

## MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairperson Susan Wagle at 1:30 p.m. on March 8, 2004 in Room 231-N of the Capitol.

All members were present except:

Senator Chris Steineger- absent  
Senator Nick Jordan- excused

Committee staff present:

Ms. Emalene Correll, Legislative Research  
Mr. Norm Furse, Revisor of Statutes  
Mrs. Diana Lee, Revisor of Statutes  
Ms. Margaret Cianciarulo, Committee Secretary

Conferees appearing before the committee:

Mr. Jerry Slaughter, Executive Director, Kansas Medical Society  
Mr. Paul Silovsky, PT, Legislative Committee Chair, Kansas Physical Therapy Association  
Ms. Terry Roberts, Executive Director, Kansas Nurses Association  
Mr. Tom Bell, Executive Vice President, Kansas Hospital Association  
Mr. Larry Buening, Executive Director, Kansas Board of Healing Arts

Others attending:

See Attached List.

### Hearing on SB529 - an act concerning physical therapy

Upon calling the meeting to order, the Chair announced there would be a hearing on SB529, an act concerning physical therapy, and asked Ms. Correll to give a brief overview. Highlights included:

1) Amends the act under which physical therapists are regulated;

2) The first amendment appears on page 2 of the bill, lines 8 and 9, but beginning with line 5, it says that physical therapists may evaluate patients without a physician referral, but may initiate treatment only after consultation with approval by a physician licensed to practice medicine, surgery or a licensed podiatrist; the amendment would add *a licensed physician assistant, an advanced registered nurse practitioner*; and,

3) The second amendment, on page 3, lines 9 and 10, and in this instance are actions to make a physical therapist subject to disciplinary action by the Board of Healing Arts and would add to that initiating treatment without prior consultation and approval *by a licensed physician assistant, by an advanced registered nurse practitioner*.

As there were no questions of Ms. Correll, the Chair called on the first proponent, Mr. Jerry Slaughter, Executive Director, Kansas Medical Society (KMS), who stated that KMS, while they have always believed that current law already allows physicians to delegate to PAs (Physician Assistants) and nurse practitioners, the ability to authorize physical therapy services, they do not oppose making it clear in the physical therapy practice act. He also stated, they would encourage adding to the bill, an amendment on page 2, line 9, which they believe makes it clearer that physician assistants and nurse practitioners working at the direction or order of a physician are authorized to order physical therapy services. A copy of his testimony and amendment are (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

The next proponent was Mr. Paul Silovsky, PT, Legislative Committee Chair, Kansas Physical Therapy Association, who offered three reasons why further clarification of the authority to delegate is needed (ex. Physical therapy services are delayed when physician approval must be obtained prior to the initiation of treatment by the PT.) He also stated the passage of the bill will improve the speed of access to predetermined PT care, eliminate unnecessary confusion and upset within the current PT referral

## CONTINUATION SHEET

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE at 1:30 p.m. on  
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communications network, make the current medical practice acts consistent with regards to the delegation of physical therapy treatment and allow PT's to accept PA and ARNP referrals without being in violation of the current PT practice act. A copy of his testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

The third proponent was Ms. Terry Roberts, Executive Director, Kansas State Nurses Association, who stated there are currently 1,837 ARNP's in Kansas and many rural health clinics (167) and critical access hospitals (65, with 6 pending) in Kansas utilizing ARNP's (and PA's) exclusively for the provision of primary health care services and the proposed language would remove one practice barrier that currently limits their practice and patients access by requiring a physician-only referral. She also included with her testimony, the Board of Nursing Annual Report page listing the number of ARNP's and the statute that authorizes ARNP practice in Kansas. A copy of her testimony and attachment is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

The final proponent to testify was Mr. Tom Bell, Executive Vice President, Kansas Hospital Association, who stated that the Board of Healing Arts has interpreted current Kansas law to prohibit a physician assistant or advanced registered nurse practitioner from providing the necessary consultation and approval resulting in a number of Kansas communities, especially those served by critical access hospitals, PAs and ARNPs are prevented from providing the extent of services probably intended by the Legislature. A copy of his testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

Neutral testimony was offered by Mr. Larry Buening, Executive Director, Kansas Board of Healing Arts, who stated that one question raised by these amendments is whether they are intended to supercede the current statutes relating to PAs and allow them to independently order physical therapy without authority from the responsible physician. Further, he stated, the amendments are silent on whether there would be any responsibility on the part of the physical therapist to determine that the PA has appropriate authority to order physical therapy prior to initiating treatment based upon an order from a PA. But he felt these issues might be resolved by amendments to the bill that clearly indicates the PA has been delegated this authority from their responsible physician. A copy of his testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

