordance with the provisions of the Kansas administrative procedure act. (b) When it appears to the board that any person is violating any of the provisions of this act, the board may bring an action in the name of the State of Kansas in a court of competent jurisdiction for an injunction against such violation without regard to whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted (See Attachment #7).

Jerry Slaughter, Kansas Medical Society, testified in support of **Sub SB599**, which elevates the status of physician assistants from registrants to licensees of the Board of Healing Arts. KMS supports the amendment by the Kansas Academy of Physician Assistants and the Board of Healing Arts (See Attachment #8).

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, Room 423-S of the Capitol at 1:30 p.m. on March 14, 2000.

The Chairperson closed the hearing on Sub SB599.

The Chairperson stated that action was reconsidered at the rail to bring HB2814 - Establishing the Senior Pharmacy Assistance Program back to the committee the same as it left the committee. Need to strip the amendments and work. There is a balloon amendment.

Staff gave a briefing on the proposed amendment to HB2814. Administration of the program would be by the secretary of aging and the age would be changed from 62 to 67 or older except that commencing with fiscal year 2003 an individual to be eligible for the program must be 65 years of age or older.

Representative Geringer said he was concerned about the money being spent before receiving it.

Representative Storm asked how many Kansans would qualify.

The Chairperson stated we did not have the figures for 67 and above. At age 62 111,000 were eligible and of those 41,000 were eligible for Medicaid so it left the balance of 70,000.

SRS's estimation is there would be 53,000 eligible at age 67.

Representative Toelkes stated age 65 is when insurance stops covering people so was there any consideration of going from 62 to 65 rather than 67?

The Chairperson stated this was backloaded with the dollars that were available and what had to be done conservatively to make sure that the amount of money that was going to be available based on the amount of earnings was going to be adequate to take care of the claims. It is variable and no one knows for sure but that is the reason it was raised from 62 to 67.

Representative Landwehr questioned why the date of April 1 was chosen rather than fiscal year?

Staff stated this was a transfer fund bill.

Representative Bethell moved and Representative Henry seconded to strip HB2814 and bring back in its original state. The motion carried.

Representative Bethell moved and Representative Lightner seconded to adopt balloon. The motion carried.

Representative Henry moved and Representative Bethell seconded to move HB2814 out as amended. The motion carried.

The Chairperson stated there would not be a meeting scheduled for Wednesday. The meeting adjourned at 3:10 p.m. and the next meeting will be March 16.

Written testimony: Charles Wheelen, Kansas Association of Osteopathic Medicine (See Attachment #9) and Keith R. Landis, Committee on Publication for Kansas (See Attachment #10).



BILL GRAVES
Governor

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HOUSE TESTIMONY
HEALTH AND HUMAN SERVICES COMMITTEE
March 14, 2000

Mister Chairman and Committee Members:

Thank you for the opportunity to testify in support of SB 397. I am Phyllis Gilmore the Executive Director of the Behavioral Sciences Regulatory Board.

The BSRB is the licensing board for most of the state's mental health professionals, the doctoral level psychologists, the master level psychologists, the bachelor, master and clinical level social workers, the master level professional counselors, and the master level marriage and family therapists. Additionally, some of the drug and alcohol counselors are registered with us, although most of them are registered with SRS at the present time.

SB 397 could be called a "technical clean-up" to HB 2213 that was passed by the 1999 Legislature. It is an attempt to correct a situation for licensed professional counselors that was created when 2213 passed last year. There are currently some licensed professional counselors practicing independently who are not diagnosing and treating mental disorders. An example would be vocational or educational counselors. Without the passage of SB 397 these individuals would not be able to continue in their present position after July 1, 2000 unless they became licensed at the new clinical level. SB 397 allows them to continue in independent practice as long as they are not diagnosing and treating mental disorders. This would, of course be verified by the BSRB.

The BSRB supports SB 397 and does not feel that the public safety is jeopardized in anyway by its passage.

Thank you for the opportunity speak to you this morning. I will be happy to stand for questions.

H+HS
3-14-2000
Atch #1

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Testimony re: SB 397
House Health and Human Services Committee
Presented by Ronald R. Hein
on behalf of
Mental Health Credentialing Coalition
March 14, 2000

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Mental Health Credentialing Coalition. The Coalition is comprised of the members of the Kansas Association for Marriage and Family Therapy, the Kansas Association of Masters in Psychology, and the Kansas Counseling Association/Kansas Mental Health Counselors Association.

