

Approved: May 10, 2002
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE.

The meeting was called to order by Chairperson Senator Susan Wagle at 1:30 p.m. on February 26, 2002 in Room 231-N of the Capitol.

All members were present except: Ms. Emalene Correll, Kansas Legislative Research Department

Committee staff present: Ms. Lisa Montgomery, Revisor of Statutes
Ms. Margaret Cianciarulo, Administrative Assistant

Conferees appearing before the committee: Representative Welshimer
Mr. John Federico,
KS Association of Naturopathic Physicians
Dr. Jane Murray, Family Physician
Dr. Medi Khosh, N. D.
Ms. Kathy Elston, via Christi Integrative Center Manager
Mr. Mike McCulley, Wichita Consumer
Mr. Terry Miken, Lawrence Consumer
Dr. Jeanne Driscoe, M.D.,
Dept. Of Gynecology & Obstetrics at KU Med Cntr.
Mr. Keith R. Landis, Committee on Publication of Kansas

Others attending: See attached guest list.

Hearing on SB610 - an act concerning naturopathy; providing for the licensure and regulation of practitioners thereof; providing for administration by the Board of Healing Arts

Upon calling the meeting, Chairperson Susan Wagle announced they would be continuing their hearing on the above bill and would be hearing from proponents, the first being Representative Welshimer from Wichita.

Representative Welshimer stated that she was not here to repeat the qualifications of naturopathic physicians, but to offer some documented facts that are separated into three reports:

- 1) Health Care In Crisis - which contains facts from the media, newspapers, and the World Health Organization 2000 World Health Report (which ranks Kansas at 72nd for performance level of health, cites us for not having enough choices and the U.S. ranked as the most costly of all);
- 2) Kansas' Budget Crisis - had the legislative research compiled information showing what each agency spends for health care, and in addition, included the Kansas health care plan and dollar figures needed from state funds to meet health-care obligations as projected 12% yearly increase; and
- 3) A Solution for Kansas' Health Crises - studies whereby industries have reduced their health care costs:
 - A) a 1,400 -employee- Canadian corporation, called Husky, shares the results of their integrated in-house clinic having saved \$4.1 million per year for almost 3 years using naturopathic medicine;
 - B) a health plan management vendor in the Chicago area called Alternative Medicine, Inc. (founded by an M.D. and using prevention practitioners as primary care providers has reduced hospitalizations, surgeries, prescriptions, and mental health, by more that 50% for a major insurer in Illinois.

A copy of her testimony is (Attachment 1) attached hereto and incorporated into the Minutes by reference.

The next proponent to come before the Committee was Mr. John Federico, on behalf of the Kansas Association of Naturopathic Physicians (KNPA), who felt testimony heard yesterday epitomizes the efforts that they have made on our side. KNPA had listened to everything that the other side has said, given it fair consideration, debated it, and in most instances, have agreed and conceded. He offered a balloon, from Mr. Chip Wheelen's testimony given at yesterday's opponent meeting. Mr Federico felt this balloon incorporated everyone's concern and proceeded to walk the Committee through it. A copy of KNAP's proposed balloon is (Attachment 2) attached hereto and incorporated into the Minutes by reference.

He indicated that all of the typed text on the left hand side of the bill that is lined through is what the Committee was asked to consider yesterday and KNPA's language is off to the side.

1) on page 1, KNAP's language basically describes what naturopathic medicine and naturopathy is and this is a blend of what the osteopaths suggested and what KNPA is most comfortable with; lines 35-36 is an amendment recommended by the osteopaths and KNPA agreed to it.

2) on page 2,

a) the osteopaths tried to define what minor office procedures are, what is allowable and KNPA, made several minor changes to their language (identified in parenthesis as KNPA). The osteopaths are excluding the use of anesthesia and KNPA narrowed it even more by saying that naturopaths should not be allowed to use general or spinal anesthesia, but we do want to use a local anesthesia for purposes of small incisions or impediments. KNPA does not want to do surgery, the question is, are naturopathic doctors allowed to remove small impediments from the skin;

b) "ultraviolet" changed to "ultraviolet, OK with this;

c) legend drugs - KNPA have removed this section further down the bill and will actually list what is allowable and what isn't. Under the list of what is allowable is "natural estrogens" and "natural progesterone" and it felt it wise to define this and ask that these new definitions be implemented in (j) where legend drugs was;

3) KBHA had forwarded KNPA a list of recommendations of amendments (see KBHA in parenthesis throughout the bill), KNPA agreed to six of them, of the remaining, one was a large policy change and the other it was felt, was not necessary;

4) on page 5, lines 3-6 was offered by osteopaths and KNPA is fine with this change;

5) on page 6, KNAP's understanding, there were no amendments offered on this page;

6) on page 7, what KNPA heard was the scope of practice is too broad, but not only have we defined what the practice of naturopathic medicine is on page 1, on page 7 we defined exactly what naturopathic doctors can prescribe and on the next page (page 8) we defined what procedures they can do. Regarding New Sec. 13 states what a naturopathic doctor may not do, examples, line 16 means if the prescription or controlled drug is not in this bill, then they can't prescribe and line 21 states that naturopaths cannot perform surgery; in (b), the darker print to the right of the bill is a blend of what the osteopaths wanted, what KNPA needs and think is a fair compromise and this list exactly what the naturopathic doctors can and cannot prescribe; and (b)(5) the reference to legend drugs, again KMS has a problem with this, yet KNPA feels the problem has been fixed;

7) on page 8, he referenced:

a) the text at the top right (e) and (f) as being submitted by the osteopaths and sent to KNPA,

b) below it in text (c) is KNPA's language changes addressing scope of practice concerns of the Kansas Association of Osteopathic Medicine (KAOM) and the Kansas Medical Society (KMS) then and the underscored text are the ones that they wanted included in there.

8) on pages 9 and 10, KNPA has agreed to all of the remaining changes.

In conclusion, he stated in the way of concessions, naturopaths have given up the ability to perform obstetrics, surgery, emergency medicine, an open-ended formulary; it is listed in statutes what they can and cannot do; they have given up the use of the title "physicians" that the KMS prefers that they do not use, and the naturopaths were asked to go through the credentialing process by which the technical committee and the Secretary of Health and Environment has recommended them licensure.

The Chair then recognized the next conferee as Dr. Jane Murray, Family Physician, who gave a brief history of her background and stated that in the last 4 years she has referred patients to both of the doctors Khosh and find that they provide a type of care and knowledge base that she has not been trained in and have worked with them as well in developing and integrated medicine center for Via Christi in Wichita, and has put together, with Dr. Driscoe, who is now running, a course for medical students at KU in holistic medicine and the Kosh doctors have helped in teaching the students. And finally, she spoke at as a consumer who husband has been working with the naturopathic doctors as well as his physicians, as he battles his cancer. No written testimony was provided.

The next conferee recognized Dr. Medi Khosh who gave a brief history of his background in education stating:

- 1) that a licensed naturopathic doctor (N.D.) attends a four-year graduate level naturopathic medical school and is educated in all of the same basic sciences as an M.D. but also studies holistic and nontoxic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness;
- 2) in addition to a standard medical curriculum, N.D.'s are required to complete four years of training in clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, psychology, and counseling;
- 3) N.D.'s take a rigorous professional Naturopathic Physicians Licensing Examination (NPLEX), the standard examination used by all licensing jurisdictions for N.D.'s in North America, administered by an independent agency and includes all basic science exams (anatomy, physiology, pathology, biochemistry, microbiology, immunology, etc.) and clinical science examinations (clinical, physical, and laboratory diagnosis, diagnostic imaging, botanical medicine, pharmacology, nutrition, physical medicine, homeopathy, minor surgery, psychology, lifestyle counseling, an emergency medicine; and,
- 4) licensed N.D.'s must fulfill state-mandated continuing education requirements annually, and have a specific scope of practice defined by their state's law.

And finally, he presented his reasons why naturopathic medicine licensing is needed in Kansas, the negative effect of what would happen without licensure, and statistics on freedom of choice of health care providers. A copy of his testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

The fourth proponent conferee recognized was Ms. Kathy Elston, Via Christi Integrative Center Manager, who gave a brief history of Via Christi which, she said, was designed to enhance communication between the providers of complementary therapies and physicians. She stated the "team" a Doctor of Osteopathic Medicine as their Medical Director, a Chinese medicine practitioner, a massage therapist, a licensed clinical social work, a registered dietitian, a pharmacist, and consultation services of a naturopathic doctor. A copy of his testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

Mr. Mike McCulley, a consumer from Wichita, was the next to testify. Mr. McCulley shared his "journey through the health care system" after he was diagnosed with pancreatic cancer and how the outcomes he enjoys today would not have been his, in spite of the great diagnostics, surgery, and oncology services, if naturopathic medicine had not been available. A copy of his testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

Mr. Terry Miken, a consumer from Lawrence, was the sixth proponent to testify, who is also a cancer survivor. Mr. Miken gave a brief history of his illness. He included a visit with a rheumatologist at the Mayo Clinic who stated, five years ago he would strongly disagree with Mr. Miken looking at alternative medicine to deal with his illness, but today, he said he had no problems with his patients seeking reputable alternative care providers. A copy of his testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

The final conferee recognized with Dr. Jeanne Driscoe, M.D., Department of Gynecology and Obstetrics of KU Medical Center, who gave a brief history of her background including her being hired in 1998 by the Dean of the School of Medicine to develop a Program in Integrative Medicine. Dr. Driscoe's testimony also provided statistics regarding health care consumers using and seeking services of Complementary and Alternative Medicine (CAM). She also provided, as an attachment, a letter from Ms. Laurie Labarca, Vice President of Operations, St. Joseph Campus, Via Christi Regional Medical Center, in Wichita, Kansas, being submitted in support of this legislation. A copy of Dr. Driscoe's testimony and her attachment is (Attachment 7) attached hereto and incorporated into the Minutes as referenced.

The Chair asked Dr. Driscoe if she was involved in writing the balloon amendments provided by Mr. Federico. Dr. Driscoe answered yes, that they had all sat down together and went over every line.

Written testimony was also provided from:

1. Dr. Lisa Pioli, D.O. in Leawood, Kansas to Senator Tyson;
2. Mr. John C. Kraft, an independent Pharmacist at the Family Prescription Compounding Pharmacy in Wichita, Kansas;
3. Ms. Hilary Kass, Public Health Educator at the University of Kansas Medical Center, Linwood, Kansas;;
4. Dr. Jill Sunfest, M.D., FACS, Chief Medical Officer, Preferred Health Systems, Wichita, Kansas;
5. Mr. George F. Stevens, President, Wichita Tobacco and Candy Co, Wichita, Kansas;
6. Mr. John R. McClure, consumer, Lawrence, Kansas.

A copy of the above written testimonies are (Attachment 8) hereto and incorporated into the Minutes as referenced.

Neutral testimony was provided by Mr. Keith R. Landis, Committee on Publication for Kansas, who proposed two amendments requesting removing existing wording on page 6 line 24 and page 9 lines 21 through 23 with "Individuals practicing religious beliefs which provide for reliance on spiritual means alone for healing." A copy of his testimony is (Attachment 9) hereto and incorporated into the Minutes as referenced.

The Chair then asked for questions or comments from the Committee. A discussion between Senator Wagle, Haley, Barnett, Harrington, and Praeger, Dr. Khosh, Mr. Federico, Mr. Landis, and Mr. Larry Buening involving such issues as is there a concurrent or similar bill in the House, have the concerns of KANP been discussed with KMS and KDHE, is there a felony standard for medical doctors, no mole removals or cancerous tissues only superficial lacerations that are not close the nerve ending, tendon, or any other major organ, agreeing to notion of working in partnership, both sides needing to work on the anesthesia and IV fluids, and is the liability coverage being looked at.

The Chair then announced that, as it is 2:30 p.m. the time the Senate reconvenes, the Committee is on a deadline, and will be going up against “you sent it over to the House to late”, so with the need to kick out this bill and the physical therapist’s bill today in order to get them debated this week on the Senate floor, the Committee will reconvene after session in Room 519-S.

Recessed

The Committee recessed to go on the floor at 2:35 p.m.

Reconvened

The Committee reconvened at 5:10 p.m. in Room 519-S, with all in attendance except Senator Praeger who was excused and Senator Jordan.

Final Action on SB583 - an act relating to physical therapy; concerning physical therapists

Upon reconvening, the Chair asked Mr. Steve Kearney to walk the Committee through the balloon that he offered on behalf of the Kansas Physical Therapists Association (KPTA). Mr. Kearney stated that:

- 1) on page 1, there was the insertion of the two titles;
- 2) on page 2, they deleted “means” and interted “may include” and included a laundry list of provisions and at Mr. Buening’s suggestion:
 - a) added “Such practices shall not be construed to be exclusive to physical therapists,” to ensure there are no intended consequences on line 20; and,
 - b) changed “medicine and surgery” to “the healing arts...” on line 23, which will bring in and alleviate some of the chiropractors concerns;
- 3) on page 3,
 - a) striking the word “physiotherapy” and “physiotherapists” on lines 15 and 16;
 - b) cleanup on lines 18 and 19 as on page 1;
 - c) material in brackets “[]” will be stricken as shown on line 21 “or physiotherapist”; and
 - d) in working with the chiropractors, beginning on line 20, inserted a clarification sentence since the terms physiotherapy and physical therapy are synanamous in the dictionary, which picks up the chiropractors and PT’s
 - e) lines 23 through 26 between the brackets, is language that was controversial from the beginning and that none of us really knew why this was there, has been stricken.

A copy of his balloon is ([Attachment 10](#)) attached hereto and incorporated into the Minutes by reference.

As there were no questions from the Committee, Senator Steineger moved that the amendments be adopted to the physical therapists bill be passed as amended. It was seconded by Senator Salmans and the motion passed. A motion was made by Senator Steineger moved the bill out favorably as amended. This was seconded by Senator Harrington and the motion carried.

Cont'd Hearing on SB610 - an act concerning naturopathy; providing for the licensure and regulation of practitioners thereof; providing for administration by the board of healing arts.

The Chair called upon Mr. John Federico to address the issues as shown on attachment 2. Mr. Federico said that not to offer testimony unfairly, he would walk the Committee through what the issues KANP would like to see resolved:

A) Issues 3 and 4 were not of great of concern to KMS and DO's, but of concern to Committee members, Senator Barnett with Issue 3 and Senator Haley on Issue 4;

B) Issues 1 and 2 have not been agreed on:

- a.) "Minor office procedures", is from KMS and is one of the Committee's options; option two is a combination of the osteopaths and naturopaths

A copy of his testimony is (Attachment 11) attached hereto and incorporated into the Minutes by reference.

Adjournment

As it was 2:36 p.m., the meeting was adjourned as the Senate met at 2:30 p.m.

The next meeting is scheduled for March 5, 2002.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

202
GUEST LIST

DATE: Tuesday, February 26

45 min
att

NAME	REPRESENTING
Loretta J Seidl	Consumer - RDH
Peter Kimble	KNPA
Darany Khosh	KNPA
Jeanne Drisko	Private Citizen
Elise Nelson, ND	KNPA
Kevin Pittman	Health Midwest
Paul Bennett	Self
KEITH R LANDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Hilary K. Kess	private citizen
LARRY BUENING	BD OF HEALING ARTS.
Lesia Roberts	KDHE - HOCredentiaing
KARLSON CHAPEK	prospective M.D. student
Katherine Elston	Via Christi
Mike McCullen	PRIVATE CITIZEN
Rebecca Rice	Ks Chiropractic Assn
FERRY MIKAN	PRIVATE CITIZEN
Queen Welshman	House
Herby Hatcher	PCitizen
Glenda Bunnell	UPN

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

2 2
GUEST LIST

DATE: Tuesday, February 26

NAME	REPRESENTING
Chris Collins	KMS
Theresa Smith	
Gene Witt	Preferred Health Systems
Janice Anderson	KAMP
Tanya Tracy M.D.	DWC - KDHR
Lake Robertson	Private citizen - physicians
Susan Robertson	Private Citizen
George F Paley	Proponent Citizen of Kansas
Nellany Cornejo	Sen Brungardt's Intern
Chip Wheeler	Osteopathic Association
Andy Shaw	Kearney Law Office
Natalie Bright	Via Christi

SWEN WELSHIMER
REPRESENTATIVE, EIGHTY-EIGHTH DISTRICT
SEDGWICK COUNTY
6103 CASTLE
WICHITA, KANSAS 67218
(316) 685-1930
DURING SESSION
LEGISLATIVE HOTLINE
1-800-432-3924
OFFICE: (785) 296-7687



HOUSE OF
REPRESENTATIVES

COMMITTEE ASSIGNMENTS

MEMBER: BUSINESS, COMMERCE & LABOR
ETHICS & ELECTIONS
HEALTH & HUMAN SERVICES
NEW ECONOMY
NATIONAL CONFERENCE OF
STATE LEGISLATURES CULTURAL &
ECONOMIC DEVELOPMENT COMMITTEE
JOINT HEALTH CARE REFORM LEGISLATIVE
OVERSIGHT COMMITTEE

February 26, 2002



TESTIMONY: SENATE HEALTH AND WELFARE COMMITTEE
SB 620, LICENSING OF NATUROPATHIC DOCTORS

Health care in America is in the midst of a revolution. Industry is discovering highly significant bottom line savings by building prevention medicine into their employee health benefits. Naturopathic medicine is prevention medicine. Other medical professions, such as allopathic (M.D.s), osteopathic, and chiropractic are scrambling to gain enough knowledge in naturopathic medicine to offer what they can of it. Most have discovered that no matter how successful they are, the patient deserves the benefits that can be delivered by the naturopathic physician. This has given birth to a revolution that is launching the delivery of "integrated health care."