As there were no opponents to the bill, the Chair directed the attention of the Committee to three written testimonies including:

1) Mr. Doug Smith, Executive Director for the Kansas Academy of Physician Assistants who wrote that if the PA happens to practice in a separate practice location where the physician may only visit the practice weekly, a delay in treatment of one or two weeks could then result;

2) Ms. Joyce Huston, MSN, RN and hospital administrator at Jefferson County Memorial Hospital who stated the bill would facilitate expedient care in rural hospitals;

3) Ms. Patricia Plank, Administrator of the Logan County Manor in Oakley, who stated their manor serves many frail elders who need quality health care services, including physical therapy and about 40% of their residents receive their primary care from an ARNP. She also stated that allowing the passage of the bill would greatly enhance the quality of their care by streamlining the referral process.

A copy of the above three written testimonies are (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

The Chair then asked for questions or comments from the Committee. Questions came from Senators Wagle, Barnett, Brownlee, and Salmans ranging from: primary health care, clarify issue of protocol, are there other areas of practice, oversight approval, are their ARNP's practicing (prescribing) independently in any situation in the state, it appears that current language in the practice act now does not allow an

## CONTINUATION SHEET

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ARNP to refer to a physical therapist is this correct, to clarify, with the amendment there would be no change in the ARNP practice, is KSNA agreeable with the language that KMS has brought forth, do ARNPs now have the authority to refer to a PT without the oversight of an M.D. or D.O. and are there other areas of practice where ARNP's do not require this oversight approval, permissive language (ex. working for a neurologist, diabetes), how would you feel if the Committee only adopted the language related to the PAs, clarification - do we want the language that is amendatory, is the question that we need to resolve that nurse practitioners always work under the order or direction of a licensed person that is practicing medicine, if we add ARNP to this, they could prescribe PT services without a physician directing it and is this the policy decision we are trying to make (do you want the bill with or without the amendments), clarification - is there written protocol so nurse practitioners can write the prescription or are they sending in on a daily basis or how does this work, and lastly, with the KMS proposed amendment is there a distinction being made between the ARNPs and PAs (do you want both under the direction of a physician) and is this what the "or" accomplishes?

As there were no further questions, the Chair asked the Committee if there were objections to working the bill? Senator Barnett made the motion to move to adopt the language from the Kansas Medical Society on both on page 2 and on page 3. This was seconded by Senator Brownlee. The Chair then asked if there were questions on the amendment.

Senator Salmans asked does this then impose a greater restriction on the PA or is it totally neutral and did they have to have a physician oversight prior to this bill. Senator Haley stated he supports the bill, but for clarification, the way the bill reads there could be some confusion regarding podiatrists, "with approval by a physician licensed to practice medicine and surgery a licensed podiatrist, a licensed physician assistant, or advanced registered nurse practitioner, working pursuant to the order or direction of a person licensed to practice medicine or surgery," in this context, would a licensed podiatrist have to work under the direction of a person licensed to practice medicine or surgery? Mr. Furse stated that the comma after "a licensed physician assistant" would be deleted ( and replacing the word "an," insert the word "or") making it one phase indicating the limiting factor regarding the PA's or the ARAP's.

As there was no further discussion regarding the amendment, the motion carried. Senator Barnett then made the motion to move the bill favorably as amended. This was seconded by Senator Brungardt and the motion carried.

### **Adjournment**

As there was not further business, the meeting was adjourned. The time was 2:30 p.m.

The next meeting is scheduled for Tuesday, March 9, 2004.

# SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

## GUEST LIST


DATE: Monday, March 8, 2004

NAME	REPRESENTING
JERRY SCHWARTZ	KANSAS
LARRY BUENIA	BD OF HEALING ARTS
Rebecca P.	KCA
Candy Bahren, PT	KPTA
Bud Burke	"
Paul Silovsky, PT	KPTA
Rainey Campbell	Interim
Jerry Roberts	Ks State Nurses Assn.
Chip Wheelen	Ass'n of Osteopathic Med.
Tan Bell	Ks Hosp - Assn.
Larnie Ann Lower	KS Govt Consulting
LORETTA HECKMAN	KANSAS ACADEMY OF PHYSICIAN ASSISTANTS
Tom Bruno	KATS

15 min att



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**To:** Senate Public Health and Welfare Committee  
**From:** Jerry Slaughter  
Executive Director   
**Date:** March 8, 2004  
**Subject:** SB 529

The Kansas Medical Society appreciates the opportunity to appear today in support of SB 529. The bill adds physician assistants and advanced registered nurse practitioners to the list of health care professionals who may refer patients for physical therapy. While we have always believed that current law already allows physicians to delegate to PAs and nurse practitioners the ability to authorize physical therapy services, we are not opposed to making it clear in the physical therapy practice act.