The MHCC supports SB 397, which passed the Senate 39-1. In 1983, registered professional counselors had in their scope of practice the ability to do the practice of professional counseling which included, counseling, assessment, consultation and referral. They were able to engage in these activities independently. In 1996, registered professional counselors became licensed professional counselors, able to engage in those activities in independent practice. HB 2213, which will go into effect July 1 of 2000, indicates that all LPCs should be under the direction of a clinical person.

The professional counselor's scope and practice is very broad. It includes: assisting individuals or groups to understand personal strengths and weaknesses, assessment, including administering, scoring and interpreting instruments designed to describe an individual's aptitudes, abilities, achievements, interests and personal characteristics; consultation, utilizing methods and techniques of the practice of counseling to assist in solving current or potential problems of individuals or groups in relation to a third party; and referral to other practitioners.

Persons licensed as LPC's prior to July 1, 2000, have practiced independently throughout their careers in a wide array of professional activities, some of which do not include any practice activity related to diagnosing and treating mental disorders. Career counseling, vocational rehabilitation counseling, and selected school counseling settings are examples. In addition, this status was based on licensure requirements that included significant postgraduate training requirements similar to those defined for the clinical licensure by HB 2213. Requiring LPC's to "practice under direction" eliminates the ability for these existing LPC's to continue practicing without direction unless they transition to the clinical level by January 1, 2002. Since the clinical level is clearly defined for

HHS
3-14-2000
Atch # 2

House Health and Human Services Committee

Re: SB 397

March 14, 2000

authorization to diagnose and treat mental disorders, and since some of these existing LPC licensees are engaged in careers that do not include this activity, neither applying for the clinical license nor practicing under the direction of a clinical licensee seem appropriate.

Therefore, the MHCC supports SB 397 which eliminates the requirement of being under direction if the LPC does not diagnose and treat mental disorders.

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

PROPOSED AMENDMENT TO SB NO. 397
(as amended by Senate Committee)

Be amended by adding a section as follows:

"Sec. 2. K.S.A. 65-6313, as amended by section 14 of chapter 117 of the 1999 Session Laws of Kansas, is hereby amended to read as follows: 65-6313. (a) All licenses issued shall be effective upon the date issued and shall expire at the end of 24 months from the date of issuance.

(b) Except as otherwise provided in K.S.A. 65-6311 and amendments thereto, a license may be renewed by the payment of the renewal fee set forth in K.S.A. 65-6314 and amendments thereto and the execution and submission of a signed statement, on a form to be provided by the board, attesting that the applicant's license has been neither revoked nor currently suspended and that applicant has met the requirements for continuing education established by the board including not less than three continuing education hours of professional ethics. An applicant for renewal of a license as a master social worker who engages in the diagnosis and treatment of mental disorders or a specialist clinical social worker who engages in the diagnosis and treatment of mental disorders, as part of such continuing education, shall complete not less than six continuing education hours relating to diagnosis and treatment of mental disorders.

(c) The application for renewal shall be made on or before the date of the expiration of the license or on or before the date of the termination of the period of suspension.

(d) If the application for renewal, including payment of the required renewal fee, is not made on or before the date of the expiration of the license, the license is void, and no license shall be reinstated except upon payment of the required renewal fee established under K.S.A. 65-6314 and amendments thereto, plus a penalty equal to the renewal fee, and proof satisfactory to the board of the completion of 60 hours of continuing education within two years prior to application for reinstatement. Upon receipt of such payment and proof, the board shall reinstate the license. A license shall be reinstated under this subsection, upon receipt of such payment and proof, at any time after the expiration of such license.

(e) In case of a lost or destroyed license, and upon satisfactory proof of the loss or destruction thereof, the board may issue a duplicate license and shall charge a fee as set forth in K.S.A. 65-6314 and amendments thereto for such duplicate license.";

And by renumbering sections accordingly and amending the repealer and title accordingly

HHS
3-14-2000
Atch #4

SENATE BILL No. 397

By Senator Salmans

Proposed Amendment
Representative Stone
2/29/20

1-7

11 AN ACT concerning professional counselors; amending K.S.A. 1998
12 Supp. 65-5802, as amended by section 1 of chapter 117 of the 1999
13 Session Laws of Kansas, and repealing the existing ~~Section~~ [behavioral sciences; relating to the board; relating to
14 ~~Section~~ [K.S.A. 74-7508 and

15 *Be it enacted by the Legislature of the State of Kansas:*
16 Section 1. K.S.A. 1998 Supp. 65-5802, as amended by section 1 of
17 chapter 117 of the 1999 Session Laws of Kansas, is hereby amended to
18 read as follows: 65-5802. As used in the professional counselors licensure
19 act: [sections

20 (a) "Board" means the behavioral sciences regulatory board created
21 by K.S.A. 74-7501 and amendments thereto.