I am not here to repeat the qualifications of naturopathic physicians, but to give you some documented facts that I hope you will consider seriously. My facts are separated into three parts: (1) the crisis we face today, (2) what the crisis will ultimately cost, and (3) the only solution that is focused on the crisis...integrated health care.

To my knowledge, no physician-level profession, other than M.D., has been licensed in Kansas without a lawsuit. I have found no documentation, but I have found agreement without argument that osteopaths, chiropractors, optometrists, and possibly others, had to sue the state of Kansas in order to deliver their health care to our citizens. I hope that, this year, the legislature is more able to deal with change. That is a purpose of a state legislature, to implement change when change is clearly needed. The attached three short reports contain the proof that SB 620 is a change that is urgently needed.

Senate Public Health & Welfare Committee
Date: February 26, 2002
Attachment 1

HEALTH CARE IN CRISIS

By Gwen Welshimer, (February, 2002)

According to the World Health Organization's 2000 World Health Report, the U.S. ranks 37th overall among 191 member countries in health care. France provides the best overall health care, although it had a low rating in response, and the next best overall providers are Italy, Spain, Oman, Austria and Japan.

In specific areas for which we were judged, the U.S. ranked 72nd for performance level of health, 55th for fairness in financial contribution, and first in responsiveness. The U.S. system is ranked the most costly of all. The report cites us for the lack of choices in our system. It also cites us for lack of medical insurance and subsequent health care for the U.S. poor. The W.H.O. cites the ultimate responsibility for the overall performance of a country's health system lies with government, which in turn should involve all sectors of society and all available resources to establish the best and fairest health system possible. Countries who under-utilize the resources available to them invite large numbers of preventable deaths and disabilities, unnecessary suffering, injustices, inequality and the denial of an individual's basic rights to health.

Even though trauma medicine is advancing rapidly in the U.S., the system is overworked and understaffed. Trying to be all things to all people is causing a dilemma the establishment can't solve.

Americans are losing faith in their health care system because its problems are so comprehensive. While the public experiences media reports on an annual 100,000 deaths and more than a million medical mistakes, the legislatures ignoring public safety by capping malpractice and wrongful death awards. They are preparing no plan to address the crisis and provide a better system of health care at reduced cost. They neglect to demand accountability from HMOs and competency oversight from healing arts regulators. Kansas ranks 8th of the 50 states for frequency of malpractice awards per 1,000 physicians (1996 National Practitioners Databank).

Not only does our overall system cost too much and severely limit

(1)

choices, it violates doctor-patient relationship, suffers from gender-based inequities, and discourages individual responsibility. Physicians are held to criminal and moral standards, but not to any standard of care. The Kansas Board of Healing Arts has no guidelines available to citizens on how to find a good doctor, nor does it focus on health care for medical doctors who have drug addictions, alcohol addictions, or mental illness. The Board politically brutalizes prevention competitors and makes demands of them it does not require of conventional M.D.s

Seventy-six million baby boomers are marching toward their senior years to produce seismic changes in our nation's economy and social makeup. Only three of our 126 conventional medical schools have geriatric divisions, which leaves our allopathic system profoundly incompetent to deal with chronic degenerative diseases of aging in these critical years ahead. Prescription drugs can cost more than an elderly citizen's entire monthly income and seniors are at risk from taking the wrong dosages and being over-prescribed. The average senior has twelve prescriptions each year. Seniors have 340,000 broken hips per year; four percent do not survive their first hospital treatment and 40% enter long-term care facilities (Eagle May 4, 2001).

According to a first-of-its-kind study by pharmacy benefits coverage provider Express Scripts Inc., Kansas is among the top prescription drug-using states, ranking No. 9 for overall prescription drug use. Prescription drug addiction, administering the wrong drug and overdoses are the greatest cause of reported deaths by medical mistake. The National Conference of State Legislatures, Nov/Dec 2000, estimates the cost in lost income, disability, and resulting health care is as much \$29 billion per year. The Associated Press on 4-11-2001 warns, "New Drug Abuse Trend: Prescription Medication."

An estimated fifty-percent of the cost of prescription drugs appears to be not the result of educating physicians but rather incentives to lure physicians into prescribing a continuous flow of new drugs. According to Scott-Levin research, \$1.9 billion is spent annually by drug makers to entertain physicians and their staffs. The addition of high-volume media advertising, the generous flow of sample drugs, such as the free samples of Viagra for every man in the U.S., and huge payoffs to avoid losing profits due to generic manufacturing supports predictions

of more than \$17 billion per year for these expenditures.

Physicians are paid per patient by drug makers to conduct clinical research on drugs. Some have been caught falsely reporting the patient has the disease required for the research. Prescription drugs are nearly 10% of the \$1.2 trillion national bill for health care and are expected to rise 12% per year.

The Associated Press reports overuse of antibiotics in humans and farm animals contributes to the rise of drug-resistant strains of bacteria. Scientists are discovering that human excretion of prescription drugs is detectable in our global environment.

Mental health practitioners are questioning the benefits of Prozac for patients with depression. Prozac is the most widely prescribed drug in the state of Kansas and suicide is the eighth leading cause of death in the U.S. Overall spending for health care in the U.S. is expected to double to \$2.6 trillion by 2010, and the health insurance system continues to be burdened with fraudulent billing.

More warnings include: American Medical News, Oct 16, 2000, "More Clinics Ban Drug Samples Citing Cost, Safety Concerns...drug samples have strong influence over prescribing habits...91% of doctors surveyed said they would dispense samples that differed from their preferred drug choice, straying from previous expert preference." Eagle 8-29-2001 "Johns Hopkins Studies Reviewed...questions raised about whether medical institutions undertake more research than they can safely monitor."

The ethnic makeup in the U.S. is changing, and little is being done to address the issue. According to a Wichita Eagle article, September 3, 2000, Hispanics have the worst health status in the U.S. with two out of five having no insurance. One out of three have no family doctor and are below poverty level. Type II diabetes is three times higher for Hispanics. They have highest rate of cervical and prostate cancer, and HIV is their leading cause of death. Not only are women suffering death and disability from lack of medical research, but ethnic groups are as well. There are more than twenty-two languages spoken in many of Kansas' legislative districts.

Kansas' health insurance companies are leaving the state. Free clinics for the indigent are losing funds while patient loads double. This can mean as much as 100,000 patient visits per year not being provided in first-class cities. Many providers have stopped taking patients covered by HealthWave and Medicaid because the state pays only 20 percent of the bill.

Other media reports that worry Americans are: Eagle 4-3-2001 "New Guidelines on Antibiotics Warn of the Potential Risks of Taking Them." Eagle 8-26-01 "Maker of Paxil Knew it was Addictive." Eagle 3-18-2001 "Let's Clear the Wreckage of our Health System...U.S. health care is as ugly as a three car wreck on the highway and more dangerous...more people killed in the hospitals by mistake than die from auto accidents." Eagle 3-2-2001 "Report Rebukes Health Care System...health Care today harms too frequently and routinely fails to deliver its potential benefits." Discovery Channel, Justice Files, 8-24-01, "1,300,000 patients are injured by treatment annually."

The U.S. health care system has evolved without competition. Other industries with public dependency, such as utilities, are denied such monopoly by government. Now, we must deal with the result. We must follow the guidelines of the World Health Organization and use all of our resources. We must open the medical system to competition and integrate prevention with trauma services. We can reduce cost and demand, but only if we embrace change.

(4)

KANSAS' BUDGET CRISIS - HEALTH CARE

By Gwen Welshimer, (February, 2002)

Kansas' group health insurance plans, for state employees and retirees, paid 57% of 12-months of claims, from state funds, through December of 2001 in the amount of \$124,538,816. Federal funds were used to pay the balance remaining of \$93,950,335. This includes 19 out of 304 educational entities, including USDs, community colleges and educational service centers. Health premiums and claims for the 285 remaining educational entities is included in education funding. Breaking out health care as a percentage of education funding is proving to be very difficult.

A study of state agency budgets, including SRS & Corrections, breaks out SGF health-care costs that total \$399,169,254 for 2001. The origin of their employee health-care premiums, paid by agencies to the state, varies because some agencies receive federal funds for that purpose.

	(rounded)	
	\$399,000,000	
	\$125,000,000	

TOTAL	\$524,000,000	

Using the 12%/year increase as used in the KS State Employees' Health Care Commission Annual Report:

\$586,880,000	(2002)	\$923,467,000	(2006)
\$657,306,000	(2003)	\$1,034,283,000	(2007)
\$736,182,000	(2004)	\$1,158,397,000	(2008)
\$824,524,000	(2005)	\$1,297,405,000	(2009)
		\$1,453,093,000	(2010)

BY 2010...at least \$1.5 billion will be needed from state funds to meet health-care obligations, not including annual increases driving costs for education. There will more people in the system and more people with more serious illnesses. This estimate may be too low.

THE DEFINITION OF INSANITY IS, "DOING THE SAME THING AND EXPECTING A DIFFERENT RESULT." DOES THE STATE HAVE A PLAN FOR THIS INCREASE EACH YEAR? WHO IS STEPPING FORWARD TO SUGGEST A REAL SOLUTION? IF A SOLUTION IS OFFERED, WILL ANYONE LISTEN?

COST PROJECTIONS

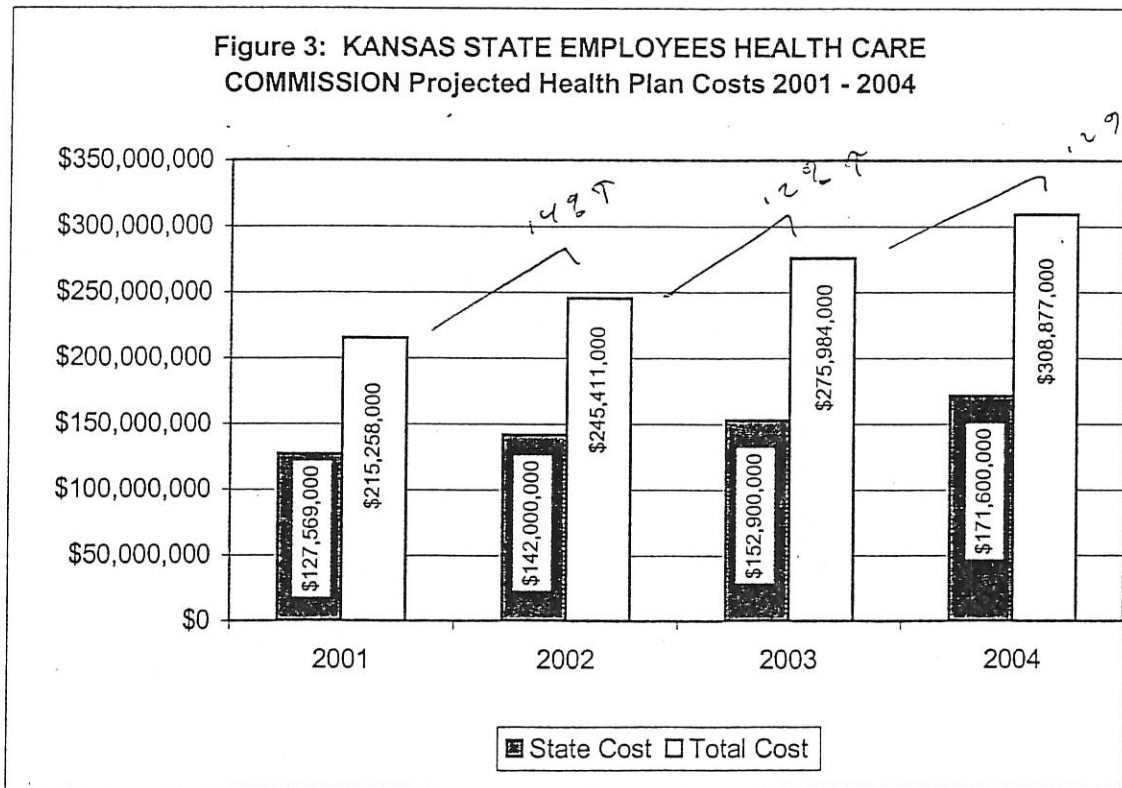
Figure 3 illustrates the anticipated cost projections for the next three years.

An unknown factor at this time is the on-going rate of medical inflation. However, the following trend assumptions were used to project GHIP costs for FY 2002 to FY 2004:

- Self-insured medical claims: 12%
- Insured HMO premiums: 10%
- Self-Insured RX claims: 20%
- Self-insured dental claims: 8%

These trend assumptions will change, as additional data becomes available.

Bids received during rate renewal negotiations were as high as 26% for the PY 2002. The prescription drug component continues to exceed the general rate of medical care inflation.



Note: FY 2002 projected state cost includes the use of \$18.9 million in GHIP excess reserves. After FY 2002, the balance of GHIP excess reserves is projected to be \$0.

**KANSAS STATE EMPLOYEES HEALTH CARE
COMMISSION**
**2001 Comparison of Actual and Estimated
Health Plan Costs (Unaudited)¹**

	<u>Actual 2001 Year- to-Date</u>	<u>Annualized</u>
1. <u>2001 Estimated Total Cost</u>		\$ 215,258,000
2. <u>2001 Actual Total Cost</u>		
a. BCBS Self-Insured Claims	\$ 78,219,426	\$ 98,489,098
b. AdvancePCS Rx Drug Claims	33,410,321	46,336,116
c. Delta Dental Claims	10,305,411	13,202,300
e. Insured HMO/PPO Premiums	40,085,803	53,447,737
f. Vision Service Plan	283,730	378,307
g. ASO Fees	4,645,515	6,194,020
h. Health Promotion & Admin	<u>464,919</u>	<u>619,892</u>
i. Total	\$ 167,415,125	\$ 218,489,151 × .57 = <u>124,538,816</u>
3. % Difference from Estimated [2i. / 1. - 1]		1.50%
4. <u>2001 Employee, Direct Bill, USD, COBRA Contributions</u>		\$ 91,444,059
5. <u>2001 State Cost</u>		
a. Estimated [1. - 4.]		\$ 127,569,000
b. Actual [2i. - 4.]		127,045,092
c. % Difference [5b. / 5a. - 1]		-0.41%

¹ Based on data through 9/30/2001 annualized through December, 2001
Includes rebates and refunds as State cost

KANSAS LEGISLATIVE RESEARCH DEPARTMENT

kslegres@klrd.state.ks.us

Rm. 545N-Statehouse, 300 SW 10th Ave.

Topeka, Kansas 66612-1504

(785) 296-3181 ♦ FAX (785) 296-3824

<http://skyways.lib.ks.us/ksleg/KLRD/klrd.html>

To: Representative Gwen Welshimer
From: Deb Hollon, Senior Fiscal Analyst
Re: Direct Care Medical Expenditures

You had requested information regarding expenditures by all state agencies for direct medical care. The attached spreadsheet lists those expenditures by agency and grouped by category.

Please call should you need further information or have questions.

KANSAS LEGISLATIVE RESEARCH DEPARTMENT

kslegres@klrd.state.ks.us

Rm. 545N--Statehouse, 300 SW 10th Ave.

Topeka, Kansas 66612-1504

(785) 296-3181 ♦ FAX (785) 296-3824

<http://skyways.lib.ks.us/ksleg/KLRD/klrd.html>

To: Representative Gwen Welshimer

From: Deb Hollon, Senior Fiscal Analyst

Re: Direct Care Medical Expenditures

You had requested information regarding expenditures by all state agencies for direct medical care. The attached spreadsheet lists those expenditures by agency and grouped by category.

Please call should you need further information or have questions.