Under current law, physical therapy may not be initiated until a physician has assessed the patient's condition, made a medical diagnosis and determined that physical therapy is appropriate for the patient. This is important because it ensures an accurate medical diagnosis is reached before additional costs are incurred and resources expended.

The only thing we would encourage you to add to the bill is an amendment on page 2, line 9, which we believe makes it clearer that physician assistants and nurse practitioners working at the direction or order of a physician are authorized to order physical therapy services. Thank you for considering our comments.

Senate Public Health & Welfare Committee  
Attachment 1  
Date: March 8, 2004

1 physical therapy pursuant to this act. Any person who successfully meets  
 2 the requirements of K.S.A. 65-2906 and amendments thereto shall be  
 3 known and designated as a physical therapist and may designate or de-  
 4 scribe oneself as a physical therapist, physiotherapist, licensed physical  
 5 therapist, P.T., Ph. T., M.P.T., D.P.T. or L.P.T. Physical therapists may  
 6 evaluate patients without physician referral but may initiate treatment  
 7 only after consultation with and approval by a physician licensed to prac-  
 8 tice medicine and surgery, a licensed podiatrist, *a licensed physician as-*  
 9 *stant, an advanced registered nurse practitioner,* a licensed chiropractor  
 10 or a licensed dentist in appropriately related cases or a therapeutic li-  
 11 censed optometrist pursuant to subsection (e) of K.S.A. 65-1501, and  
 12 amendments thereto.

or

working pursuant to the order  
 or direction of a person  
 licensed to practice medicine  
 and surgery

13 (c) "Physical therapist assistant" means a person who is certified pur-  
 14 suant to this act and who works under the direction of a physical therapist,  
 15 and who assists the physical therapist in selected components of physical  
 16 therapy intervention. Any person who successfully meets the require-  
 17 ments of K.S.A. 65-2906 and amendments thereto shall be known and  
 18 designated as a physical therapist assistant, and may designate or describe  
 19 oneself as a physical therapist assistant, certified physical therapist assis-  
 20 tant, P.T.A., C.P.T.A. or P.T. Asst.

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

22 (e) "Council" means the physical therapy advisory council.

23 Sec. 2. K.S.A. 2003 Supp. 65-2912 is hereby amended to read as  
 24 follows: 65-2912. (a) The board may refuse to grant a license to any phys-  
 25 ical therapist or a certificate to any physical therapist assistant, or may  
 26 suspend or revoke the license of any licensed physical therapist or certif-  
 27 icate of any certified physical therapist assistant, or may limit the license  
 28 of any licensed physical therapist or certificate of any certified physical  
 29 therapist assistant or may censure a licensed physical therapist or certified  
 30 physical therapist assistant for any of the following grounds:

31 (1) Addiction to or distribution of intoxicating liquors or drugs for  
 32 other than lawful purposes;

33 (2) conviction of a felony if the board determines, after investigation,  
 34 that the physical therapist or physical therapist assistant has not been  
 35 sufficiently rehabilitated to warrant the public trust;

36 (3) obtaining or attempting to obtain licensure or certification by  
 37 fraud or deception;

38 (4) finding by a court of competent jurisdiction that the physical ther-  
 39 apist or physical therapist assistant is a disabled person and has not there-  
 40 after been restored to legal capacity;

41 (5) unprofessional conduct as defined by rules and regulations  
 42 adopted by the board;

43 (6) the treatment or attempt to treat ailments or other health con-

**To: The Senate Public Health and Welfare Committee**

**From: Paul Silovsky PT  
Kansas Physical Therapy Association  
Legislative Committee Chair**

**Re: SB 529**

**Date: 3-8-04**

Chairman Wagle and members of the Public Health and Welfare Committee, I submit to you testimony in support of **SB 529**.

**This bill very simply clarifies within the PT statute the list of providers that may approve the initiation of physical therapy treatment. SB 529 adds the Physician Assistant and Nurse Practitioner to the current list of providers.** Under current statute the PT may evaluate without physician referral. However, prior to initiating treatment the PT must obtain the physician's approval. Thus, under the current PT practice act, the PT may accept the PA or Nurse Practitioner's referral, and may evaluate based upon that referral, but may not initiate treatment without physician approval.