22 (b) "Practice of professional counseling" means assisting an individual
23 or group for a fee, monetary or otherwise, through counseling, assess-
24 ment, consultation and referral and includes the diagnosis and treatment
25 of mental disorders as authorized under the professional counselors li-
26 censure act.

27 (c) "Professional counseling" means to assist an individual or group
28 to develop understanding of personal strengths and weaknesses, to re-
29 structure concepts and feelings, to define goals and to plan actions as
30 these are related to personal, social, educational and career development
31 and adjustment.

32 (d) "Assessment" means selecting, administering, scoring and inter-
33 preting instruments designed to describe an individual's aptitudes, abili-
34 ties, achievements, interests and personal characteristics.

35 (e) "Consultation" means the application of principles, methods and
36 techniques of the practice of counseling to assist in solving current or
37 potential problems of individuals or groups in relation to a third party.

38 (f) "Referral" means the evaluation of information to identify prob-
39 lems and to determine the advisability of referral to other practitioners.

40 (g) "Licensed professional counselor" means a person who is licensed
41 under this act and who engages in the practice of professional counseling
except that on and after January 1, 2002, such person shall engage in the
practice of professional counseling only under the direction of a licensed

27-2

1 clinical professional counselor, a licensed psychologist, a person licensed
 2 to practice medicine and surgery or a person licensed to provide mental
 3 health services as an independent practitioner and whose licensure allows
 4 for the diagnosis and treatment of mental disorders. *Direction shall not*
 5 *be required as provided in this subsection if the licensed professional*
 6 *counselor does not diagnose and treat mental disorders. As*
 7 *used in this subsection: (1) The term "diagnose and treat" shall be*
 8 *defined by the board by rules and regulations; and (2) the term*
 9 *"mental disorder" means a mental disorder specified in the edition*
 10 *of the diagnostic and statistical manual of mental disorders of the*
 11 *American psychiatric association designated by the board by rules*
 12 *and regulations.*

13 (h) "Licensed clinical professional counselor" means a person who
 14 engages in the independent practice of professional counseling including
 15 the diagnosis and treatment of mental disorders specified in the edition
 16 of the diagnostic and statistical manual of mental disorders of the Amer-
 17 ican psychiatric association designated by the board by rules and regula-
 18 tions and who is licensed under this act.

19 Sec. 2. K.S.A. 1998 Supp. 65-5802, as amended by section 1 of chap-
 20 ter 117 of the 1999 Session Laws of Kansas, is hereby repealed.

21 Sec. 3. This act shall take effect and be in force from and after its
 22 publication in the statute book.

Sec. 2. K.S.A. 74-7508 is hereby amended to read as follows: 74-7508. In
 all matters pending before the behavioral sciences regulatory board, the
 board shall have the power:

(a) To administer oaths and take testimony.

(b) To issue subpoenas, compel the attendance of witnesses and the
 production of any papers, books, accounts, documents, and testimony, and
 to cause the deposition of witnesses, either residing within or without the
 state, to be taken in the manner prescribed by law for taking depositions in
 civil actions in the district courts. In case of the failure of any person to
 comply with any subpoena issued in behalf of the board, or on the refusal
 of any witness to testify to any matters regarding which the witness may be
 lawfully interrogated, the district court of any county, on application of a
 member of the board, may require compliance by proceedings for
 contempt, as in the case of failure to comply with a subpoena issued from
 such court or a refusal to testify in such court. Each witness who appears
 before the board by its order or subpoena, other than a state officer or
 employec, shall receive for such attendance the fees and mileage provided
 for witnesses in civil cases in courts of record which shall be audited and
 paid upon the presentation of proper vouchers sworn to by such witnesses
 and approved by the chairperson of the board or by a person or persons
 designated by the chairperson.

(c) To revoke the license or registration of any licensee or registrant
who voluntarily surrenders such licensee's or registrant's license or
registration or whose license or registration expires pending investigation
of misconduct or while charges of misconduct against the licensee or
registrant are pending or anticipated.

Renumber remaining sections accordingly.

K.S.A. 74-7508 and

are

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STATE OF KANSAS

EXECUTIVE DIRECTOR
LARRY FROELICH



2000 KANSAS LEGISLATIVE SESSION
SENATE BILL No. 512
House Committee on Health and Human Services

BILL GRAVES
GOVERNOR

Representative Garry Boston, Chairperson
Committee Members

I am Larry Froelich, Secretary for the Kansas Board of Pharmacy. Thank you for allowing me to testify on **SB 512** on behalf the Board of Pharmacy. The Board of Pharmacy **supports favorable passage** of SB 512.