	FY 2001				FY 2002				FY 2003			
	SGF	Federal Funds	Other Funds	Total	SGF	Federal Funds	Other Funds	Total	SGF	Federal Funds	Other Funds	Total
Atchison Juvenile Correctional Facility												
Nursing Personnel	0	0	0	79,376	0	0	0	101,040	0	0	0	101,681
Physician Fees	0	0	0	13,443	0	0	0	18,686	0	0	0	24,479
Hospital Fees	0	0	0	11,242	0	0	0	15,626	0	0	0	20,470
Dental Care	0	0	0	53,778	0	0	0	70,450	0	0	0	86,650
Optometry	0	0	0	9,842	0	0	0	12,892	0	0	0	15,850
Psychiatric Services	0	0	0	27,005	0	0	0	35,984	0	0	0	35,984
Pharmaceuticals	0	0	0	94,248	0	0	0	144,609	0	0	0	204,237
Miscellaneous	0	0	0	6,937	0	0	0	9,642	0	0	0	12,632
TOTAL - AJCF	0	0	0	295,871	0	0	0	408,929	0	0	0	501,983
Beloit Juvenile Correctional Facility												
Nursing Personnel	0	0	0	81,291	0	0	0	83,946	0	0	0	84,770
Hospital Fees	0	0	0	30,168	0	0	0	34,675	0	0	0	37,000
Dental Care	0	0	0	17,434	0	0	0	18,500	0	0	0	19,700
Optometry	0	0	0	4,939	0	0	0	5,500	0	0	0	5,800
Psychiatric Services	0	0	0	17,827	0	0	0	13,920	0	0	0	14,250
Pharmaceuticals	0	0	0	51,129	0	0	0	55,060	0	0	0	59,165
Miscellaneous	0	0	0	7,346	0	0	0	10,000	0	0	0	10,000
TOTAL - BJCF	0	0	0	210,134	0	0	0	221,601	0	0	0	230,685
Topeka Juvenile Correctional Facility												
Nursing Personnel	0	0	0	219,121	0	0	0	265,268	0	0	0	269,543
Hospital Fees	0	0	0	89,054	0	0	0	92,082	0	0	0	95,305
Dental Care	0	0	0	63,807	0	0	0	65,976	0	0	0	68,285
Optometry	0	0	0	25,419	0	0	0	26,283	0	0	0	27,203
Psychiatric Services	0	0	0	41,596	0	0	0	43,010	0	0	0	44,515
Pharmaceuticals	0	0	0	139,240	0	0	0	143,139	0	0	0	149,008
Miscellaneous	0	0	0	24,204	0	0	0	25,027	0	0	0	25,903
TOTAL - TJCF	0	0	0	602,441	0	0	0	660,785	0	0	0	679,762
Pittsburg State University	0	0	0	670,993	0	0	0	631,543	0	0	0	1,086,118
Emporia State University	0	0	0	603,453	0	0	0	608,511	0	0	0	614,815
Fort Hays State University	0	0	0	452,488	0	0	0	479,660	0	0	0	483,463
Kansas State University	0	0	0	4,377,249	0	0	0	5,008,114	0	0	0	5,079,349
University of Kansas	0	0	0	6,065,176	0	0	0	6,458,615	0	0	0	6,492,576
KU Medical Center			NA				NA				NA	

Direct Care Medical Expenditures

21-1

	FY 2001				FY 2002				FY 2003			
	SGF	Federal Funds	Other Funds	Total	SGF	Federal Funds	Other Funds	Total	SGF	Federal Funds	Other Funds	Total
Department of Social and Rehabilitation Services												
Inpatient Hospital	\$ 52,793,094	\$ 92,256,822	\$ 9,509,854	\$ 154,559,770	\$ 59,515,245	\$ 100,574,000	\$ 8,010,755	\$ 168,100,000	\$ 68,302,489	\$ 108,980,600	\$ 8,145,911	\$ 185,429,000
Physician/Outpatient/Clinics	34,490,486	54,634,949	6,081,740	95,207,175	35,992,312	54,749,000	4,783,688	95,525,000	38,681,479	55,269,600	4,316,921	98,268,000
Pharmacy	66,152,830	112,035,722	13,765,436	191,953,988	78,746,188	113,739,432	11,687,380	204,173,000	83,453,643	121,663,871	11,166,632	216,284,146
Dental	3,895,198	6,881,458	744,802	11,521,458	4,762,850	8,087,000	647,150	13,497,000	5,572,493	8,933,000	666,507	15,172,000
Vision	956,920	1,692,091	183,080	2,832,091	1,057,389	1,796,000	152,611	3,006,000	1,146,377	1,827,000	136,623	3,110,000
Home Health	13,279,020	23,486,830	2,540,980	39,306,830	17,867,037	30,427,000	2,582,963	50,877,000	18,324,770	29,516,647	2,746,070	50,587,487
Mental Health Centers	13,591,118	32,287,775	2,358,743	48,237,636	14,574,134	53,290,000	2,995,866	70,860,000	11,592,036	57,803,000	5,814,964	75,210,000
Rehabilitation	1,565,042	15,146,235	1,154,958	17,866,235	3,315,554	17,485,000	1,112,446	21,913,000	5,948,633	21,253,762	1,264,967	28,467,362
Supplies	3,474,936	6,003,286	655,064	10,133,286	3,658,909	6,084,000	521,091	10,264,000	3,954,406	6,135,000	463,594	10,553,000
Behavior Management	7,410,000	8,995,008	0	16,405,008	8,920,000	10,706,000	0	19,626,000	9,131,000	10,564,000	0	19,695,000
Mental Health	39,152,117	5,860,877	7,466,625	52,479,619	29,502,456	8,749,410	8,136,098	46,387,964	26,432,456	8,749,410	8,136,098	43,317,964
Substance Abuse	2,147,047	9,095,090	3,634,708	14,876,845	2,156,528	9,549,846	5,352,398	17,058,772	2,521,534	14,668,483	6,021,392	23,211,409
HealthWave	7,088,069	20,719,864	1,000,000	28,807,933	107,422,834	30,402,221	1,000,000	138,825,055	11,247,473	33,999,117	2,008,000	47,254,590
Developmental Disability Services	12,088,351	7,677,165	0	19,765,516	12,329,789	8,028,541	0	20,358,330	10,829,789	7,878,998	0	18,708,787
Long Term Care	100,887,206	165,269,057	18,421,402	284,577,665	71,413,587	181,591,451	58,100,000	311,105,038	58,550,202	182,718,897	64,829,094	306,098,193
Administration	14,073,296	37,318,907	6,896,215	58,288,418	14,350,084	31,730,368	1,448,540	47,528,992	14,518,005	33,503,996	1,324,488	49,346,489
TOTAL - SRS	\$ 373,044,730	\$ 599,361,136	\$ 74,413,607	\$ 1,046,819,473	\$ 465,584,896	\$ 666,989,269	\$ 106,530,986	\$ 1,239,105,151	\$ 370,206,785	\$ 703,465,381	\$ 117,041,261	\$ 1,190,713,427
Larned State Hospital												
Medical Personnel	0	0	0	7,009,576	0	0	0	7,730,028	0	0	0	7,899,510
Supplies	0	0	0	103,071	0	0	0	104,656	0	0	0	104,656
Pharmaceuticals	0	0	0	1,139,275	0	0	0	1,156,797	0	0	0	1,156,797
Office Visits	0	0	0	311,206	0	0	0	266,281	0	0	0	269,781
Inpatient Hospitalization	0	0	0	189,735	0	0	0	140,000	0	0	0	140,000
Miscellaneous	0	0	0	64,139	0	0	0	38,170	0	0	0	38,170
TOTAL - Larned State Hospital	0	0	0	8,817,002	0	0	0	9,435,932	0	0	0	9,608,914
Osawatomie State Hospital												
Medical Personnel	0	0	0	5,523,824	0	0	0	5,669,448	0	0	0	5,260,780
Supplies	0	0	0	185,995	0	0	0	165,300	0	0	0	165,300
Pharmaceuticals	0	0	0	957,515	0	0	0	957,000	0	0	0	805,800
Office Visits	0	0	0	108,724	0	0	0	0	0	0	0	0
Inpatient Hospitalization	0	0	0	297,001	0	0	0	110,830	0	0	0	110,830
Miscellaneous	0	0	0	106,355	0	0	0	90,550	0	0	0	90,550
TOTAL - Osawatomie State Hospital	0	0	0	7,179,414	0	0	0	6,993,128	0	0	0	6,433,260

	FY 2001				FY 2002				FY 2003			
	SGF	Federal Funds	Other Funds	Total	SGF	Federal Funds	Other Funds	Total	SGF	Federal Funds	Other Funds	Total
Rainbow Mental Health Facility												
Medical Personnel	0	0	0	1,713,025	0	0	0	1,804,489	0	0	0	1,808,157
Supplies	0	0	0	12,359	0	0	0	6,800	0	0	0	6,800
Pharmaceuticals	0	0	0	170,864	0	0	0	185,500	0	0	0	185,500
Office Visits	0	0	0	13,695	0	0	0	12,000	0	0	0	12,000
Inpatient Hospitalization	0	0	0	44,696	0	0	0	46,000	0	0	0	46,000
Miscellaneous	0	0	0	55,387	0	0	0	58,000	0	0	0	58,000
TOTAL - RMHF	0	0	0	2,010,026	0	0	0	2,112,789	0	0	0	2,116,457
Parsons State Hospital & Training Center												
Medical Personnel	0	0	0	1,835,394	0	0	0	1,816,981	0	0	0	1,819,707
Supplies	0	0	0	85,905	0	0	0	83,360	0	0	0	79,860
Pharmaceuticals	0	0	0	375,639	0	0	0	364,640	0	0	0	343,140
Miscellaneous	0	0	0	2,393	0	0	0	3,500	0	0	0	3,500
TOTAL - PSH&TC	0	0	0	2,299,331	0	0	0	2,268,481	0	0	0	2,246,207
Kansas Neurological Institute												
Medical Personnel	0	0	0	3,497,325	0	0	0	3,925,340	0	0	0	3,945,959
Supplies	0	0	0	7,754	0	0	0	7,200	0	0	0	7,200
Pharmaceuticals	0	0	0	521,571	0	0	0	547,650	0	0	0	575,000
Miscellaneous	0	0	0	448,464	0	0	0	397,463	0	0	0	392,503
TOTAL - KNI	0	0	0	4,475,114	0	0	0	4,877,653	0	0	0	4,920,662
Department of Health and Environment												
Physician Services	0	219,804	0	219,804	0	242,898	0	242,898	0	250,345	0	250,345
Outpatient	326,864	5,158,178	2,296	5,487,338	1,016,353	4,811,945	2,365	5,830,663	684,604	5,555,125	2,436	6,242,165
Pharmaceuticals	0	39,013	0	39,013	0	46,521	0	46,521	0	47,684	0	47,684
Oral Health Services	0	16,990	0	16,990	0	23,567	0	23,567	0	24,156	0	24,156
Administration	0	696,729	0	696,729	0	877,804	0	877,804	0	810,330	0	810,330
TOTAL - KDHE	326,864	6,130,714	2,296	6,459,874	1,016,353	6,002,735	2,365	7,021,453	684,604	6,687,640	2,436	7,374,680
Department of Corrections												
Contracts with Prison Health Services and Kansas University Physicians, Inc	22,776,484	0	32,000	22,808,484	23,828,635	0	349,777	24,178,412	24,096,772	0	643,000	24,739,772

1-13
1

	FY 2001				FY 2002				FY 2003			
	SGF	Federal Funds	Other Funds	Total	SGF	Federal Funds	Other Funds	Total	SGF	Federal Funds	Other Funds	Total
Wichita State University				NA				NA				NA
Commission on Veterans' Affairs												
Community-Based Outpatient Clinic	0	0	215,372	215,372	0	0	257,091	257,091	0	0	286,629	286,629
Persian Gulf War Health Initiative	28,279	0	88,457	116,736	0	0	46,216	46,216	0	0	0	0
Kansas Soldiers Home	879,558	0	2,163,758	3,043,316	26,849	0	3,087,600	3,114,449	313,450	0	2,804,853	3,118,303
Kansas Veterans Home	2,113,339	0	981,968	3,095,307	980,074	0	2,804,283	3,784,357	1,773,617	0	2,932,723	4,706,340
TOTAL - Veterans' Affairs	<u>3,021,176</u>	<u>0</u>	<u>3,449,555</u>	<u>6,470,731</u>	<u>1,006,923</u>	<u>0</u>	<u>6,195,190</u>	<u>7,202,113</u>	<u>2,087,067</u>	<u>0</u>	<u>6,024,205</u>	<u>8,111,272</u>
GRAND TOTAL	<u>399,169,254</u>	<u>605,491,850</u>	<u>77,897,458</u>	<u>1,120,617,254</u>	<u>491,436,807</u>	<u>672,992,004</u>	<u>113,078,318</u>	<u>1,317,672,870</u>	<u>397,075,228</u>	<u>710,153,021</u>	<u>123,710,902</u>	<u>1,271,433,402</u>

A SOLUTION FOR KANSAS' HEALTH CRISES

By Gwen Welshimer, (February, 2002)

This solution begins with the legislative release of our vital prevention resources, so insurers may use them to organize and rein in health care costs; so universities can use them to attract research grants; and most important, so the public can finally be free to choose prevention health care solutions.

For decades, solutions to the crisis in our status of health and our crisis in rising costs have not been forthcoming from the "establishment" or the federal government. We have a profound problem, and it will take a village with attitude and courage to implement change. Prevention will effect supply and demand, all of which can begin at the state level. If the Kansas Legislature provides the tool, the marketplace will do the rest. The tool is licensing legislation. The shortest route to understanding this solution lies within the following Questions and Answers:

Q: What must be done to reduce our health care crisis?

A: Allow prevention health care which will reduce demand for trauma medicine. Embrace wellness and competition.

Q: How can this be achieved?

A: By licensing all prevention physicians, currently referred to as "alternative practitioners." Insurers and industry will be free to offer managed primary prevention health-care under their health care plans.

Q: Which alternative practitioners are needed?

A: In Kansas, chiropractors need expanded scope of practice to match training, naturopathic doctors need licensing to match training and specialties, doctors of Chinese medicine need the same; physical and alternative therapists, such as massage therapists and acupuncturists should later be organized and licensed.

Q: Is there proof prevention practitioners can reduce the crisis?

A: Proof is developing in every state in the U.S. Prevention medicine is becoming mainstream by consumer demand. The U.S. Military is using chiropractic primary care. The National Institute of Health has created a National Complementary and Alternative Medicine Council issuing

generous grants for research in this prevention medicine. A 1,400-employee-Canadian corporation, called Husky, generously shares the results of their integrated in-house clinic, having saved \$4.1 million per year for almost three years. There is a health plan management vendor in the Chicago area called Alternative Medicine, Inc. using prevention practitioners as primary care providers. This firm has reduced hospitalizations, surgeries, prescriptions, and even mental health, by more than 50% for a major insurer in Illinois. AMI, founded by an M.D., is now managing plans for other industries and utility companies.

Q: Is there risk and liability from using alternative practitioners?

A: Risk is reduced. Chiropractic errors and malpractice incidents are a small fraction of those experienced within the conventional medical system. Naturopathic physicians have experienced no deaths/mistakes that can be found to date. Malpractice insurance is about \$100/month for N.D.s and little more for Chiropractors. This, in turn, has increased safety, reduced risk and played a direct role in reducing costs in trials.

Q: Is there insecurity on the part of patients/employees, giving up their M.D. to use a prevention practitioner for primary care?

A: The M.D. works as backup, integrating with the alternative practitioner. Participants have a high rate of satisfaction with claims they would be insecure returning to the conventional system.

Q: Can prevention practitioners diagnose as well as M.D.s?

A: Yes. AMI research reveals diagnoses by prevention practitioners is remarkably the same as the diagnosis provided by the M.D.

Q: Is it hard to convince M.D.s to work with alternative practitioners?

A: To date, 3,000 M.D.s have volunteered to be credentialed to work in with AMI's prevention practitioners in the Chicago area.

Q: Were employees, who enrolled in the AMI managed plans, people without health problems...health nuts?

A: No, most were people with health problems who weren't being treated successfully under the conventional system.

Q: Does AMI charge for management services?

A: Yes. They charge a negotiated percentage of savings.

Q: Would it take a long time to get Kansas' M.D.s and prevention practitioners recruited and credentialed to implement similar health plan coverage in Kansas?

A: No. Kansas' conventional and alternative practitioners have been organizing for months. This should reduce initial costs and enable a managed plan to get underway by 2003, provided the licensing is granted. Without new licensing, this plan could be implemented, but with piggyback provider responsibilities. Some services would be difficult to offer. Prevention and cost savings would be less.

Q: What is needed from the legislature?

A: Licensing of all prevention physicians, practitioners, and therapists without delay. Any reduction in scope that these providers are trained for will directly reduce cost savings and patient success. Instruct Kansas Board of Healing Arts to focus on competency and to stop focusing on prevention providers as "prey."

Q: Does this mean that refusal by legislatures to license in the past has contributed to our health care crisis and rising costs?

A: Yes, that is my opinion from three years' research on this issue.

Q: What about the fact that we have chiropractors and alternative practitioners practicing now?

A: Prevention is accomplished by getting patients to prevention practitioners first, most when they are well. Historically, the patient does not receive prevention care before onset of illness. Once the illness arrives, the patient gets referred through the costly system. Only a few then end up with the prevention practitioner. This is often too late to prevent much of anything.

Q: Could the legislature develop a prevention health care system, tailored to the needs of the state and avoid outside help?

A: Probably not. Through no fault of its own, the legislature has too many decisions to make in a short period of time. This produces a short attention span on the issues. The function of a legislature is more "referee" than "innovative leader." Individual legislators, however, could come up with another plan. They should do it with haste.

Q: What will this do to the current health care system?

A: The current system is overburdened and understaffed. It tries to be all things to all people and can only benefit from the help a prevention system will provide.

Q: If the Kansas Legislature provides all the licensing needed, how much of the \$1.680 billion can be saved for the SGF by 2010?

A: If all providers needed were fully licensed and all health care provided by the state were provided under a mandatory managed prevention system, the savings would be much more than half, maybe 75%. But, rightfully, the plan should be "carved in." Employees and agencies need to see how the change will effect them and make the choice. This could take three or four years with costs continuing to climb. Action now by the Kansas Legislature would be a late start, but a start that will bring relief before disaster.

Kansans will enjoy many other benefits from a prevention system. Homeopathic medicine is a potential multi-billion dollar agricultural industry for the U.S. Much of this product is now imported. Expanded use will expand markets for farmers. KSU extension centers are now researching cultivation and working with a 600-member group organized for this purpose.

Licensing will attract large federal research grants to our universities, such as DNA testing at KU and KUMC, horticulture at KSU, and integrated clinic programs for WSU.

The comprehensive effect of licensing prevention providers will take stress off the environment, create new economic development and manufacturing opportunities, and increase state revenue. Over the past few years, Kansas has organized for the opportunity but failed to attract millions of dollars in these areas because it lacked the licensing tool.

Supplemental Information
About AMI

www.alternativemedicineinc.com

AMI Timeline

June 1997	AMI Founded
October 1998	AMI Primary Care Chiropractic Panel Approved/Credentialed by BCBS IL
January 1999	HMOI Effective Date
April 2000	Year 1 Cost Offsets Documented
May 2000	AACP Endorsement/Selection
November 2000	First Executive Optimal Health Client
January 2001	First Group Health PPO Client
February 2001	First Workers Compensation Client
April 2001	Formal Recognition of AMI Model by ACA Board of Governors

The AMI Advantage

- National Recognition for Quality & Cost Savings
- Comprehensive Scope of CAM Access
- Integrated Individualized Care
- Savings Based on Improved Health & Productivity
- Cost Offsets Returned to Payer

Why is AMI the Answer?

AMI HMO Satisfaction Results:

- Patient Satisfaction Survey = 97%
 - PCCP Exam Performance
 - PCCP Office Staff
 - PCCP Access re: Appointments
 - PCCP Access Re: Emergencies, Wait Time
 - PCCP Care and Courteousness
- Client Satisfaction Audit
 - Medical = 100%
 - Administrative = 97%

Why is AMI the Answer?