The current PT practice act referral language is not consistent with the current authority of PA's and Nurse Practitioner's to prescribe and issue referrals under the physician's delegation. Further clarification of the authority to delegate is needed for the following reasons;

1. Currently, physical therapy services are delayed when physician approval must be obtained prior to the initiation of treatment by the PT. This is especially a hardship in rural clinics and hospitals where PT may be delayed when non physician providers refer for PT and prior approval can not be readily obtained from the supervising or "protocol physician". There are more and more PA's and ARNP's referring directly for PT treatment in all settings which in turn delay's the initiation of treatment without physician approval.
2. The current PT statute creates confusion and misunderstandings between the PT practitioner, the referring practitioner's office and the public when approval must be obtained and documented following the PA or Nurse Practitioner PT referral, especially if physician approval is not authenticated. Under current statute the PT must acquire physician approval to remain in compliance with the Kansas PT practice act.
3. Currently, if a PT were to accept an "evaluate and treat" order from the PA or ARNP who evaluated and referred the patient, the PT would be considered in violation of the PT practice act unless he/she secured

*Senate Public Health & Welfare Committee  
Attachment 2-1  
Note: March 8, 2004*

approval from the supervising physician prior to the initiation of treatment.

**In summary, the passage of SB 529 will improve the speed of access to pre-determined PT care, eliminate unnecessary confusion and upset within the current PT referral communications network, make the current medical practice acts consistent with regard to the delegation of physical therapy treatment and allow PT's to accept PA and ARNP referrals without being in violation of the current PT practice act.**

I thank you for your time and positive consideration of SB 529. I would be happy to answer any questions that you might have.

Respectfully,

Paul Silovsky PT





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TERRI ROBERTS J.D., R.N.  
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## S.B. 529 Physical Therapy Orders

March 8, 2004

Senate Wagle and members of the Senate Public Health and Welfare Committee, I am Terri Roberts speaking on behalf of the KANSAS STATE NURSES ASSOCIATION in support of S.B. 529. This bill amends the definitions section of the Physical Therapy statute

and as proposed adds *Advanced Registered Nurse Practitioners* to the list of healthcare providers that may write an order (referral) for Physical Therapy services.

There are currently 1837 ARNP's in Kansas and many rural health clinics (167) and critical access hospitals (65, with 6 pending) in Kansas utilize ARNP's (and PA's) exclusively for the provision of primary health care services. This language would remove one practice barrier that currently limits their practice and patients access, by requiring a physician-only referral. While we do not anticipate that this provision will increase the demand for PT services, it will ease the unnecessary access restriction imposed by the current language.

Included with this testimony is the Board of Nursing Annual Report page listing the number of ARNP's, and the statute (K.S.A. 65-1130) that authorizes ARNP practice in Kansas.

We support the proposed language in S.B. 529 and ask for your support.

*Thank You.*

*Senate Public Health & Welfare Committee  
Attachment 3-1  
Date: March 8, 2004*

The mission of the Kansas State Nurses Association is to promote professional nursing, to provide a unified voice for nursing in Kansas and to advocate for the health and well-being of all people.

CONSTITUENT OF THE AMERICAN NURSES ASSOCIATION

[Home](#)[Bill Search](#) | [Current Happenings](#) | [Listen In Live!](#) | [Helpful Hints](#) | [Site Index](#)[Home](#) > [Kansas Statutes](#) > Kansas Statute No. 65-1130**65-1130****Chapter 65.--PUBLIC HEALTH  
Article 11.--REGULATION OF NURSING**

**65-1130. Advanced registered nurse practitioner; standards and requirements for obtaining certificate of qualification; rules and regulations; categories, education, qualifications and role; limitations and restrictions; prescription of drugs authorized.** (a) No professional nurse shall announce or represent to the public that such person is an advanced registered nurse practitioner unless such professional nurse has complied with requirements established by the board and holds a valid certificate of qualification as an advanced registered nurse practitioner in accordance with the provisions of this section.

(b) The board shall establish standards and requirements for any professional nurse who desires to obtain a certificate of qualification as an advanced registered nurse practitioner. Such standards and requirements shall include, but not be limited to, standards and requirements relating to the education of advanced registered nurse practitioners. The board may require that some, but not all, types of advanced registered nurse practitioners hold an academic degree beyond the minimum educational requirement for qualifying for a license to practice as a professional nurse. The board may give such examinations and secure such assistance as it deems necessary to determine the qualifications of applicants.

(c) The board shall adopt rules and regulations applicable to advanced registered nurse practitioners which:

(1) Establish categories of advanced registered nurse practitioners which are consistent with nursing practice specialties recognized by the nursing profession.