TESTIMONY ON SB-512:

The Board of Pharmacy is requesting that the Committee support changes to the Kansas Controlled Substances Act that will reflect changes already done by the Uniform Controlled Substances Act.

Prescription drugs that have a potential for abuse are "scheduled" as controlled substances according to the potential for psychological and physical abuse potentials. Drugs with the highest possibility of abuse are scheduled within the lowest numbered categories (i.e. Scheduled I is the highest abuse potential).

Statute Changes:

- Dronabinol (Marinol®) is currently a Schedule II controlled substance in Kansas. It has been changed federally to a Schedule III controlled substance.
- Ketamine (Ketalar®) is currently not listed as a controlled substance in Kansas. It has been changed federally to a Schedule III controlled substance.
- Zaleplon (Sonata®) is a new drug that is currently not listed as a controlled substance in Kansas. It has been added federally to the listing of Schedule IV controlled substances.
- The remaining changes are combining revisions that were enacted during the last session.

These changes have already been enacted federally. The Board of Pharmacy respectfully requests **favorable passage of SB-512** by the Committee.

H&HS
3/4-2000
Atch #5

TESTIMONY on Substitute for SB599
HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
14 MARCH 2000
KANSAS ACADEMY OF PHYSICIAN ASSISTANTS

Representative Boston and members of the committee:

I am Loretta Hoerman and I represent the Kansas Academy of Physician Assistants (KAPA) as legislative chair and immediate past president. I work as a physician assistant in Family Practice here in Topeka. Thank you for allowing me to speak to you today. With my written testimony, we have also provided you with the KAPA position paper regarding licensure for physician assistants as written by Jim Sperry, who was the legislative chair and president elect for our association. Jim was tragically killed in a car accident on February 6, 2000.

I want to provide some information for you to consider when reviewing our licensure bill. We realize that there are several licensure bills in the Legislature this year, but we ask that we be considered on our own merit. We ask that you recognize that this is a change in nomenclature and that we are not requesting any changes in our scope of practice or in our relationship with physicians. The licensure bill provides the Kansas Board of Healing Arts with more clearly defined authority to discipline unprofessional conduct, and prohibits unqualified providers from acting as physician assistants. Physician assistants are already regulated here in Kansas, and have been for nearly 30 years. This bill does not ask to regulate a new profession. Our bill is supported by the Kansas Medical Society, the Kansas Association of Osteopathic Medicine and the Kansas Board of Healing Arts. The substitute bill incorporates minor changes, recommended by these three bodies. We would like to withdraw Sections 12 and 13, which address the formation of professional corporations. This was added to our original SB599, but we believe we have not adequately discussed this with our membership.

Historically, registration was felt to be the most appropriate level of regulation when legislation was first enacted regarding physician assistants in Kansas in 1973. Since that time, our profession has proven its value to the citizens of Kansas in providing quality health care, often in under-served areas, working with physicians and maintaining our commitment to dependent practice. We have no intention of changing our position as dependent practitioners and we continue to strive to provide quality health care.

Licensure will help us achieve these goals by clarifying our position in the health care field, as well as illuminating our level of training and regulation. As physician assistants in Kansas, our credentials are inspected and verified by the Kansas Board of Healing Arts who also controls our scope of practice and disciplines our members. We are treated as licensed practitioners, but called registrants. The Pew Health Commission recommended that regulatory language regarding physician assistants be standardized and understandable for consumers, provider organizations, businesses and professions. Physician assistants are now licensed in 38 states and the District of Columbia. While

licensure in no way changes what we do, it includes physician assistants in health care legislation that refers to "licensed practitioners". Many third party payers refer to licensed providers and thereby unintentionally exclude physician assistant services in Kansas. This creates a barrier to health care access. It is important to point out that physician assistants do not directly receive third party reimbursement. Reimbursement goes to the supervising physician or the practice. Licensure will not financially benefit the physician assistant.

When applying for hospital privileges, malpractice coverage or in applying to be providers for managed health care companies and the like, physician assistants are asked for our licenses. This year's survey from the Department of Health and Environment that was included with every physician assistant's registration renewal repeatedly referred to the Kansas physician assistant license. Obviously there is some confusion.

A member of the Kansas Board of Healing Arts recently commented that physician assistants "deserve" licensure. We feel that the state of Kansas deserves to have quality care provided by practitioners who are designated by the most rigorous standard of credential, one that is understood by the public.

We ask for your support in licensure for physician assistants.