AMI HMO Savings*:

- Decreased Hospital Admits by 60%
- Decreased Hospital Days by 69%
- Decreased Outpatient Procedures by 85%
- Decreased Pharmaceutical Usage by 56%
- Decreased Total Medical Expense by 66%

*AMI vs Normative BCBS HMOI Data (1999-2000)

Why is CAM Important to Exelon?

Workers Compensation Studies, Cont'd.

- Oregon Study
 - 82% under DC care – 1 week RTW
 - 41% under MD care – 1 week RTW
- Australian Study
 - DC Care Group – RTW 4 X Faster
 - DC Care Group – Costs 4 X Lower
- The Manga Report – University of Ottawa
 - “...injured workers...diagnosed with low-back pain returned to work much sooner when treated by DCs rather than MDs.”

Why is CAM Important to Exelon?

- Daniel Cherkin, PhD*
 - DC, LAc, LMP, ND – 50 of each provider type
 - Analyzed visit data on 20 patients each
 - National Ambulatory Medical Care Survey Form
 - Utilization Profiles by Age, Gender, Race, Conditions
 - Validated Broad Scope Practices
 - Found Significant Value in CAM Treatment for Chronic Conditions
 - 18%-53% Also Under MD/DO Care
 - Only 5%-13% Reported Cross Communication

*January/February 2001 *The Integrator*

Why is CAM Important to Exelon?

Workers Compensation Studies

- Utah Study – 10 fold savings DC vs MD
- Florida Study
 - 51.3% shorter temporary total disability duration
 - 58.8% lower treatment costs (\$588 vs \$1100/case)
 - 20.3% hospitalization rate vs 52.2% rate
- California Study
 - RTW of 15.6 days vs 32 days

Why is CAM Important to Exelon?

Lucent Technologies – 10 Year Study

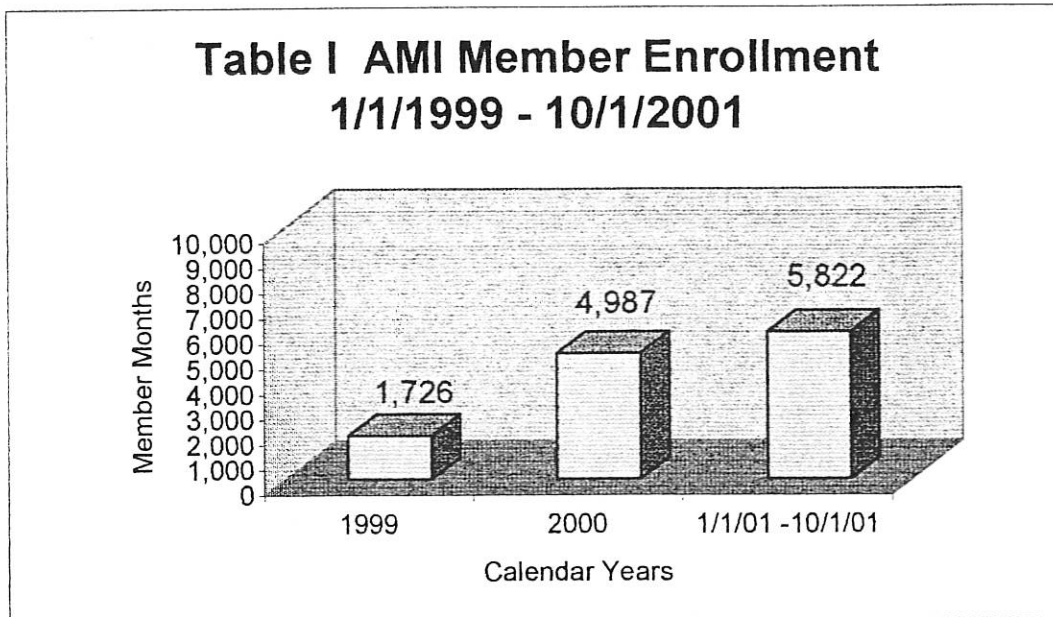
- 60 visits, \$10 Copay in CAM Rich Plan
- Fewer sickness days
- Lower average duration of disability
- Significantly lower accident disability days & duration
- Significant increase in plan satisfaction (72% vs 56%)
- Average usage was 10 DC Visits, 4.3 LAc Visits

Member Recruitment

HMOI has a dominant market share in the Greater Chicago area with an enrollment of over 700,000 members and is available only to companies with a minimum employee base of 100 enrollees.

AMI's prospective members originated from open enrollment offered to the total population of HMOI. Most members obtained information about AMI from HMOI's standard primary care and specialist physician directories or their company's Human Resource (HR) personnel. No incentives or marketing tactics were used by HMOI to attract potential patient enrollees to the alternative medicine IPA. Like all classical HMO's, there was no exclusion of patients having pre-existing illnesses.

In the first month of operation January 1, 1999 AMI had an enrollment of 37 members. Enrollment as of September 30, 2001 is 653 members. Because "marketing" has been by "word of mouth," growth in IPA enrollment has been steady but slow. The following table shows the increase in IPA enrollment measured in "member months" per calendar year. This standard managed care "unit" is calculated by multiplying each unique member by the number of months enrolled within the IPA during a calendar year.



HMOI calculates the ratio of new member "transfer in" vs. "transfer out" for each IPA on a monthly basis. AMI's range for "transfer in" lies between 3.43% and 5.53% and "transfer out" between 2.83% and 3.50%. The higher ratio of transfer "in" / "out" correlates with the observed growth in member enrollment and the high scores achieved in the member satisfaction survey, (reported in Outcomes: Quality). The exact effect of member "transfers" on AMI's reported outcomes is unknown.

AMI Patient Population Demographics

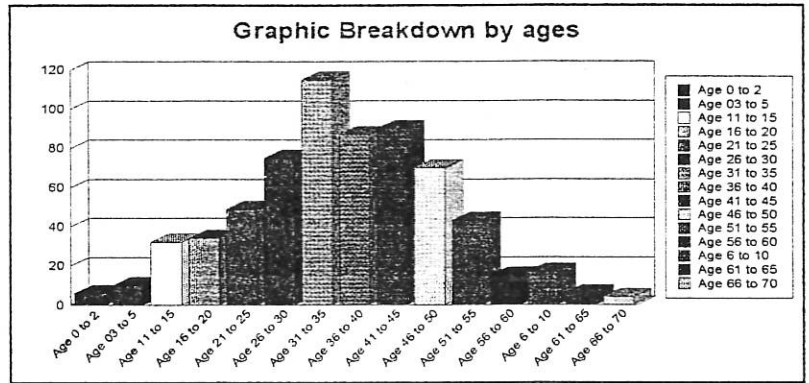
Patients self-select the AMI “alternative medicine” IPA which necessarily implies that generalizability from the data is limited. However, except for a younger average age, the demographics of this patient population do not seem significantly different from those of matched conventional medical care groups. If anything, as this section illustrates AMI’s population may well represent an adverse selection of patients compared to the network at large. Previously published studies indicate an increased usage of CAM associated with patients who define themselves as medically ill or who have multiple chronic medical problems (unresponsive to conventional modern medicine)^{3,45,46}.

A total enrollment view of the second calendar year (2000), and a snapshot of the current year 2001 reveal a demographic breakdown by age/sex and diagnosis of the AMI patient population (Tables III, IV, & V):

Age/Sex Distribution AMI Population Current Year to Date

Table III

	Female	Male	Total
Age 0 to 2	2	4	6
Age 3 to 5	3	7	10
Age 6 to 10	7	10	17
Age 11 to 15	15	17	32
Age 16 to 20	21	13	34
Age 21 to 25	35	14	49
Age 26 to 30	50	25	75
Age 31 to 35	73	42	115
Age 36 to 40	58	29	87
Age 41 to 45	55	35	90
Age 46 to 50	45	25	70
Age 51 to 55	24	19	43
Age 56 to 60	11	4	15
Age 61 to 65	3	3	6
Age 66 to 70	0	4	4
Total	402	251	653



Age/sex distribution data is forwarded to AMI by HMOI in the form of monthly eligibility lists.

Diagnostic demographics of AMI HMO Population Year 2000

Table IV

DIAGNOSES	% of AMI HMO POPULATION
Wellness*	28.5%
Orthopedic	23.5%
Other Medical (see Table VIII)	20.0%
Gyne	6.7%
Mental Health**	8.1%
Sinus/Allergy	6.0%
Cardiac/Hypertension	4.6%
Asthma	1.4%
Diabetes	1.2%
523 patients	100.0%

31 severely ill patients (multiple ICD-9 co-morbidities)

*Wellness defined as patient encounters not receiving ICD-9 codes. Patients may have been symptomatic but received chiropractic codes for subluxation/dysfunction by their PCP's.

**Mental health defined as those patients requiring a referral to a mental health specialist.

Alphabetized Diagnoses of 104 Patients Categorized as "Other Medical"

Table V

DIAGNOSES	NUMBER OF PATIENTS
Abdominal pain	7
Acute bronchitis	1
Acute duodenal ulcer	1
Acute gastritis	3
Adrenal cortical insufficiency	2
Anemia	1
Benign dehydration	1
Calculus kidney/ureter	1
Cataract extraction	1
Cholelithiasis	2
Chronic fatigue	3
Cystitis	1
Dermatologic	4
Esophageal reflux	2
Headaches (includes migraine in all variants)	14
Hemorrhoids	2
HIV positive	1
Hyperlipemia	1
Inguinal hernia	1
Irritable bowel syndrome	3
Morbid obesity	1
Multiple sclerosis	1
Myalgia/myositis	3
Neoplastic	8
Neurologic disorder	8

Pneumonia	1
Prostate disease	4
Rheumatoid arthritis (severe)	1
Sjogrens syndrome	1
Sleep abnormalities	1
Thyroid disease	6
Tinnitus	3
TMJ	2
Urethritis	1
URI	8
Uveitis	2

Diagnostic classification was assigned to individual patients based on:

1. PCP encounter data
2. Specialist encounter data
3. Referral activity
4. Pharmaceutical usage

When multiple ICD-9 codes were listed on encounter data, the diagnosis requiring the higher expenditure for workup or treatment was chosen as the primary classification. In the presence of prominent severe co-morbidity such as hypertensive cardiac disease, diabetes mellitus and bipolar disorder were all prominent in a patient's encounter data, then the patient received three separate and distinct classifications. This explains why 491 unique patients in the year 2000 received disease classifications totaling 523.

As doctors of chiropractic had not previously functioned as PCP's, the congruence of their diagnoses when compared to conventional PCP's when reporting on a HFCA 1500 encounter form was unknown. When PCP diagnostic coding data was cross-correlated with both specialist referral data and pharmaceutical usage, we found there was an agreement between the conventional medical specialist and the Chiropractic PCP 93.1 % of the time. Diagnostic Tables V and VI reflect the most accurate final diagnosis when all data points were correlated.

Data Collection

AMI's outcomes data is based on claims incurred. Data are collected in parallel by HMOI and Independent Health Resources (IHR), which functions as AMI's Third Party Administrator (TPA). HMOI specifically tracks all inpatient costs, outpatient facility costs and pharmaceutical usage.

AMI, via its TPA, tracks all professional encounters and utilization as well as outpatient laboratory.

HMOI reports all utilization back to AMI on a six-month delay to allow for the reporting of almost all claims during the experience period. This reporting method produces actual claims, removing the potential inaccuracies of claims incurred but not reported (IBNR).

Historically, the parallel sets of data between HMOI and IHR when compared are accurate to 98%. Discrepancies are attributed to retroactive additions and deletions typical of all current forms of managed health care. This high degree of accuracy over a 2-year period enables us to confidently report our outcomes for the third year 1/1/01-10/1/01 despite the absence to date of year-end corroboration by HMOI.

Data Reporting

HMOI prepares quarterly reports to AMI on such managed care benchmarks as:

1. Hospital admissions per 1000 members
2. Total hospital days per 1000 members
3. Outpatient surgical cases per 1000 member
4. Average Length Of Stay
5. Pharmaceutical utilization

These statistical benchmarks are reported as a comparison between the performance of AMI as an IPA (HMOI site #381) and the HMOI network as a whole.

Because of HMOI's proprietary concerns regarding their network's unique data points, AMI's outcomes will be reported only as a percentage reduction.

Outcomes: Cost

AMI also receives an annual age/sex adjusted risk pool analysis of its members by the HMOI actuarial department. IPA actual performance is then calculated against IPA predicted performance. AMI's total medical cost savings, excluding the pharmaceutical component (reported separately, Table VII), range between 66.7% and 88.1% for the calendar years 1999 and 2000 respectively. Table VIII reflects this data.

HMOI Utilization Management Fund (UM)/Non-pharmaceutical Components

Table VIII

Year	Target Usage	Actual Usage	Percentage	Percentage
	Units	Units	Used	Saved
1st 1999	71.3	23.7	33.3%	66.7%
2nd 2000	198.0	23.5	11.9%	88.1%
3rd 1/1/01 - 10/1/01			N/A until 7/02	

We attribute the improvement in cost effectiveness between year one (1999) and year two (2000) primarily to an innovative mental health initiative. Recognizing that the etiology of 33.3% of our first year's hospital admissions were categorized as "mental health," we proactively instituted an intensive protocol targeting stress management techniques. This

protocol relied heavily on “mind/body” techniques such as cranial sacral therapy and energy balancing as well as more traditional cognitive therapy.

SENATE BILL No. 610

By Committee on Public Health and Welfare

2-15

AN ACT concerning naturopathy; providing for the licensure and regulation of practitioners thereof; providing for administration by the board of healing arts; amending K.S.A. 65-2872 and repealing the existing section; also repealing K.S.A. 65-2872a.

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

New Section 1. Sections 1 to 17, inclusive, shall be known and may be cited as the naturopathic doctor licensure act.

New Sec. 2. As used in sections 1 to 17, inclusive and amendments thereto:

(a) "Naturopathic doctor" means a doctor of naturopathic medicine who is authorized and licensed pursuant to this act.

(b) "Naturopathic medicine," or "naturopathy" means a system of health care practiced by naturopathic doctors for the prevention, diagnosis and treatment of human health conditions, injury and disease. ~~Its purpose is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopathic doctor and through the use of natural therapies and therapeutic substances.~~

(c) "Board" means the state board of healing arts.

(d) "Approved naturopathic medical college" means a college and program granting the degree of doctor of naturopathy or naturopathic medicine that has been approved by the board under this act and which college and program requires at a minimum a four-year, full-time resident program of academic and clinical study.

(e) "Homeopathic preparations" means substances and drugs prepared according to the official homeopathic pharmacopoeia of the United States, which is the standard homeopathic text recognized by the United States food and drug administration.

(f) "Naturopathic acupuncture" means the insertion of fine metal needles through the skin at specific points on or near the surface of the body with or without the palpation of specific points on the body and with or without the application of electric current or heat to the needles or skin or both to treat human disease and impairment and to relieve pain.

Final balloon amendment prepared by KNPA, incorporating suggestion of KAOM, KMS + the KBHA. (2-25-02)

John Federico

Senate Public Health/Welfare Committee
Note: February 20, 2002
Attachment 2

(b) "Naturopathic medicine" or "naturopathy" means a system of health care practiced by naturopathic doctors for the prevention, diagnosis and treatment of human health conditions, injuries and diseases, that uses education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes.

Blend

OK

1 (g) "Minor office procedures" means care incidental to superficial
2 lacerations and abrasions, superficial lesions and the removal of foreign
3 bodies located in the superficial tissues, except eyes, and not involving
4 blood vessels, tendons, ligaments or nerves. "Minor office procedures"
5 includes use of antiseptics in connection with the methods, but shall not
6 include the alteration or removal of tissue. Minor office procedures does
7 not include the use of anesthetics or surgery.

may include
use of anesthesia
or alteration or removal of tissue.

general or spinal (KNPA)

local

Mol's

Blend

8 (h) "Naturopathic physical applications" means the therapeutic use
9 by naturopathic doctors of the actions or devices of electrical muscle
10 stimulation, galvanic, diathermy, ultrasound, ultraviolet light, constitu-
11 tional hydrotherapy, naturopathic manipulative therapy and therapeutic
12 exercise.

ultraviolet

(KNPA)

13 (i) "Topical drugs" means topical analgesics, antiseptics, scabicides,
14 antifungals and antibacterials.

15 ~~(j) "Legend drugs" means those for prescribing, administration and
16 dispensing by naturopathic doctors, consistent with naturopathic philo-
17 sophy, practice and education.~~

(j) "Natural estrogens" and "natural progesterone" are those hormones derived from plant
substances found in nature that comprise the whole, or parts of plants, and constituents thereof, and
that have not had changes made in their molecular structure as found in nature.

18 New Sec. 3. (a) The board, as hereinafter provided, shall administer
19 the provisions of this act.

judge

OK

20 (b) The board shall ~~pass upon~~ the qualifications of all applicants for
21 examination and licensure, ~~provide for all examinations~~, determine the
22 applicants who successfully pass the examination, duly license such ap-
23 plicants and adopt rules and regulations as may be necessary to administer
24 the provisions of this act.

(KBHA)

OK

25 (c) The board shall issue a license as a naturopathic doctor to an
26 individual who prior to the effective date of this act (1) graduated from
27 a school of naturopathy that required four years of attendance and was
28 at the time of such individual's graduation accredited or a candidate for
29 accreditation by the council on naturopathic medical education and (2)
30 passed the naturopathic physician's licensing examination covering ap-
31 propriate naturopathic subjects including basic and clinical sciences.

32 (d) The board shall keep a record of all proceedings under this act
33 and a roster of all individuals licensed under this act. Only an individual
34 may be licensed under this act.