Kansas Academy of Physician Assistants
Issue Brief

Licensure of Physician Assistants in Kansas

BACKGROUND

In 1973, the Kansas Legislature enacted statutes, which called for the regulation of persons practicing as physician assistants (PAs). That legislation, which established the level of regulation at registration, made it illegal for persons to hold themselves out to the public and call themselves physician assistants without holding specific credentials and registering with the Kansas Board of Healing Arts (KBOHA). In 1988, additional legislation was enacted which allowed physician assistants to transmit written drug orders pursuant to written protocol with the supervising physician. Finally, on April 1, 2000, the laws again change, allowing supervising physicians to delegate to PAs the authority to write prescriptions for controlled substances and to request, receive and distribute professional pharmaceutical samples.

During this evolution of regulations governing the profession, the emphasis has remained on the physician assistant being a member of a physician directed team, providing effective, appropriate, quality care. The history of the physician/physician assistant team relationship has always been one of physician directed care. At no time have physician assistants moved toward independent practice, nor do we have any intention to do so in the future. The physician assistant provides health care services in the manner directed by their supervising physician. The physician assistant practices within guidelines established through dialog between the supervising physician and the physician assistant. In a recent policy statement, the American Medical Association strongly recommended that those guidelines should be "mutually agreed upon guidelines that are developed by the physician and the physician assistant." Laws and practice guidelines governing the physician - PA team should serve to preserve and strengthen the traditional practice relationship.

The Kansas Academy of Physician Assistants, in keeping with these principles, seeks a change in the law that currently regulates PAs in Kansas. KAPA proposes that PAs in Kansas should be licensed rather than registered. There is ample precedent for this change. The 1999 Kansas Legislature enacted legislation, which calls for the change from registration to licensure, for respiratory therapists. This is the first dependent health care profession to be regulated at the level of licensure, thus refuting a long-held opinion that licensure is a privilege reserved only for those who practice independently.

THE ISSUE

Licensure is the most appropriate form of regulation for physician assistants for the following reasons:

- Licensure is the regulatory term the public understands. Regulation should be easily understood by those it is intended to protect.
- Licensure is the most rigid form of regulation, requiring not only the listing by the Kansas Board of Healing Arts of those who meet qualifications to practice, but providing the KBOHA with:
 - 1) the tools to gather more detailed applicant information prior to issuing a license to practice in Kansas and
 - 2) the clearly defined authority to discipline any unprofessional conduct and prohibit unqualified providers from practicing as physician assistants.

- Many state and federal health care regulations and programs meant to include PAs are not open to PAs in Kansas because Kansas PAs are not licensed.
- Insurance policies that are intended to include all PAs generally refer to "licensed providers". This excludes PAs registered in Kansas. This creates a barrier to access for patients covered by those plans.

CONCLUSION

In the current health care environment, cost-effective, affordable, quality care must be easily accessible to all those living in the state of Kansas. Without the use of physician assistants, this accessibility is greatly threatened, particularly in rural areas. All Kansans deserve high quality, easily accessible health care, in all settings. By holding physician assistants to a higher level of regulation, quality of health care providers will be protected, thereby improving the overall health care environment in Kansas.

By seeking a change to licensure, physician assistants are actually asking for a more rigid oversight. Licensure is the most restrictive form of regulation. It denies unlicensed persons the authority to practice. Registration is less rigorous. It creates a list of practitioners who have met specified standards. While it is illegal to present oneself as a registered physician assistant without actually registering with the KBOHA, such a violation is not considered a serious infraction, is difficult to enforce and does not prevent those who are not qualified from providing inappropriate patient care.

Physician assistants serve as an extension of their supervising physician. In some of our rural areas, the physician assistant is the only source of primary health care available on a daily basis. A physician assistant can perform a wide range of medical duties, from basic health care to high technology specialties. All these duties are performed under the supervision and direction of the supervising physician, governed by the mutually agreed upon practice guidelines.

A change from registration to licensure is an important measure that will insure that physician assistants are held to appropriately high standards, and remove barriers to a physician's ability to effectively utilize a physician assistant. Currently, physician assistants are licensed in 39 states and jurisdictions, certified in 7, registered in 4 and not regulated in 1.



Physician Assistant Facts

American Academy of Physician Assistants
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What is a PA?

A physician assistant (PA) is a graduate of an accredited PA educational program who is authorized by the state to practice medicine with the supervision of a licensed physician. PAs are invaluable members of the health care team, working in concert with physicians and nurses to ensure the highest quality of care for their patients.

What can a PA legally do?