35 New Sec. 4. (a) An applicant applying for licensure as a naturopathic
36 doctor shall file a written application on forms provided by the board,
37 showing to the satisfaction of the board that the applicant meets the
38 following requirements:

39 (1) Education: The applicant shall present evidence satisfactory to the
40 board of having successfully completed an educational program in natur-
41 opathy from an approved naturopathic medical college.

42 (2) Examination: The applicant shall pass an examination as provided
43 for in section 5 and amendments thereto.

2-2

2-3

1 (3) Fees: The applicants shall pay to the board all applicable fees
2 established under section 7 and amendments thereto.

3 (b) The board shall adopt rules and regulations establishing the cri-
4 teria for an educational program in naturopathy to obtain successful rec-
5 ognition by the board under paragraph (1) of subsection (a). The board
6 may send a questionnaire developed by the board to any school or other
7 entity conducting an educational program in naturopathy for which the
8 board does not have sufficient information to determine whether the
9 program should be recognized by the board and whether the program
10 meets the rules and regulations adopted under this section. The ques-
11 tionnaire providing the necessary information shall be completed and
12 returned to the board in order for the program to be considered for
13 recognition. The board may contract with investigative agencies, com-
14 missions or consultants to assist the board in obtaining information about
15 an educational program in naturopathy. In entering such contracts the
16 authority to recognize an educational program in naturopathy shall remain
17 solely with the board.

18 New Sec. 5. (a) Each applicant for licensure under this act shall be
19 examined by a written examination or examinations chosen by the board
20 to test the applicant's knowledge of the basic and clinical sciences relating
21 to naturopathy, and naturopathy theory and practice, including the ap-
22 plicant's professional skills and judgment in the utilization of naturopathic
23 techniques and methods, and such other subjects as the board may deem
24 useful to determine the applicant's fitness to practice naturopathy.

25 ~~(b) Applicants for licensure shall be examined at a time and place and~~
26 ~~under such supervision as the board may determine. Examinations shall~~
27 ~~be given at least twice each year at such places as the board may deter-~~
28 ~~mine and the board shall give or cause to be given reasonable public~~
29 ~~notice of such examinations at least 60 days prior to their administration.~~

30 ~~(c) Applicants may obtain their examination scores.~~

31 New Sec. 6. (a) The board may waive the examination, education or
32 experience requirements and grant licensure (1) to any applicant who
33 presents proof of current authorization to practice naturopathy in another
34 state, the District of Columbia or territory of the United States which
35 requires standards for authorization to practice determined by the board
36 to be equivalent to the requirements for licensure under this act and (2)
37 to any applicant who presents proof that on the day preceding the effec-
38 tive date of this act that the applicant was practicing under K.S.A. 65-
39 2872a and amendments thereto.

40 (b) At the time of making an application under this section, the ap-
41 plicant shall pay to the board the application fee as required under section
42 7 and amendments thereto.

43 ~~(c) The board may issue a special permit to a student enrolled in an~~

(KBHA)

OK

(KNPA)

~~1 approved school of naturopathy who applies for such special permit on a
 2 form provided by the board and who pays to the board the special permit
 3 fee as required under section 7 and amendments thereto. The special
 4 permit shall authorize a student who is enrolled in an approved school of
 5 naturopathy and who holds such special permit to practice naturopathy
 6 under the supervision of a licensed naturopathic doctor. Such special
 7 permit shall expire on the date that the student graduates from an ap-
 8 proved school of naturopathy or otherwise ceases to be enrolled in an
 9 approved school of naturopathy.~~

(KBHA)

OK

a-y

10 (d) The board may issue a temporary license to an applicant for li-
 11 censure as a naturopathic doctor who applies for temporary licensure on
 12 a form provided by the board, who meets the requirements for licensure
 13 ~~or who meets all of the requirements for licensure except examination~~
 14 and who pays to the board the temporary license fee as required under
 15 section 7 and amendments thereto. Such temporary licensure shall expire
 16 one year from the date of issue or on the date that the board approves
 17 the application for licensure, whichever occurs first. No more than one
 18 such temporary license shall be permitted to any one person.

(KBHA)

OK

19 New Sec. 7. (a) The board shall charge and collect in advance fees
 20 provided for in this act as fixed by the board by rules and regulations,
 21 subject to the following limitations:

22 Application fee, not more than	\$300
23 Temporary license fee, not more than	\$60
24 Special permit fee, not more than	\$60
25 License renewal fee, not more than	\$500
26 License late renewal additional fee, not more than	\$500
27 License reinstatement fee, not more than	\$1,000
28 Certified copy of license, not more than	\$30
29 Written verification of license, not more than	\$25

30 (b) The board shall charge and collect in advance fees for any ex-
 31 amination administered by the board under the naturopathic doctor li-
 32 censure act as fixed by the board by rules and regulations in an amount
 33 equal to the cost to the board of the examination. If the examination is
 34 not administered by the board, the board may require that fees paid for
 35 any examination under the naturopathic doctor licensure act be paid di-
 36 rectly to the examination service by the person taking the examination.

37 New Sec. 8. (a) The board may deny, refuse to renew, suspend or
 38 revoke a license where the licensee or applicant for licensure has been
 39 guilty of unprofessional conduct which has endangered or is likely to
 40 endanger the health, welfare or safety of the public. Unprofessional con-
 41 duct includes:

42 (1) Obtaining a license by means of fraud, misrepresentation or con-
 43 cealment of material facts;

1 (2) being guilty of unprofessional conduct as defined by rules and
2 regulations adopted by the board;

3 (3) being convicted of a felony ~~if the acts for which such person was~~
4 ~~convicted are found by the board to have a direct bearing on whether~~
5 ~~such person should be entrusted to serve the public in the capacity of a~~
6 ~~naturopathic doctor;~~

7 (4) violating any lawful order or rule and regulation of the board; and

8 (5) violating any provision of this act.

9 (b) Such denial, refusal to renew, suspension or revocation of a li-
10 cense may be ordered by the board after notice and hearing on the matter
11 in accordance with the provisions of the Kansas administrative procedure
12 act. Upon the end of the period of time established by the board for the
13 revocation of a license, application may be made to the board for rein-
14 statement. The board shall have discretion to accept or reject an appli-
15 cation for reinstatement and may hold a hearing to consider such rein-
16 statement. An application for reinstatement shall be accompanied by the
17 licensing reinstatement fee established under section 7 and amendments
18 thereto.

19 ~~New Sec. 9. Foreign trained naturopaths shall satisfy the examina-~~
20 ~~tion requirements of section 4 and amendments thereto. The board shall~~
21 ~~require foreign trained applicants to furnish proof of completion of ed-~~
22 ~~ucational requirements, substantially equal to those contained in section~~
23 ~~4 and amendments thereto prior to taking the examination.~~

24 New Sec. 10. (a) Licenses issued under this act shall be effective for
25 a period of one year and shall expire at the end of such period of time
26 unless renewed in the manner prescribed by the board, upon the payment
27 of the license renewal fee established under section 7 and amendments
28 thereto. The board may establish additional requirements for license re-
29 newal which provide evidence of continued competency. The board shall
30 require completion of at least 25 hours of continuing education annually
31 for licensure renewal. The board may provide for the late renewal of a
32 license upon the payment of a late fee established under section 7 and
33 amendments thereto, but no such late renewal of a license may be granted
34 more than five years after its expiration.

35 (b) A person whose license is suspended shall not engage in any con-
36 duct or activity in violation of the order or judgment by which the license
37 was suspended. If a license revoked on disciplinary grounds is reinstated,
38 the licensee, as a condition of reinstatement, shall pay the license renewal
39 fee and any late fee that may be applicable.

40 New Sec. 11. The board shall remit all moneys received by or for it
41 from fees, charges or penalties to the state treasurer in accordance with
42 the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt
43 of each such remittance, the state treasurer shall deposit the entire

OK

*offered
by osteopaths*

5
2

(KBHA)

OK

1 amount in the state treasury. Twenty percent of each such deposit shall
2 be credited to the state general fund and the balance shall be credited to
3 the healing arts fee fund. All expenditures from such fund shall be made
4 in accordance with appropriation acts upon warrants of the director of
5 accounts and reports issued pursuant to vouchers approved by the pres-
6 ident of the board or by a person designated by the president of the board.

7 New Sec. 12. (a) It shall be unlawful for any person who is not li-
8 censed under this act as a naturopathic doctor or whose license has been
9 suspended or revoked to practice naturopathic medicine or to hold one-
10 self out to the public as a licensed naturopathic doctor, or use the abbrev-
11 iation of "N.D." or the words "naturopathic doctor," "doctor of natur-
12 opathy," "doctor of naturopathic medicine," "naturopath," "naturopathic
13 medical doctor" or any other words, letters, abbreviations or insignia in-
14 dicating or implying that such person is a naturopathic doctor, or to prac-
15 tice the art and science of naturopathic medicine as herein defined. A
16 violation of this subsection (a) shall constitute a class B person misde-
17 meanor.

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

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

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

25 (3) Persons whose services are performed pursuant to the delegation
26 of and under the supervision of a naturopathic doctor who is licensed
27 under this act.

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

31 (5) Licensees under the healing arts act, and practicing their profes-
32 sions, when licensed and practicing in accordance with the provisions of
33 law or persons performing services pursuant to the delegation of a li-
34 censed physician under subsection (g) of K.S.A. 65-2872 and amendments
35 thereto.

36 (6) Dentists practicing their professions, when licensed and practic-
37 ing in accordance with the provisions of law.

38 (7) Nurses practicing their professions, when licensed and practicing
39 in accordance with the provisions of law or persons performing services
40 pursuant to the delegation of a licensed nurse under subsection (m) of
41 K.S.A. 65-1124 and amendments thereto.

42 (8) Health care providers who have been formally trained and are
43 practicing in accordance with the training or have received specific train-

1 ing in one or more functions included in this act pursuant to established
2 educational protocols, or both.

3 (9) Students while in actual attendance in an approved naturopathic
4 medical college and under the supervision of a qualified instructor.

5 (10) Self-care by a patient or gratuitous care by a friend or family
6 member who does not represent or hold oneself out to the public to be
7 a naturopathic doctor or other term specified under subsection (a).

8 (11) The practice by a doctor of naturopathic medicine authorized to
9 practice naturopathy in another state, territory or the District of Columbia
10 when incidentally called into this state for consultation with a licensed
11 physician.

12 (c) No statute granting authority to licensees of the state board of
13 healing arts shall be construed to confer authority upon naturopathic doc-
14 tors to engage in any activity not conferred by this act.

15 New Sec. 13. (a) A naturopathic doctor may not:

16 (1) Prescribe, dispense or administer any prescription or controlled
17 drugs except for ~~whole gland thyroid, homeopathic preparations, the natu-~~
18 ~~ral therapeutic substances, drugs and therapies described in this act.~~

19 (2) administer ionizing radioactive substances for therapeutic pur-
20 poses;

21 (3) perform ~~surgical procedures;~~

22 (4) claim to practice any licensed health care profession or system of
23 treatment other than naturopathic medicine unless holding a separate
24 license in that profession;

25 (5) practice obstetrics;

26 (6) practice emergency medicine, except as a good samaritan ren-
27 dering gratuitous services in the case of emergency and except for the
28 care of minor injuries; or

29 (7) practice or claim to practice allopathic medicine and surgery, os-
30 teopathic medicine and surgery, dentistry, podiatry, optometry, chiro-
31 practic, physical therapy or any other system or method of treatment not
32 authorized in this act.

33 (b) Naturopathic doctors may ~~prescribe and~~ administer for preven-
34 tive and therapeutic purposes the following natural therapeutic sub-
35 stances ~~and therapies:~~

36 (1) ~~Food, food extracts, vitamins, minerals, enzymes, whole gland thv-~~
37 ~~roid, botanical medicines, homeopathic preparations, natural hormones~~
38 ~~and legend substances approved by the board;~~

39 (2) ~~topical drugs, health care counseling, nutritional counseling and~~
40 ~~dietary therapy, naturopathic physical applications, therapeutic devices~~
41 ~~and nonprescription drugs;~~

42 (3) ~~intramuscularly or intravenously any vitamins, minerals, botani-~~
43 ~~cals, amino acids, D5W, saline solutions, isotonic solutions and glandulars;~~

(KNPA)

surgery; (KNPA)

(KNPA)

(b) Naturopathic doctors may prescribe, recommend or administer for prevention and therapeutic purposes the following natural substances and therapies:

(1) food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanicals, homeopathic preparations, nystatin, natural estrogens and natural progesterone;

(2) topical drugs as defined in New Section 2(i), health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, therapeutic devices, barrier contraceptive devices and nonprescription drugs;

(3) intramuscularly or intravenously any vitamins, minerals, botanicals, amino acids, D5W, saline solutions, isotonic solutions and glandulars;

(4) immunizations

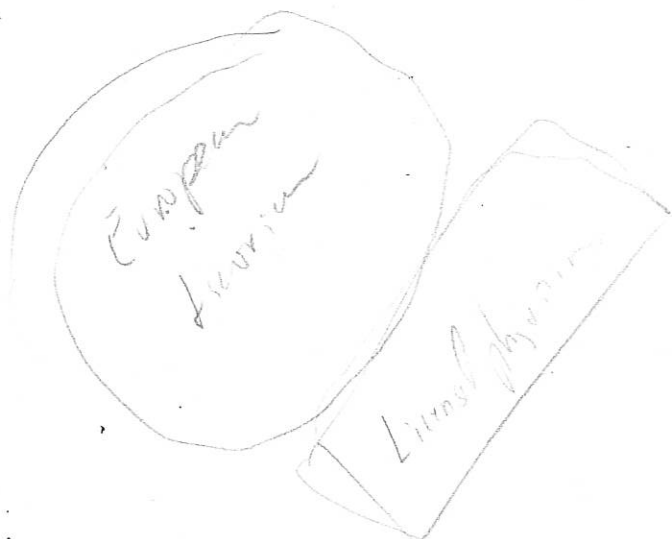
(5) ~~non-controlled legend drugs to the extent authorized by the board~~ (KMS)

recommend or

remedies and

(c) Naturopathic doctors may recommend or administer

(d) Naturopathic doctors may provide health care counseling and dietary therapy.



Handwritten initials 'L' and '8' in the top right corner.

2 ~~(4) immunizations, or~~
3 ~~(5) noncontrolled legend drugs to the extent authorized by the board.~~
4 ~~(c) Naturopathic doctors may perform or order for diagnostic pur-~~
5 ~~poses a physical or orificial examination, ultrasound, phlebotomy, pap~~
6 ~~smear, clinical laboratory test or examination, physiological function test~~
7 ~~and any other noninvasive diagnostic procedure commonly used by phy-~~
8 ~~sicians in general practice. Naturopathic doctors may perform minor of-~~
9 ~~fice procedures.~~

10 (d) Naturopathic doctors have the same authority and responsibility
11 as persons licensed to practice medicine and surgery with regard to public
12 health laws, reportable diseases and conditions, communicable disease
13 control and prevention, recording of vital statistics, health and physical
14 examinations and local boards of health, except that the authority and
15 responsibility are limited to activities consistent with the scope of practice
16 described in this act.

17 New Sec. 14. In order to practice naturopathic acupuncture, a na-
18 turopathic doctor shall obtain a naturopathic acupuncture specialty cer-
19 tification from the board. The board may issue this specialty certification
20 to a naturopathic doctor who has:

21 (a) Submitted an application and paid certification fee to be deter-
22 mined by the board;

23 (b) completed basic oriental medicine philosophy in a federally ac-
24 credited college or university approved by the board and 500 hours of
25 supervised clinical training under a trained naturopathic acupuncturist's
26 supervision.

27 New Sec. 15. (a) There is established a naturopathic advisory council
28 to advise the board in carrying out the provisions of this act. The council
29 shall consist of five members, all citizens and residents of the state of
30 Kansas appointed as follows: Three members shall be naturopathic doc-
31 tors appointed by the state board of healing arts; one member shall be
32 the president of the state board of healing arts or a person designated by
33 the president; and one member shall be from the public sector who is
34 not engaged, directly or indirectly, in the provision of health services
35 appointed by the governor. Insofar as possible persons appointed to the
36 council shall be from different geographic areas. If a vacancy occurs on
37 the council, the appointing authority of the position which has become
38 vacant shall appoint a person of like qualifications to fill the vacant posi-
39 tion for the unexpired term, if any. The members of the council appointed
40 by the governor shall be appointed for terms of three years and until a
41 successor is appointed. The members appointed by the state board of
42 healing arts shall serve at the pleasure of the state board of healing arts.
43 If a member is designated by the president of the state board of healing
44 arts, the member shall serve at the pleasure of the president.

(e) Naturopathic doctors may perform physical or orificial examinations, naturopathic physical applications, and minor office procedures.

(f) Naturopathic doctors may order for diagnostic purposes noninvasive examinations including phlebotomy, clinical laboratory tests, speculum examinations and physiological function tests but shall not order endoscopies or physiological function tests requiring infusion, injection, inhalation, or ingestion of medications to perform the test. Naturopathic doctors may order ultrasound, x-ray, and electrocardiogram tests but must refer to an appropriate licensed health care professional for performing the test and interpreting the results.

(g) specialty OK

(c) Naturopathic doctors may perform or order for diagnostic purposes noninvasive physical or orificial examinations including phlebotomy, clinical laboratory tests, speculum examinations and physiological function tests excluding all endoscopies, and physiological function tests or other tests requiring infusion, injection, inhalation, or ingestion of medications or other substances to perform such tests. A naturopathic doctor may order for diagnostic purposes ultrasound, x-ray and electrocardiogram tests but must refer to an appropriate licensed health care professional for conducting and interpreting the test results.

←
No
(Blend)
↓
addressing scope of practice
concerns of KAOM + KMS

FV flurb
⊗

? contrast
CT

6-9

1 (b) Members of the council attending meetings of the council, or
2 attending a subcommittee meeting thereof authorized by the council,
3 shall be paid amounts provided in subsection (e) of K.S.A. 75-3223 and
4 amendments thereto from the healing arts fee fund.

5 New Sec. 16. When it appears to the board that any person is vio-
6 lating any of the provisions of this act, the board may bring an action in
7 a court of competent jurisdiction for an injunction against such violation
8 without regard to whether proceedings have been or may be instituted
9 before the board or whether criminal proceedings have been or may be
10 instituted.

11 New Sec. 17. All state agency adjudicative proceedings under the
12 naturopathic doctor licensure act shall be conducted in accordance with
13 the provisions of the Kansas administrative procedure act and shall be
14 reviewable in accordance with the act for judicial review and civil enforce-
15 ment of agency actions.

16 Sec. 18. K.S.A. 65-2872 is hereby amended to read as follows: 65-
17 2872. ~~The practice of the healing arts shall not be construed to include~~
18 the following persons:

19 (a) Persons rendering gratuitous services in the case of an emergency.

20 (b) Persons gratuitously administering ordinary household remedies.

21 (c) The members of any church practicing their religious tenets pro-
22 vided they shall not be exempt from complying with all public health
23 regulations of the state.

24 (d) Students while in actual classroom attendance in an accredited
25 healing arts school who after completing one (1) year's study treat diseases
26 under the supervision of a licensed instructor.

27 (e) Students upon the completion of at least three (3) years study in
28 an accredited healing arts school and who, as a part of their academic
29 requirements for a degree, serve a preceptorship not to exceed ninety
30 (90) days under the supervision of a licensed practitioner.

31 (f) Persons who massage for the purpose of relaxation, muscle con-
32 ditioning, or figure improvement, provided no drugs are used and such
33 persons do not hold themselves out to be physicians or healers.

34 (g) Persons whose professional services are performed under the su-
35 pervision or by order of or referral from a practitioner who is licensed
36 under this act.

37 (h) Persons in the general fields of psychology, education and social
38 work, dealing with the social, psychological and moral well-being of in-
39 dividuals and/or groups provided they do not use drugs and do not hold
40 themselves out to be the physicians, surgeons, osteopathic physicians or
41 chiropractors.

42 (i) Practitioners of the healing arts in the United States army, navy,
43 air force, public health service, and coast guard or other military service

Every act or practice falling
in the field of the healing arts,
not specifically excepted herein,
shall constitute the practice thereof.

OK

1 when acting in the line of duty in this state.

2 (j) Practitioners of the healing arts licensed in another state when and
3 while incidentally called into this state in consultation with practitioners
4 licensed in this state, or residing on the border of a neighboring state,
5 duly licensed under the laws thereof to practice a branch of the healing
6 arts, but who do not open an office or maintain or appoint a place to
7 regularly meet patients or to receive calls within this state.

8 (k) Dentists practicing their professions, when licensed and practicing
9 in accordance with the provisions of article 14 of chapter 65 of the
10 Kansas Statutes Annotated, or amendments thereto, and any interpreta-
11 tion thereof by the supreme court of this state.

12 (l) Optometrists practicing their professions, when licensed and practicing
13 under and in accordance with the provisions of article 15 of chapter
14 65 of the Kansas Statutes Annotated, or amendments thereto, and any
15 interpretation thereof by the supreme court of this state.

16 (m) Nurses practicing their profession when licensed and practicing
17 under and in accordance with the provisions of article 11 of chapter 65
18 of the Kansas Statutes Annotated, or amendments thereto, and any in-
19 terpretation thereof by the supreme court of this state.

20 (n) Podiatrists practicing their profession, when licensed and practicing
21 under and in accordance with the provisions of article 20 of chapter
22 65 of the Kansas Statutes Annotated, or amendments thereto, and any
23 interpretation thereof by the supreme court of this state.

24 (o) ~~Every act or practice falling in the field of the healing art, not~~
25 ~~specifically excepted herein, shall constitute the practice thereof.~~

26 ~~(p)~~ Pharmacists practicing their profession, when licensed and practicing
27 under and in accordance with the provisions of article 16 of chapter
28 65 of the Kansas Statutes Annotated, or amendments thereto, and any
29 interpretation thereof by the supreme court of this state.

30 ~~(q)~~ A dentist licensed in accordance with the provisions of article 14
31 of chapter 65 of the Kansas Statutes Annotated who administers general
32 and local anesthetics to facilitate medical procedures conducted by a per-
33 son licensed to practice medicine and surgery if such dentist is certified
34 by the board of healing arts under K.S.A. 65-2899 and amendments
35 thereto to administer such general and local anesthetics.

36 ~~(r)~~ A naturopathic doctor when licensed and practicing in accordance
37 with the provisions of the naturopathic doctor licensing act.

38 Sec. 19. K.S.A. 65-2872 and 65-2872a are hereby repealed.

39 Sec. 20. This act shall take effect and be in force from and after
40 January 1, 2003, and its publication in the statute book.

Liability coverage

2-10

OK

(p) OK

(q) OK

SB 610

ISSUE 1

Definition: "Minor Office Procedures" Page 2 Sec (g)

- Options
1. KMS balloon
 2. KNPA balloon

ISSUE 2

Allowing: "Intravenous therapy" P. 7. Sec: New Sec 13(b)

- Options
1. Don't allow (KMS)
 2. Allow w/ listed limitations (KNPA)

ISSUE 3

Requiring: Liability Ins No Section (Not currently in bill)

- Options
1. Don't require (As is the case w/ current bill)
 2. Require (Consider language of KBHA)

ISSUE 4

Prohibition Felony Convictions Page 5 Sec 3

- Options
1. Osteopath Amendment
 2. Original language
 3. KBHA (2/3 Vote)

Mehdi Khosh, N.D.
2601 West 6th Street, Suite D
Lawrence, KS 66049
(785) 749-2255

Education

“Naturopathic physicians, like allopathic physicians, receive 4 years of post baccalaureate education culminating in a doctoral degree. They are broadly trained in the pre-clinical sciences and the clinical disciplines, with an emphasis on health promotion, disease prevention, and treatment based on the stimulation or support of natural processes. Their clinical education, which is entirely outpatient based, is designed to prepare them to be primary care providers.”

Quote from The Journal of the American Medical Association (JAMA) in 1998.

Modern naturopathic medicine is a distinct system of primary health care, an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles upon which its practice is based. These principles are continually reexamined in the light of scientific advances. The techniques of naturopathic medicine include modern and traditional, scientific and empirical methods.

A licensed naturopathic doctor (N.D.) attends a four-year graduate level naturopathic medical school and is educated in all of the same basic sciences as an M.D. but also studies holistic and nontoxic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness. In addition to a standard medical curriculum, the naturopathic doctors is required to complete four years of training in clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, psychology, and counseling. A naturopathic doctor takes rigorous professional Naturopathic Physicians Licensing Examination (NPLEX). NPLEX is the standard examination used by all licensing jurisdictions for Naturopathic doctors in North America. It is administered by an independent agency, the North American Board of Naturopathic Examiners (NABNE). It includes all basic science exams (anatomy, physiology, pathology, biochemistry, microbiology, immunology, and etc.), which are taken after the first 2 years of medical school. The clinical science examinations are taken following graduation after the 4th year of school. They include: clinical and physical diagnosis, laboratory diagnosis and diagnostic imaging, botanical medicine, pharmacology, nutrition, physical medicine, homeopathy, minor surgery, psychology, lifestyle counseling, and emergency medicine. Individual jurisdictions may give additional examinations in jurisprudence. Licensed naturopathic doctors must fulfill state-mandated continuing education requirements annually, and will have a specific scope of practice defined by their state's law.

Why Naturopathic Medicine Licensing is needed in Kansas now?

Licensing of naturopathic doctors in Kansas is in the best interest of the consuming public for many reasons:

- Licensing of naturopathic doctors protects the public by establishing educational, training, testing and accountability standards and procedures;
- The integration of naturopathic doctors into the established medical system is proceeding rapidly; licensing will properly establish the scope of practice for naturopathic physicians while providing the public with alternatives;
- Licensing naturopathic doctors is consistent with the laws and identification of the profession on state and federal levels;
- Natural medicine health care consumers deserve the same regulation of their health care professionals as their counterparts in the mainstream medical community; and
- As an emerging profession, the highest available standards of the naturopathic medical profession should be incorporated into statutory language.
- Licensing of naturopathic doctors is to protect the integrity of a profession against charlatans and unqualified persons. When states license naturopathic doctors, they require practitioners to have graduated from an accredited program and to have completed all appropriate tests and clinical training.

Without licensure, anyone can "hang out a shingle" and practice with nothing more than a "mail-order" degree or a home study course. Because naturopathic medicine is not regulated in the state of Kansas, some individuals call themselves "naturopaths" who do not meet the historical standards of the profession. Such individuals sometimes have degrees or diplomas from correspondence schools, weekend seminar programs without supervised clinical training, extremely abbreviated courses, "certifying" agencies that confer naturopathic credentials based on other kinds of health education, "home study" schools without state authority to grant degrees, or schools without naturopathic programs or faculty. None of these programs qualify a candidate to sit for board exams or to receive licensure in any state. In some states, individuals call themselves "naturopaths" simply by paying a fee for a business license requiring no evidence of education at all.

Freedom of choice of health care provider.

You may never make the choice to use naturopathic care. Many of your constituents do. The number of Americans using alternative therapies rose from 33% in 1990 to 42% in 1997 and over 50% today. Over 83% of patients surveyed at M.D. Anderson Cancer Hospital had used at least one complementary and alternative medicine modality. In 1990 the number of visits to alternative practitioners was an estimated 425 million and exceeded the 386 million visits to conventional physicians. Consumers pay more for visits to alternative practitioners than are paid out of pocket for hospitalization expenses.

Without standardized licensing laws, people lack the basic freedom of health care of their choice. Despite the fact that conventional treatments are often ineffective, simply mask symptoms and are subject to troubling side effects, Americans who seek better and more effective health care must struggle to win the right of open access to complementary practitioners and treatments. Those seeking alternative treatments have difficulty finding licensed providers because of resistance by those already licensed to new licenses. They confront obstacles from insurance companies that won't pay for effective treatments because they fall outside of the conventional "standards of care."

Licensing of naturopathic doctors promotes freedom of choice of health care providers for consumers by providing them with more options so that they may find the care best suited to their needs. Freedom of choice also is promoted when providers are licensed. Consumers are allowed to make their choices knowing that their health care providers are required to meet regulated standards of education and training.

We believe people need access to safe and effective naturopathic treatments provided by professional practitioners. In 1986 the legislature implemented, by statute, the credentialing process to recognize legitimate new health care professions. Our naturopathic association has complied with those statutes. The credentialing committee and the Secretary of Kansas Department of Health and Environment have approved all ten criteria of our application and recommended the licensing of naturopathic doctors.

In the process of trying to get a licensing bill passed we have entered negotiations with our opponents. In order to gain their cooperation, we have conceded on numerous issues. We conceded on using the title "physician," on performing obstetrics, on performing minor surgery, an open ended formulary, and having a separate board as common in other licensed states. Our opponents have conceded nothing. Dr. Benjamin Rush, signer of the Declaration of Independence, personal physician to George Washington, made the following statement: "Unless we put medical freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship. To restrict the art of healing to one class of men and deny privileges to others will constitute the Bastille of medical science. All such laws are un-American and despotic and have no place in a republic. The Constitution of this republic should make a special privilege for medical freedom."



9727 Shannon Woods, Ste. 140 Tel 316-219-1356
Wichita, KS 67226 Fax 316-219-1349

Via Christi
Integrative Center

The Honable Susan Wagle, Chairperson
Senate Committee on Public Health and Welfare

RE: Naturopathic Doctor Licensure; Senate Bill 610

Senate Bill 610 concerning the licensure of naturopathic doctors in the state of Kansas is being put before the Senate Committee on Public Health and Welfare for consideration. After reviewing the proposed legislation and having worked with naturopathic doctors for over a year at a Via Christi Integrative Center, this letter is being submitted in support of that legislation.

After a year of research and collaboration with area physicians, administrative leadership staff, community practitioners, and third party payers, Via Christi Rehabilitation Center (part of the Via Christi Health System) opened a clinic that provides complementary therapies in March of 2001. The clinic is called the Via Christi Integrative Center and was designed to enhance communication between the providers of complementary therapies and physicians. One of the therapies provided is the consultation services of a naturopathic doctor. Our team also includes a Doctor of Osteopathic Medicine as our Medical Director, a Chinese medicine practitioner, a massage therapist, a licensed clinical social worker, a registered dietitian and a pharmacist. As the manager my responsibility is to provide a customer-friendly service that provides clinical outcomes, meets regulatory requirements and provides educational resources to the professional and lay community. This team approach not only provides a dynamic and unique approach to care, but has been well received by the community and by the physicians with whom we have worked.

As we researched the different complementary therapies, we realized that naturopathic doctors have a diverse and distinct training in natural therapies such as clinical nutrition, homeopathy, botanicals and acupuncture. Further research revealed that despite the fact that naturopathic medicine services were being used by the public, licensure was not available in Kansas. Since we were convinced that this discipline was an important element for our team, we researched professional standards established in other states. Our clinic standards include the type of educational requirements that are reflected in the proposed legislation. We wanted to make certain that practitioners associated with the Via Christi Integrative Center were qualified.

*Senate Public Health & Welfare Committee
Date: February 26, 2002
Attachment 4*

In our first year of providing patient care, the naturopathic doctors have clearly demonstrated that they provide a perspective toward health that is very helpful to our clients. Clients with headaches, chronic fatigue syndrome, fibromyalgia, irritable bowel syndrome, asthma and diabetes are examples of chronic health conditions that are helped by naturopathic medicine. Since many of these conditions have a behavioral component, the lifestyle counseling provided by the naturopathic doctor is a very important component. In other conditions, such as cancer, clients use the naturopathic doctor for assistance to minimize the side effects of conventional treatments and to bolster their nutritional profile and immune system.

Our Wichita community survey revealed that people do not seek out complementary therapies because they are dissatisfied with conventional health care services. In fact, over 60% of the population surveyed reported that they consult their physician about what types of complementary therapies they are using. Most people are looking for things that they can add to their health care that are congruent with their personal beliefs and that add to their quality of life. Since these therapies often require an active participation from the client to be successful, people take more responsibility for their health. This ultimately benefits the client, their families, the medical community and the institutions that underwrite the cost of health care services. This is why Dr. Jill Sumfest, Medical Director of Preferred Health System also supports the types of services we provide, the need for legislation to define who is qualified to provide them and is interested in learning what approaches provide the best results for the least expense.

Our society *needs* effective methods to help people adopt healthier lifestyles so that many chronic diseases can be prevented or managed more effectively. People *need* choices about what services they use.

Licensure for naturopathic doctors simply allows the public to access this service with the knowledge that these professionals are well-trained and held accountable for their professional conduct.

I encourage you to take a positive step forward on expanding credible health options for the citizens of Kansas and pass this legislation for licensure for naturopathic doctors.

Sincerely,

Katherine Elston, PT

Via Christi Integrative Center Manager

*The Honorable Susan Wagle, Chairperson
Senate Committee on Public Health and Welfare
Tuesday, February 26, 2002*

**RE: Naturopathic Doctor Licensure Act, SB 610
Remarks by Michael McCulley, patient from Wichita, Kansas**

I appreciate the opportunity to testify before the Committee today. Thank you for your attention to this need for patients in the state of Kansas.

I won't belabor my own medical history beyond the need to make my point. In May, 2001, I was diagnosed with pancreatic cancer that was found to be inoperable at the time of my surgery in June. The statistics associated with this disease are not very good; with no treatment, one patient in ten survives 12 months. My surgeon projected 2-18 months for me. I'm currently 9 months out.

Pancreatic cancer takes a great toll on many patients because of their inability to properly process food digestively. Weight loss is a threat to survival, and I was cautioned early on that gaining weight would be a major goal for me. When discharged from the hospital post-operatively, I was down about 30 pounds from my weight preceding diagnosis.

Though my intestinal machinery had begun to work again, I was having trouble eating to heal and gain strength. Let me add that I am a registered nurse so have some framework for approaching the healthcare system to get what I need. I work for Via Christi. Because of my difficulties, I called for a consult with a dietician. I also began to search for information on the web.

The total of information nutritionally that I received from 4 health care professionals, including 3 physicians, told me I would need to have a high protein diet with lots of calories. The elements suggested for this diet I was finding very difficult to ingest and keep down.

I had contact with the Integrative Health Center of Via Christi as alternatives were considered. Most of those professionally involved with my case seemed to hold out little hope for any survival, so were supportive of any efforts I undertook to improve the quality of my life. Among those efforts was an appointment to begin naturopathic alternatives for my nutrition. Dr. Khosh advised me of the need for pancreatic enzymes to be able to process my food properly. This had not been mentioned by surgeon, family practice, oncology, or dietician. And yet, this was key to my well-being as a pancreatic patient. I immediately felt better and regained a relationship with eating when I started taking enzymes. Dr. Khosh also recommended a stool analysis, which I had ordered by my primary care physician, and it revealed a very dysfunctional digestion. With that information, Dr. Khosh was then able to make further recommendations about what could help in balancing my nutrition and digestion.

*Senate Public Health & Welfare Committee
Date: February 26, 2002
Attachment 5*

*The Honorable Susan Wagle, Chairperson
Senate Committee on Public Health and Welfare
Tuesday, February 26, 2002
Page 2 of 2*

I spend a great deal of money at the health food store on a regular basis. But those supplements replacing what my own system has not provided have enabled me to function at a level beyond the expectation of most involved in my case. I now eat just about anything I want and have been able to gain 15 pounds. Additionally, as my body has benefited from these supplements, I have thousands of people praying for my healing. At this time, my latest scan result shows no cancer activity and most of the time, I feel pretty good. I continue to work full-time and exercise several times a week.