In 49 states (all but Mississippi), physicians may delegate to PAs those medical duties that are within the physician's scope of practice and the PA's training and experience, and are allowed by law.

Such duties include performing physical examinations, diagnosing and treating illnesses, ordering and interpreting lab tests, suturing wounds, assisting in surgery, providing patient education and counseling, and making rounds in nursing homes and hospitals. Forty-one states, the District of Columbia, and Guam authorize physicians to delegate prescriptive privileges to the PAs they supervise.

How was the first PA program started?

Recognizing that some residents of North Carolina had limited access to quality medical care, the chairman of the Department of Medicine at the Duke University Medical Center established a program in 1965 to educate ex-military corpsmen to practice medicine with physician supervision. These first students had received extensive health care training during their military careers. The education model for physician assistants was based in part on the chairman's experience with the fast-track training of doctors during World War II.

How does a person become a PA?

There are 104 accredited physician assistant educational programs in the United States. They are located at medical colleges and universities, teaching hospitals, and in the Armed Forces. All PA educational programs are accredited by one body, the Commission on Accreditation of Allied Health Education Programs.

Prior to admission, the typical PA student has a bachelor's degree and over 4 years of health care experience. PA education typically is 25 months in length, and PA students may take some of their classes with medical students.

To Practice As a Physician Assistant

Attend Accredited PA Program

The typical student has a bachelor's degree and over 4 years of health care experience.

Approximately 11 applications for each opening

108 weeks of instruction compared to 153 weeks for medical school

With Class/Lab Instruction

More than 400 hours in basic sciences, with over 70 hours in pharmacology + more than 149 hours in behavioral sciences + more than 535 hours of clinical medicine

Anatomy	Physiology
Pharmacology	Biochemistry
Clinical laboratory sciences	Microbiology
Physical diagnosis	Differential diagnosis
Pathophysiology	Medical ethics
Pathology	Behavioral sciences

Plus Clinical Rotations

More than 2,000 hours, with an emphasis on primary care

Family medicine	Internal medicine
Pediatrics	General surgery
Emergency medicine	Psychiatry
Ambulatory clinics	Obstetrics/Gynecology
Physicians' offices & acute/long-term care facilities	

To Practice

Pass national PA certification exam developed by National Board of Medical Examiners & administered by the National Commission on Certification of PAs (Open only to graduates of accredited PA programs)

Obtain individual license from state medical board or PA regulatory committee

To Maintain Certification

Log 100 Continuing Medical Education credits over 2-year cycle

Reregister every 2 years

Sit for recertification exam every 6 years

6-5

What qualifies a PA graduate to practice?

Physician assistant education is competency-based. The focus is on the proven competency of a PA graduate to provide quality medical care, not on the type of degree earned.

In the 49 states with laws covering PA services, PAs are required to pass a national certifying examination developed by the National Board of Medical Examiners and administered by the independent National Commission on Certification of Physician Assistants. In addition to passing the exam, PAs are licensed or registered by the state in which they practice.

Approximately 31,000 PAs are currently in clinical practice. AAPA membership totals more than 26,000 graduates and students.

Where do PAs practice?

Approximately 70 percent of all practicing PAs are employed by physicians, group practices, HMOs, and outpatient clinics. Many hospitals employ PAs to help meet their clinical inpatient and outpatient needs. PAs are working in virtually every type of medical and surgical specialty.

What about reimbursement for services provided by PAs?

Employers receive reimbursement for physician services provided by PAs under Medicare and CHAMPUS. In addition, most private insurance companies and state Medicaid programs also reimburse employers for services provided by PAs.

And the quality of PA services?

Studies conducted by the Rand Corporation have found that PAs save as much as 20 percent of the costs of medical

Population	Percentage of PAs
• Less than 10,000	16.2%
• 10,000 to 49,000	17.4%
• 50,000 to 249,999	30.0%
• 250,000 to 1 million	18.7%
• More than 1 million	17.7%

care, can perform at least 80 percent of the functions in an ambulatory care practice, and are widely accepted by patients. The congressional Office of Technology Assessment studied health care services provided by PAs and determined that "within their scope of practice, physician assistants provide health care that is indistinguishable in quality from care provided by physicians."

Professional liability insurance premiums are low because PAs have been involved in very few lawsuits.