My own journey through the health care system has taught me a lot. It has also shown me where some of the holes in the system are for getting care. My experience would tell me that a naturopathic doctor should be a member of the team caring for any patient being treated for a digestive disorder of the magnitude that I experienced. Their knowledge of nutrition and supplementation has been a great addition to the other fine care that I have experienced. However, the outcomes that I enjoy today I don't think would have been mine, in spite of the great diagnostics, surgery, and oncology services, if naturopathic medicine had not been available.

With deep gratitude, I lend my support to the licensing of these doctors for the benefit of Kansas patients.

~~Good morning!~~

My name is Terry Mikan. I am a patient of Dr. Mehdi Khosh and here today to speak on behalf of Naturopathic medicine.

I was diagnosed with dermatomyositis in late February of 2001. Dermatomyositis is a chronic (long lasting) connective tissue and autoimmune disease. The most common symptom is muscle weakness, usually affecting those muscles that are closest to the trunk of the body (proximal). In an autoimmune disease, the immune system loses its ability to tell the difference between foreign substances and its own cells and tissues. The immune system then makes "auto antibodies" directed against "self." The autoantibody builds up in the tissue and causes inflammation, injury to the muscles, and pain.

In my case, I experienced severe muscle weakness and pain initially in the large muscles about the hips, legs, and shoulders. The weakness in my muscle made it difficult to walk, lift my arms and getting up from sitting and lying down positions. In fact, in order to get up from either position, I needed assistance from my wife. My right arm became frozen against my body. If I wanted to use my right hand and arm to eat or brush my teeth, I would have to place my left hand under my right arm's elbow and lift. The left arm itself could go no higher than my mouth. Even more frightening was the muscle weakness and inflammation in my throat area that made swallowing difficult at times. To round it off my neck muscles were affected to the point where my head was tilted to the right.

There are two ways in which one can develop dermatomyositis. The first is a genetic defect exists in your immune system and something triggers the disease and the second is it can be drug induced after taking certain lipid lowering drugs, (i.e., Cholesterol medication). It is the opinion of the rheumatologist I visited at the Mayo Clinic in Rochester, MN that mine is drug-induced. Both my primary care physician and local rheumatologist have stated to me that I will never be allowed to go back on statin drugs to treat my cholesterol. Which brings me to why I am here today speaking on behalf of naturopathic medicine.

To begin with my cholesterol was at 225 when my primary care physician put me on a stain drug. I was given no other options by him to treat this condition. The drug he put me on, Baycol, has recently been taken off of the market by its manufacturer, Bayer, after 31 deaths in the USA were linked to an unusual side effect, the breakdown of muscle. In all likelihood, Baycol was the trigger resulting in the dermatomyositis I have today. A small percentage of adults do get well within 2 years. For most it is a case of living with the disease and understanding as much about your illness as possible, so that even during the periods of increased pain and weakness a nearly normal life can be led.

In early April, the Lawrence rheumatologist strongly recommended I seek a second opinion from a major medical center that does research on myositis because she wasn't happy with my progress. My condition, described earlier, seemed to be getting worse that better. The rheumatologist at the Mayo Clinic had done research on the medication that I was now taking. He confirmed the diagnosis and treatment strategy prescribed by

Senate Public Health & Welfare Committee
Date: February 26, 2002
Attachment 6

my Lawrence doctor. I told him I was looking at alternative medicine to deal with my high cholesterol and possibly other problems associated with my disease. He said five years ago he would strongly disagree with me on following anyone else's advice, but the rheumatologist's. Today, he said he had no problem with his patients seeking reputable alternative care providers.

I headed home from Rochester determined to find a naturopath, hopefully located in Lawrence, if not, Kansas City. While on extremely high dosages of prednisone and methotrexate, I wanted to begin formulating and following a plan to lower my cholesterol and possibly deal the some of the side effects I currently had (loss of weight – 35 lbs., loss of muscle in my legs and arms, hair loss and elevated liver enzyme AST/SGOT at 600).

I had my initial consultation with Dr. Mehdi Khosh on 5/18/01. He began treating me for dermatomyositis and hyperlipidemia. Dr. Khosh also applied a variety of procedures on me ranging form acupuncture, electronic pulsing, cupping and red clay to help bring the inflammation down in my legs, neck and shoulders. I went form being unable to lift myself from both a sitting and laying position to raising myself alone within 30 days after beginning treatment from Dr. Khosh. By Mid-August I was playing 9 holes of golf again.

My liver enzyme was restored to the normal range and remains there today. Everything began to improve after I started treatment with Dr. Khosh. My hair has grown back, I've put on 20 bls., the muscles in my legs have come back and the pain and muscle weakness has been greatly reduced. I believe meeting Dr. Khosh has changed my life. I have a proactive plan that I believe will allow me to lead a normal, healthy life. Because naturopaths are not licensed in Kansas, most if not all, insurance plans do not cover this treatment. I petitioned our company's carrier to consider paying for the treatment I receive from Dr. Khosh. I am happy to report they approved Dr. Khosh's treatment and covering it under our plan today.

I am CEO of Regulatory Consultants, Inc., employing 45 people, 35 located in Kansas. I bring this up only to share with you my understanding and experience dealing with rising medical costs.

First, let's look at my situation starting with my doctor's recommendation I begin using cholesterol medication when my cholesterol was at 225.

The insurance plan will pay for this medication for the rest of my life. No questions asked! What is the cost of a consultation with a naturopath, who lays out a wellness program incorporating supplements, diet and exercise. From a cost standpoint this is not even close to as expensive as lifelong medication. More importantly, the possible side effects of cholesterol medication, which by the way are clearly not yet understood, are eliminated. The supplements can be funded through your health care flexible spending account, which is a recent ruling by the IRS. (Please see the Informational Letter 2001-0297).

The IRS recognizes that the actual treatment of the disorder could be directed by a naturopathic physician, rather than a traditional doctor. Is this not a clear message that naturopathic medicine is moving into the mainstream?

Dr. s Mehdi and Farhang Khosh already are valuable asset to the Lawrence community. Credentialing helps remove many of the obstacles they face today. Being accepted by insurance plans being foremost. I hope my story provided you just another compelling reason why passing credentialing legislation is the right things to do.

Thank you for this opportunity to speak here today.

Enclosure: IRS Informational Letter 2001-0297

sites.
The pool would be set up by health plans, which would chip in only 2% of premium increases associated with capitation payments annually for the next three years.

The concept of rewarding physicians for providing quality care—rather than for holding down costs—has gained momentum in recent years, partly because several Institute of Medicine reports have documented shocking defects in the way the nation's health care is delivered (*BI*, June 11, 2001). But until now, most efforts have come from individual health plans, each using its own performance measures and incentive scale.

three years, the value of the 2% set-aside would grow as premiums rise.

Premium increases "will remain in the high single digits or more for at least another three years," the IHA said on its Web site. "There is, therefore, a window of opportunity in the next 12 to 18 months to build a 'pay for performance' system that can be funded out of those coming increases."

The initiative is being spearheaded by six health plans: Aetna U.S. Healthcare of California, Blue Cross of California, Blue Shield of

IRS rules cayenne a valid medical expense in some circumstances

By JERRY GEISEL

WASHINGTON—A spicy tale?

A recent Internal Revenue Service information letter says the cost of cayenne pepper recommended by a patient's naturopathic physician to treat Raynaud's disease, a circulatory problem affecting the blood vessels in fingers and toes in cold weather, qualifies as a bona fide tax-deductible medical expense. That determination is important to employers and employees because, for example, only tax-deductible medical care expenses can be funded through health care flexible spending accounts.

In Informational Letter 2001-0297, the IRS says that an expense is considered to be for medical care if its primary purpose is the diagnosis, cure, mitigation, treatment or prevention of disease.

Under tax regulations, medical care expenses are tax-deductible to the extent that they are limited to those incurred for the prevention or alleviation of physical or mental defects or illnesses. An expenditure for treatment that is merely beneficial to the general health of an individual would not be considered an expense for medical care, the IRS said.

An individual could prove that an expense of a "peculiarly" personal nature is for medical care by meeting several objec-

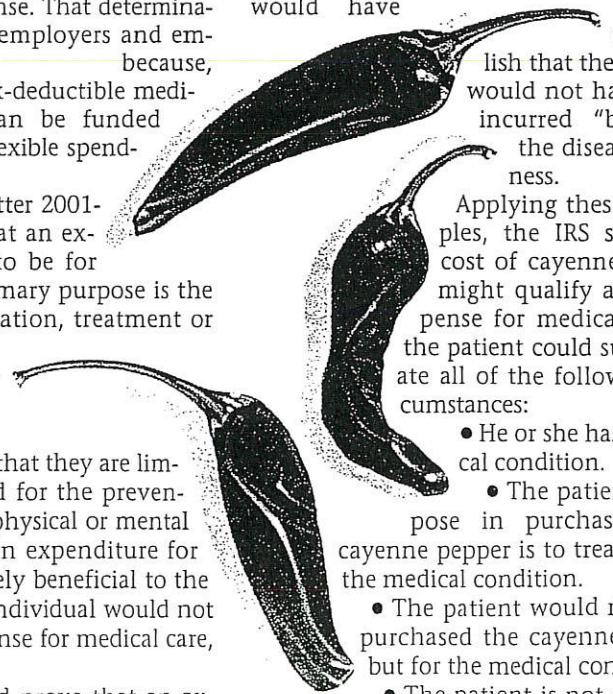
tive criteria, the IRS said. Those criteria include the diagnosis of a doctor, a link between the treatment and the disease, the effectiveness of the treatment, and the proximity in time to the onset or recurrence of the disease. The actual treatment of the disorder, though, could be directed by a naturopathic physician rather than a traditional doctor.

A patient also would have

to establish that the expense would not have been incurred "but for" the disease or illness.

Applying these principles, the IRS said, the cost of cayenne pepper might qualify as an expense for medical care if the patient could substantiate all of the following circumstances:

- He or she has a medical condition.
- The patient's purpose in purchasing the cayenne pepper is to treat or ease the medical condition.
- The patient would not have purchased the cayenne pepper but for the medical condition.
- The patient is not consuming the cayenne pepper to satisfy normal nutritional requirements.



Jeanne Drisko, MD
(913) 588-6208

Background:

- 1979 KU Medical Center, MD degree
- 1995-1997 Complementary and Alternative Medicine Training culminating in with a year at the Garvey Center in Wichita, Kansas
- 1998 Hired by the Dean of the School of Medicine to develop a Program in Integrative Medicine

3-Pronged Program:

- * Educate
- * Research
- * Patient Care

- **Time has come to acknowledge and license naturopathic doctors.**
- The health care consumer seeking services of Complementary and Alternative Medicine (CAM). Increased prevalence of use reported to be 42.1%-83% (Eisenberg, 1998; Richardson, 2000).
 - * Total visits to CAM providers (1997) estimated to be 629 million, exceeding all visits to primary care physicians, which were estimated to be 386 million visits (Eisenberg, 1998)
 - * Out-of-pocket expenditures for all CAM professionals at 12.2 billion dollars and total out-of-pocket expenditures for all CAM therapy services at 27.0 billion dollars
- 15 million adults estimated to use prescription medications with nutritional supplements setting them up for adverse reactions; few trained professionals to counsel consumers. The majority of physicians have no training or understanding of the potential uses or interactions. Naturopathic doctors have this expertise.
- Conversation about CAM between physicians and patients is low. Only 23-40% of patients are reported to inform their physicians about the CAM therapies.
- Increasing research and publications in both the medical and lay literature will only increase the use by the consumer.
 - * **"This is a trend, not a fad"** (Eisenberg, 2000).
 - * NIH consensus paper on acupuncture, Columbia Presbyterian Medical Center: CME course on the use of medicinal plants)
- Necessary to protect consumers of these services and products from unscrupulous and untrained providers. Licensing would be a start.
- **The time has come to license and acknowledge the naturopathic profession.**
 - * Four-year medical school after retaining a graduate degree from a recognized college with prerequisites in sciences
 - * First years of Naturopathic Medical School are in core curriculum such as physiology, anatomy, biochemistry, and pharmacology.
 - * This is coupled with training in natural products such as medicinal plants, vitamins, minerals, and other therapies such as acupuncture.
- Naturopathic doctors are trained in the use and administration of medicinal plants, vitamins, and minerals.
- **Time has come to partner with naturopathic doctors and increase communication between all types of health care providers for the best care and protection of Kansas patients.**

Jeanne A Drisko, MD

*Senate Public Health & Welfare Committee
Date: February 26, 2002
Attachment 7*



Via Christi
Regional Medical Center

929 North St. Francis
Wichita, KS 67214-3882

Tel 316-268-5000

DNT

The Honorable Susan Wagle, Chairperson
Senate Committee on Public Health and Welfare

Re: Naturopathic Doctor Licensure Act, Senate Bill 610

Dear Senator Wagle,

February 26, 2002

Senate Bill 610 concerning the licensing of naturopathic doctors in the state of Kansas is being put before the Senate Committee on Public Health and Welfare for consideration. This legislation establishes the educational and examination requirements, the scope of practice and a governing body that will provide oversight for this professional group. This letter is being submitted in support of this legislation.

In March of 2001, Via Christi Rehabilitation Center (part of the Via Christi Health System in Wichita Kansas) opened an out-patient clinic that provides complementary therapies. The clinic is called the Via Christi Integrative Center and is designed to enhance communication between the providers of complementary therapies and physicians. One of the therapies that are provided is the consultation service of a naturopathic doctor. Naturopathic doctors have a diverse and distinct training in natural therapies and provide a credible health service to the public. Their expertise in clinical nutrition, homeopathy and botanical medicine provide a valuable resource to the team of providers.

Consumers need and desire personal choice in their health care decisions and are more likely to be successful if they can be certain that they are working with degreed professionals. It is our opinion that legislation designed to help the public identify qualified practitioners and to provide parameters of clinic practice is necessary.

We hope you join us in our support of Senate bill # 610.

Respectfully yours,

Laurie Labarca
VP of Operations St. Joseph Campus

Lisa L. Pioli
8276 West 335th Street
Louisburg, Ks. 66053

Senator Robert Tyson
Room 128-S
300 SW 10th
Topeka, Ks 66612

Dear Senator Tyson,

I am writing to you to support the licensing of naturopaths. I am an osteopathic physician (D.O.) who completed a one year osteopathic internship and also completed an allopathic (M.D.) residency in Family Practice. I am boarded by The American Academy of Family Physicians. I presently practice in Leawood, Kansas with six other physicians, all of us are family practitioners, but half are M.D. and the other D.O.

I was introduced to naturopathic medicine by a bright young man who I will call "Ryan". Ryan is presently attending Bastyr University in Seattle, one of the four Naturopathic schools in our country. Ryan's story is interesting. After graduating undergraduate studies from University of Kansas with honors, Ryan was accepted to at least three allopathic medical schools. He turned down Cornell University amongst others and attended Rush University for one semester, where he was achieving A's. He suddenly quit Rush University after realizing that he did not fit the main stream allopathic philosophy of medicine. After much inner turmoil (and shock and chagrin from his family and friends that could not believe he left Rush University), he realized that he did fit another kind of medicine. One with a very different philosophy from mainstream medicine but with just as rigorous a curriculum (if not more rigorous) adding alternative modalities of healing, to a philosophy of wellness and prevention.

After reacting negatively, like the rest of the world, towards Ryans decision, I began to listen to the description of his courses. In the mean time back at my office, my own patients continue to ask for more and more preventative medicine, in the form of nutrition, exercise, and "natural" supplements to get them well and keep them well. They have begun taking "natural" supplements that they see advertised. Becoming dissatisfied with mine and my colleagues lack of training and interest in herbal, natural supplements, nutrition, and lifestyle changes, they are going to people that call themselves "natural healers", that do not have the background that the graduates from these four schools have. Some of my own patients have been ill advised by these "natural healers".

Educating ignorance (including my own) is a long, slow process. After realizing some of my patients' dissatisfaction with allopathic/osteopathic medicine, I sat and reviewed the curriculum of the four naturopathic schools. I was surprised at the rigorous curriculum. It is very impressive. The philosophy is different, emphasizing wellness and prevention of diseases without pharmaceuticals, but the overall curriculum

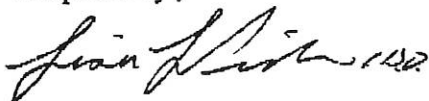
Senate Public Health & Welfare Committee
Held: February 26, 2002
Attachment 8

is comparable to other allopathic or osteopathic schools in our country. The naturopaths have many more hours in nutrition, botany, and herbology. We have none of the latter two. Naturopaths can answer the questions that my patients are asking and I have started to refer my patients to Peter Kimble, N.D. The combination of N.D.'s, M.D.'s and D.O.'s offers a fully integrated out patient healthcare system.

Co-pays are a wonderful insurance thing to have. Unfortunately, naturopaths, without a license, cannot be credentialed by most managed care companies. I also am a part-time medical director for a local managed care company. This company would be very interested in adding naturopaths to their list of physicians available to patients but naturopaths must be licensed to accomplish this. As you know, the cost of any medical care without insurance is prohibitive.

In summary, I fully support the licensing of naturopaths. The general population wants alternative choices. We (physicians) want legitimate alternative choices, for our patients. The curriculum of the naturopathic schools gives these physicians the same pathophysiologic background as an allopathic or osteopathic physician. Managed care would like to see much more emphasis on prevention and wellness by healthcare providers. Ryan would like to come home to practice in Kansas where his entire family, and fiancée is from, both of whom have well established businesses here in Kansas. Senator Tyson, please support the licensing of Naturopathic physicians. Thank you for your time and consideration.

Respectfully,



Lisa L. Pioli, D.O.

John C. Kraft, R.Ph.
Family Prescription Shop
7111 E. 21st Street, Suite C
Wichita, KS 67206

AM

February 23, 2002

Dear Senator Wagle:

I understand debate is beginning on Senate Bill 610 dealing with licensure of naturopathic physicians to practice medicine in Kansas.

I am submitting this letter as testimony of my support of this bill.

As a community pharmacist I have had the privilege of working with a broad spectrum of healthcare providers. The physicians I have known with the Doctor of Naturopathy designation have been very knowledgeable and well-trained and offered a valuable perspective for treatment of disease as well as maintaining good health for patients. I have also been able to work closely with the ViaChristi Integrative Medicine Center here in Wichita which is a team care project offering an integration of medical therapies for patients needing care beyond the traditional medical care model. Naturopathy has been part of this project since its inception. This experience has further confirmed my belief in the value of naturopathic medicine to healthcare in Kansas.

It is my impression that by not advancing these types of healthcare options, the state of Kansas is falling behind in providing its citizens some of the best that the advances of science and technology have to offer today.

In summary, I support the licensure of naturopathic physicians to practice medicine with prescriptive authority in their areas of expertise.

I would be glad to discuss this matter further with you and try to answer any questions you might have. Also, I invite you to stop by Family Prescription Shop sometime and I will show you some of what pharmacy care involves today in my practice setting.

Sincerely,

John C. Kraft R.Ph.

John C. Kraft, R.Ph.
Phone 684-7899 (work) 733-4066 (home) E-mail jkraft@kscable.com



John C. Kraft, R.Ph.
Compounding Pharmacist

7111 E. 21st Street
Wichita, KS 67206

(316) 684-7899
(888) 684-7899 (toll-free)
familyrxshop@msn.com

██████████ ██████████ ██████████ ██████████ ██████████

Senator Wagle
Capitol Office
Room: 128-S
Topeka, Kansas

DNT

Dear Senator Wagle,

I am writing you today to show my support for Senate Bill No. 610 -The Naturopathic Licensure Act. I urge you to vote in favor of this bill as a valid way to improve the health care options for the people of Kansas.

As a Public Health Educator I am impressed with the quality of health care that qualified Naturopathic doctors provide. Their holistic approach not only treats illness but supports wellness-the ongoing positive lifestyle behaviors that improve health and thereby reduce health care expenditures.

I work as an educator helping people of all ages to make daily choices in nutrition, fitness and stress management that will increase their well-being. When a person becomes ill I am supportive of them seeking out the services of a qualified Naturopath doctor who will continue to support my education about self-care.

Please vote in favor of Senate Bill No. 610 so that the residents of Kansas have the option of receiving high quality health care from qualified naturopathic doctors from accredited institutions.

If I can be of any assistance to you in your decision making please feel free to contact me.

Thank You,
Hilary Kass, MPH
University of Kansas Medical Center

Hilary K. Kass, MPH
13081 198th Street
Linwood, Kansas 66052
913-301-3609



Preferred Health Systems

February 26, 2002

Susan Wagle, Chairperson
Senate Committee on Public Health and Welfare

RE: Naturopathic Doctor Licensure Act, SB 610

Dear Ms. Wagle;

I am in support of the Kansas Legislature's consideration to develop licensing criteria for naturopathic physicians.

Sincerely,

Jill M. Sumfest, MD, FACS
Chief Medical Officer



02/26/2002 TUE 08:55 FAX 3166521277 SUNFLOWER BANK MAIN 001

Wichita Tobacco and Candy Co.

924 West Second Street
WICHITA, KANSAS 67203
WHOLESALE — CANDY, TOBACCO & CIGARS

(316) 264-2412 FAX (316) 264-2510

To: Committee Members

Re: Senate Bill 610

I wish to thank this committee for the opportunity to share with you my good experience with Dr. Farhang Khosh and Dr. Medi Khosh.

I had the distinct pleasure of meeting them about four years ago. The occasion, which predicated this was that I had experienced great pain in my back and leg. The diagnosis was disc protrusion, disc degeneration and spinal stenosis. I tried all types of therapy with little or no success. After four spinal epidurals, I was facing possible radical back surgery. After reading the medical studies on back surgery, I decided that was not for me.

Having heard of Dr. Farhang Khosh, I met with him and he opted for acupuncture. However, not having any fondness for one needle entering my body, I was understandably reluctant to have fifteen or so. To be honest, I was skeptical. My fears were laid to rest, however, as I began to experience a decline in pain symptoms.

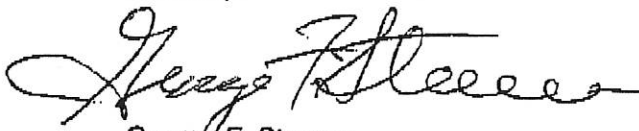
Having had such great success, I began to refer many friends and relatives to Dr. Khosh. They also had good to excellent success.

I have discovered the human body is an infinitely complex machine. In my humble opinion, there is no one medical discipline that has all the answers. Conventional medical treatment is essential to the well being of man. Wonderful, miraculous procedures have been done to benefit all of us, but I believe just as strongly that naturopathic medicine has a major place in the healing of the human body.

All governments are called upon to seek the greatest welfare and protection of its respective constituents. It is vitally important to have this occur in Kansas. As one citizen of this state, I would ask for your unbiased consideration of this bill.

Thank you for your time.

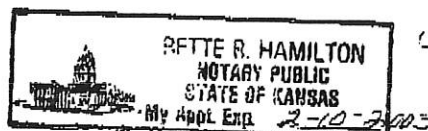
Sincerely,

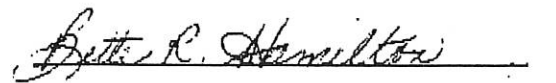


George F. Stevens
President

STATE OF KANSAS
COUNTY OF SEDGWICK

Signed before me on February 26, 2002
by George F. Stevens.




My appointment expires 2-10-2003

TO: THE COMMITTEE ON PUBLIC HEALTH AND
WELFARE

REF; SENATE BILL NO. 610 – THE NATUROPATHIC
DOCTOR LICENSURE ACT

HONORABLE SENATORS;

I WISH TO SHARE MY EXPERIENCE WITH YOU
REGARDING NATUROPATHIC CARE. IN SEPTEMBER OF
2001 I DEVELOPED A SKIN DISORDER THAT CAUSED ME
GREAT DISCOMFORT AND SERIOUS CONCERN.

AFTER VISITING TWO DERMOTOLOGISTS IN LAWRENCE
MY CONDITION HAD BECOME MUCH WORSE

WORKING WITH MY OWN INTERNALIST DR. ROBERT
CARNAHAN OF LAWRENCE AND DR. MEHDI KHOSH A
NATUROPATHIC DOCTOR OF LAWRENCE MY
CONDITION IMPROVED AND I HAVE GAINED FULL
RECOVERY.

I URGE YOU TO SUPPORT PASSAGE OF SENATE BILL NO.
610.

MOST RESPECTFULLY,



JOHN R. McCLURE
1020 E. 1292 RD.
LAWRENCE, KS 66047
785-843-7917

Christian Science Committee on Publication For Kansas

700 SW Jackson St., Suite 807
Topeka, Kansas 66603-3758

e-mail cscom@mindspring.com

Phone 785-233-7483
Fax 785-233-4182

February 26, 2002

To: Senate Committee on Public Health and Welfare

Re: SB 610

The Legislature frequently finds need to revise laws to meet changing circumstances. The provision in the Kansas healing arts act that accommodates the religious views of those practicing spiritual healing is a law that currently needs to be brought up to date. In order to accomplish this and to adjust to meet new needs as a result of this bill, I propose the following amendments:

On page 6, line 24, after "(2)" and on page 9, line 21, after "(c)" through Line 23, remove the existing wording and replace with:

"Individuals practicing religious beliefs which provide for reliance on spiritual means alone for healing."

This wording is used in K.S.A. 65-28a06, part of the physician assistant licensure act (2000 session SB 599). We have been waiting for an appropriate bill to propose amending the healing arts act. The suggested amendments will accomplish this and put the same wording in the naturopathic doctor licensure act.

Obviously, we can live with the language in the bill, thoughtfully put there by the bill's sponsors and revisors, but the suggested amendments will be more helpful as new interpretations are put on laws by the courts in their search for constitutionality in matters affecting church-state relationships.

I have been discussing the proposed changes with parties known to be interested and have encountered no opposition.

Your favorable consideration of this request will be appreciated.



Keith R. Landis
Committee on Publication
for Kansas

*Senate Public Health & Welfare Committee
Date: February 26, 2002
Attachment 9*

SENATE BILL No. 583

By Committee on Public Health and Welfare

2-13

9 AN ACT relating to physical therapy; concerning physical therapists;
10 amending K.S.A. 65-2901 and K.S.A. 2001 Supp. 65-2913 and repeal-
11 ing the existing sections.

12
13 *Be it enacted by the Legislature of the State of Kansas:*

14 Section 1. K.S.A. 65-2901 is hereby amended to read as follows: 65-
15 2901. (a) As used in this act, the term "physical therapy" means ~~a health~~
16 ~~specialty concerned with the evaluation, treatment or instruction of hu-~~
17 ~~man beings to assess, prevent and alleviate physical disability and pain.~~
18 ~~This includes the administration and evaluation of tests and measure-~~
19 ~~ments of bodily functions and structures in aid of treatment, the planning,~~
20 ~~administration, evaluation and modifications of treatment and instruction,~~
21 ~~including the use of physical measures, activities and devices for preven-~~
22 ~~tion and therapeutic purposes, and the provision of consultative, educa-~~
23 ~~tional and advisory services for the purpose of reducing the incidence and~~
24 ~~severity of physical disability and pain. The use of roentgen rays and~~
25 ~~radium for diagnostic and therapeutic purposes, the use of electricity for~~
26 ~~surgical purposes, including cauterization, and the practice of medicine~~
27 ~~and surgery are not authorized or included under the term "physical ther-~~
28 ~~apy" as used in this act the care and services provided by or under the~~
29 ~~direction and supervision of a physical therapist that is registered pur-~~
30 ~~suant to this act.~~

31 (b) "Physical therapist" means a person who ~~practices physical ther-~~
32 ~~apy as defined in this act and delegates selective forms of treatment to~~
33 ~~supportive personnel under the supervision of such person is registered~~
34 ~~to practice physical therapy pursuant to this act.~~ Any person who suc-
35 cessfully meets the requirements of K.S.A. 65-2906 and amendments
36 thereto shall be known and designated as a physical therapist and may
37 designate or describe oneself as a physical therapist, physiotherapist, reg-
38 istered physical therapist, P.T., Ph. T. or R.P.T. Physical therapists may
39 evaluate patients without physician referral but may initiate treatment
40 only after consultation with and approval by a physician licensed to prac-
41 tice medicine and surgery, a licensed podiatrist or a licensed dentist in
42 appropriately related cases.

43 (c) "Practice of physical therapy" means examining, evaluating and

a physical therapist

a physical therapist assistant

Material in brackets will be stricken

Senate Public Health and Welfare Committee
Date: February 26, 2002
Attachment 10

2-01

1 testing individuals with mechanical, physiological and developmental im-
 2 pairments, functional limitations and disabilities or other health and
 3 movement-related conditions in order to determine a diagnosis for phys-
 4 ical therapy, prognosis, plan of therapeutic intervention and to assess the
 5 ongoing effects of physical therapy intervention. The "practice of physical
 6 therapy" also ~~means~~ alleviating impairments, functional limitations and
 7 disabilities by designing, implementing and modifying therapeutic inter-
 8 ventions that may include, but are not limited to, therapeutic exercise;
 9 functional training in self-care and in home, community or work integra-
 10 tion or reintegration; manual therapy; therapeutic massage; prescription,
 11 application and, as appropriate, fabrication of assistive, adaptive, or-
 12 thotic, prosthetic, protective and supportive devices and equipment; air-
 13 way clearance techniques; integumentary protection and repair tech-
 14 niques; debridement and wound care; physical agents or modalities;
 15 mechanical and electrotherapeutic modalities; and patient-related instruc-
 16 tion. The "practice of physical therapy" also means reducing the risk of
 17 injury, impairments, functional limitations and disability, including the
 18 promotion and maintenance of fitness, health and quality of life in all age
 19 populations and engaging in administration, consultation, education and
 20 research.

may include

,

Such practices shall not be construed to be exclusive to physical therapists.

the healing arts as defined by K.S.A. 65-2802, and amendments thereto,

21 (d) The use of roentgen rays and radium for diagnostic and thera-
 22 peutic purposes, the use of electricity for surgical purposes, including
 23 cauterization, and the practice of ~~medicine and surgery~~ are not authorized
 24 or included under the term "physical therapy" as used in this act.

25 (e) "Physical therapist assistant" means a person who works under
 26 the direction of a physical therapist, and who assists in the application of
 27 physical therapy, and whose activities require an understanding of phys-
 28 ical therapy, but do not require professional or advanced training in the
 29 anatomical, biological and physical sciences involved in the practice of
 30 physical therapy is certified pursuant to this act and who assists the phys-
 31 ical therapist in selected components of physical therapy intervention. Any
 32 person who successfully meets the requirements of K.S.A. 65-2906 and
 33 amendments thereto shall be known and designated as a physical therapist
 34 assistant, and may designate or describe oneself as a physical therapist
 35 assistant, certified physical therapist assistant, P.T.A., C.P.T.A. or P.T.
 36 Asst.

37 Sec. 2. K.S.A. 2001 Supp. 65-2913 is hereby amended to read as
 38 follows: 65-2913. (a) Any person who, in any manner, represents oneself
 39 as a physical therapist, or who uses in connection with such person's name
 40 the words or letters physical therapist, physiotherapist, registered physical
 41 therapist, P.T., Ph. T. or R.P.T., or any other letters, words, abbreviations
 42 or insignia, indicating or implying that such person is a physical therapist,
 43 without a valid existing certificate of registration as a physical therapist

10-3

1 issued to such person under the provisions of this act, shall be guilty of a
2 class B nonperson misdemeanor. A physical therapist shall use the letters
3 P.T. in connection with the physical therapist's name or place of business
4 to denote registration under this act.

5 (b) Any person who, in any manner, represents oneself as a physical
6 therapist assistant, or who uses in connection with such person's name
7 the words or letters physical therapist assistant, certified physical therapist
8 assistant, P.T.A., C.P.T.A. or P.T. Asst., or any other letters, words, ab-
9 breviations or insignia, indicating or implying that such person is a phys-
10 ical therapist assistant, without a valid existing certificate as a physical
11 therapist assistant issued to such person pursuant to the provisions of this
12 act, shall be guilty of a class B nonperson misdemeanor. A person or
13 business entity, its employees, agents or representatives shall not use in
14 connection with that person's name or the name or activity of the business,
15 the words physical therapy, physical therapist, [physiotherapy, physioth-
16 erapist,] the letters P.T., D.P.T., R.P.T., Ph.T. or any other words, abbrev-
17 iations or insignia indicating or implying directly or indirectly that phys-
18 ical therapy is provided or supplied, unless such services are provided by
19 or under the direction of a physical therapist registered pursuant to this
20 act. A person or business entity shall not advertise or otherwise promote
21 another person as being a physical therapist [or physiotherapist] unless the
22 individual so advertised or promoted is registered as a physical therapist
23 under this act. A person or business entity who offers, provides or bills
24 any other person for services shall not characterize those services as phys-
25 ical therapy or physiotherapy unless the individual performing those serv-
26 ices is a person registered as a physical therapist under this act.

27 (c) A physical therapist assistant shall use the letters P.T.A. in con-
28 nection with that person's name to denote certification hereunder.

29 (d) A person shall not use the title physical therapist assistant, the
30 letters P.T.A., C.P.T.A. or P.T. Asst. or any other words, abbreviations or
31 insignia in connection with that person's name to indicate or imply, di-
32 rectly or indirectly, that the person is a physical therapist assistant unless
33 that person is certified as a physical therapist assistant pursuant to this
34 act.

35 (e) A person or business entity that violates paragraphs (b) or (d) of
36 this section is guilty of a class B nonperson misdemeanor.

37 (e)(f) Nothing in this act shall prohibit any person not holding oneself
38 out as a physical therapist or physical therapist assistant from carrying out
39 as an independent practitioner, without prescription or supervision, the
40 therapy or practice for which the person is qualified, and shall not prohibit
41 the person from using corrective therapy. Nothing in this act shall prohibit
42 any person who assists the physical therapist or physical therapist assistant
43 from being designated as a physical therapy aide.

a physical therapist

a physical therapist assistant

A person, business or entity, its employees, agents or representatives shall not use in connection with such person's name or the name or activity of the business the words physiotherapy or physical therapy unless such person is duly licensed to provide such treatment under the laws of this state or is a registered physical therapist under this act.

1 Sec. 3. K.S.A. 65-2901 and K.S.A. 2001 Supp. 65-2913 are hereby
2 repealed.
3 Sec. 4. This act shall take effect and be in force from and after its
4 publication in the statute book.

10.4

SB 610

ISSUE 1

Definition: "Minor Office Procedures" Page 2 Sec (g)

- Options
1. KMS balloon
 2. KNPA balloon

ISSUE 2

Allowing: "Intravenous therapy" P. 7. Sec: New Sec 13(b)

- Options
1. Don't allow (KMS)
 2. Allow w/ listed limitations (KNPA)

ISSUE 3

Requiring: Liability Ins No Section (Not currently in bill)

- Options
1. Don't require (As is the case w/ current bill)
 2. Require (Consider language of KBHA)

ISSUE 4

Prohibition Felony Convictions Page 5 Sec 3

Options 1. Osteopath Amendment

2. Original language

3. KBHA (2/3 Vote)

Senate Public Health & Welfare Committee
Held: February 26, 2002
Attachment II