Where to learn more about PAs

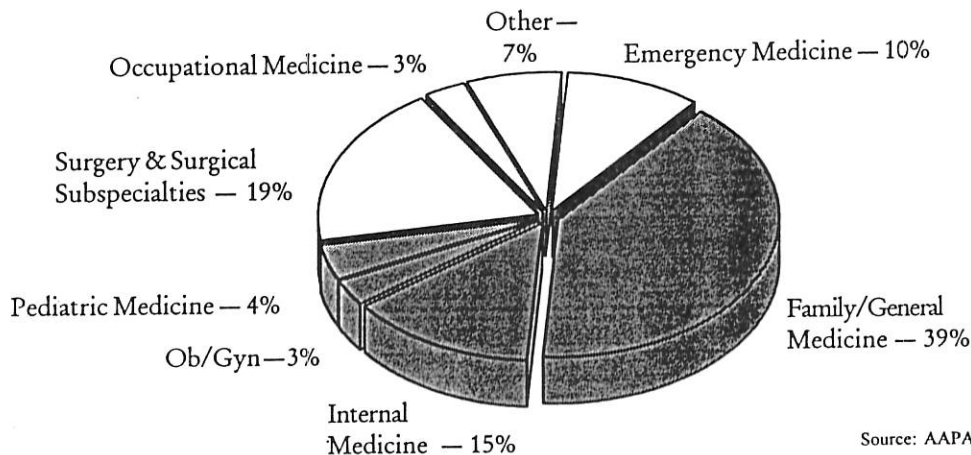
The American Academy of Physician Assistants' Web site at <http://www.aapa.org>.

"PAs/NPs: Forging Effective Partnerships in Managed Care Systems." S. Crane. *Physician Executive*, October 1995, Volume 21, Issue 10, p. 23-27.

The Roles of Physician Assistants and Nurse Practitioners in Primary Care. D. Clawson and M. Osterweis, editors. Association of Academic Health Centers, 1993.

Selected Annotated Bibliography of the Physician Assistant Profession, Fourth Edition. American Academy of Physician Assistants, 1993.

PAs Work in Virtually Every Area of Medicine and Surgery
(primary care specialties shaded)



Source: AAPA Annual PA Census, 1997

KANSAS BOARD OF HEALING ARTS


BILL GRAVES
Governor



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MEMO

TO: House Committee on Health and Human Services

FROM: Lawrence T. Buening, Jr.
Executive Director 

DATE: March 14, 2000

RE: Substitute for S.B. No. 599

Chairman Boston and members of the Committee, thank you for the opportunity to appear before you and express the Board's position on the licensing of physicians' assistants.

Representatives from the Kansas Academy of Physician Assistants appeared at the meeting of the Board held December 11, 1999. It was noted at that time that with the passage last session of the bill licensing respiratory therapists, the distinction which previously existed between those licensed as independent practitioners and those registered as dependent practitioners no longer existed. Therefore, the Board voted to support physician's assistants in becoming licensed and directed Board staff to work together on a proposed bill. Physicians' assistants appeared again at the February 12, 2000, meeting of the Board and staff was directed to continue to work together on appropriate language for a licensing bill. As recently as yesterday afternoon, Board staff was meeting with representatives from KAPA to develop mutually acceptable language for Substitute for S.B. No. 599.

The amendments to the Substitute bill presented by the Kansas Academy of Physician Assistants are acceptable to the Board. The Board would offer an additional amendment by requesting the addition of a new section to the bill which would make the Kansas Administrative Procedure Act applicable to proceedings brought under the act and would provide the Board with the authority to bring actions to enjoin the unlicensed practice. A copy of the proposed new section is attached to this testimony.

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

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Atch # 7

The Board is satisfied that Substitute for S.B. No. 599, with the amendments which have been proposed, does not materially alter the present relationship between the responsible physician and the PA. A PA must still only provide professional services as authorized by a physician. The bill provides that a PA may hold a license issued by the Board without having a responsible physician. However, the PA may not use that license to perform any professional services without having a responsible physician. While this may seem unusual, it is not unique. H.B. No. 2215 was passed by the Legislature last session and provided for the licensing of respiratory therapists. Respiratory therapists must practice under the supervision of a qualified medical director and with the prescription of a licensed physician. K.S.A. 65-1113 provides that the practice of nursing as a licensed practical nurse requires the services to be performed under the direction of a registered professional nurse, a person licensed to practice medicine and surgery or a person licensed to practice dentistry. Although respiratory therapists and practical nurses may only practice under the supervision or direction of someone else, their licenses are not removed during those times they are not practicing. In such circumstances, they retain their licenses, but those licenses are ineffectual and they may not perform professional services under those licenses until someone provides supervision or direction to them. This situation is also true for physical therapist assistants certified by the Board and registered occupational therapy assistants.

“Licensure” is defined in the Kansas Act on Credentialing as “a method of regulation by which the state grants permission to persons who meet predetermined qualifications to engage in an occupation or profession, and that to engage in such occupation or profession without a license is unlawful”. Substitute for S.B. No. 599 appears to grant licensure as defined in the credentialing law, but still maintains the dependence on a physician as a condition to providing any professional services.

Thank you again for allowing me to appear before you. I would be happy to respond to any questions.

Insert New Section:

(a) All administrative proceedings to revoke, suspend, limit or deny a license, or to censure a licensee, shall be conducted in accordance with the provisions of the Kansas administrative procedure act.

(b) When it appears to the board that any person is violating any of the provisions of this act, the board may bring an action in the name of the State of Kansas in a court of competent jurisdiction for an injunction against such violation without regard to whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted.



KANSAS MEDICAL SOCIETY

To: House Health and Human Services Committee

From: Chris Collins *Chris Collins*
Director of Government Affairs

Date: March 14, 2000

RE: Substitute SB 599; Licensure of Physician Assistants

The Kansas Medical Society appreciates the opportunity to appear today in support of Substitute SB 599, which elevates the status of physician assistants from registrants to licensees of the Board of Healing Arts.

KMS respects the education and training of the physician assistant community. It is well understood by both practice communities and by the Board of Healing Arts that the tasks and practices undertaken by physician assistants are delegated by physicians. They perform many integral functions within the health care team. KMS supports their request for licensure and supports Substitute SB 599. Notwithstanding, there are several amendments offered by the Board of Healing Arts today that we agree need to be included in the bill. Namely, we concur that the existing language at page 11, line 21, New Sec. 9 needs to be amended to clarify that a PA, although licensed, cannot legally perform the duties of a PA without providing the Board of Healing Arts with information regarding that PA's supervising physician. The proposed language establishes the Board's authority to create by rules and regulations a form for providing that information. The amendment further establishes the responsible physician's reporting responsibility to the board when the physician-physician assistant relationship changes. Moreover, KMS supports the inclusion of language that clarifies that the Kansas Administrative Procedures Act applies to disciplinary action undertaken against a PA by the Board of Healing Arts and that the Board has the power to seek injunctive relief. The amendments create a stronger bill that clarifies the relationship between the physician, the PA, and the Board of Healing Arts.

We respectfully urge this committee to pass the bill out favorably with the inclusion of those amendments. Thank you for considering our comments today.



Statement
Submitted To The
House Health and Human Services Committee
By Charles Wheelen
March 14, 2000
Regarding Substitute SB599

Thank you for the opportunity to express a couple of concerns regarding the provisions of Substitute for Senate Bill 599. This bill is substantially different from the original version we testified on in the Senate Public Health and Welfare Committee.

Instead of amending existing sections of the Healing Arts Act, this bill creates an entirely new physician assistants licensure act. We agree that the substitute is a more appropriate approach than the original version, but it causes us to renew our analysis of the provisions of the bill.

When the original SB599 was heard in the Senate Committee we expressed opposition to some unnecessary and potentially problematic scope of practice language that was included in section six. The Senate Committee did not include that language in the substitute version passed by the Senate, and that particular concern was addressed.

But the Substitute for SB599 includes language in sections 12 and 13 which would allow physician assistants to form professional corporations. This could significantly alter the traditional employment relationships between physician assistants and their responsible physicians.

While there may be legitimate reasons to amend these laws governing professional corporations, we are not aware of any at this time. Therefore we respectfully request that you amend Substitute for SB599 by deleting sections 12 and 13 (page 12 at line 21 and page 13 at line 23). Other than these two sections, we are not opposed to Substitute for SB599.

Thank you for considering our comments in your deliberations.

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To: House Committee on Health and Human Services

Re: Senate Bill No. 599

As usual, my position is neutral on this bill; but, this time, I don't have an amendment to offer.

My request for amendment was made to the Senate Committee on Public Health and Welfare and was included when they drafted the substitute bill. It can be found in New Sec. 6 on page 8, in lines 26-27.

This wording is similar to, but slightly different from, our previous requests for the exclusion from professional licensing acts of those who rely on spiritual means alone for healing. This change, though slight, seems necessary as court rulings are changing church and state relationships. More emphasis is being placed on individual religious views and less on denominational beliefs and practices. There was no opposition to this language by interested parties or legislators when this bill was worked in the Senate.

We have made this same request in bills amending the Kansas healing arts act. There has been no opposition to these proposals, but none of those bills has advanced.

Your favorable consideration of previous requests has been appreciated. Thank you for reviewing this information.



Keith R. Landis
Committee on Publication
for Kansas

H & HS
3-14-2000
Atch# 10