(2) Establish education and qualifications necessary for certification for each category of advanced registered nurse practitioner established by the board at a level adequate to assure the competent performance by advanced registered nurse practitioners of functions and procedures which advanced registered nurse practitioners are authorized to perform.

(3) Define the role of advanced registered nurse practitioners and establish limitations and restrictions on such role. The board shall adopt a definition of the role under this subsection (c)(3) which is consistent with the education and qualifications required to obtain a certificate of qualification as an advanced registered nurse practitioner, which protects the public from persons performing functions and procedures as advanced registered nurse practitioners for which they lack adequate education and qualifications and which authorizes advanced registered nurse practitioners to perform acts generally recognized by the profession of nursing as capable of being performed, in a manner consistent with the public health and safety, by persons with postbasic education in nursing. In defining such role the board shall consider: (A) The education required for a certificate of qualification as an advanced registered nurse practitioner; (B) the type of nursing practice and preparation in specialized practitioner skills involved in each category of advanced registered nurse practitioner established by the board; (C) the scope of practice of nursing specialties and limitations thereon prescribed by national organizations which certify nursing specialties; and (D) acts recognized by the nursing profession as appropriate to be performed by persons with postbasic education in nursing.

(d) An advanced registered nurse practitioner may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury for which the advanced registered nurse practitioner is authorized

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to prescribe and shall specify all drugs which may be prescribed by the advanced registered nurse practitioner. Any written prescription order shall include the name, address and telephone number of the responsible physician. The advanced registered nurse practitioner may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples to patients pursuant to a written protocol as authorized by a responsible physician. In order to prescribe controlled substances, the advanced registered nurse practitioner shall (1) register with the federal drug enforcement administration; and (2) notify the board of the name and address of the responsible physician or physicians. In no case shall the scope of authority of the advanced registered nurse practitioner exceed the normal and customary practice of the responsible physician. An advanced registered nurse practitioner certified in the category of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, shall be subject to the provisions of K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, with respect to drugs and anesthetic agents and shall not be subject to the provisions of this subsection. For the purposes of this subsection, "responsible physician" means a person licensed to practice medicine and surgery in Kansas who has accepted responsibility for the protocol and the actions of the advanced registered nurse practitioner when prescribing drugs.

(e) As used in this section, "drug" means those articles and substances defined as drugs in K.S.A. 65-1626 and 65-4101 and amendments thereto.

**History:** L. 1983, ch. 206, § 2; L. 1989, ch. 192, § 1; L. 1999, ch. 115, § 1; Apr. 1, 2000.

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Donald A. Wilson  
President

**TO:** Senate Public Health and Welfare Committee

**FROM:** Thomas L. Bell  
Executive Vice President

**RE:** SB 529

**DATE:** March 8, 2004

The Kansas Hospital Association appreciates the opportunity to comment in favor of the provisions of Senate Bill 529. This bill would help clarify state law regarding the ability of physical therapists to receive orders from midlevel practitioners.

Current Kansas law states that a physical therapist may initiate treatment only after consultation with and approval by a physician, dentist, chiropractor or podiatrist. The Board of Healing Arts has interpreted this law to prohibit a physician assistant or advanced registered nurse practitioner from providing the necessary consultation and approval.

The result of the Board's interpretation is that in number Kansas communities, especially those served by critical access hospitals, PAs and ARNPs are prevented from providing the extent of services probably intended by the Legislature. For example, the practice of a PA includes medical services delegated by the responsible physician. PAs practice in a dependent role through delegated authority or written protocol. Prohibiting a PA from making a referral to a physician therapist pursuant to such a protocol is inconsistent with the intent of the statutes.

Passage of SB 529 will help clarify this situation. Thank you for your consideration of our comments.

*Senate Public Health & Welfare Committee  
Attachment 4-1  
Date: March 8, 2004*

file

# KANSAS BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.  
EXECUTIVE DIRECTOR



KATHLEEN SEBELIUS, GOVERNOR

## MEMO

**TO:** Senate Committee on Public Health and Welfare

**FROM:** Lawrence T. Buening, Jr. *LTB*  
Executive Director

**DATE:** March 8, 2004

**RE:** S.B. No. 529

Thank you for the opportunity to appear on behalf of the State Board of Healing Arts regarding S.B. 529. This bill would allow physical therapists to initiate physical therapy treatment after consultation with and approval by a licensed physician assistant (P.A.) or an advanced registered nurse practitioner (ARNP) in addition to a physician, podiatrist, chiropractor or dentist. Since the introduction of the bill on February 17, the Board as a whole has not had an opportunity to meet and take a position on the bill. Therefore, my purpose in appearing is to provide to you information on the current law and pose some issues raised by the amendments set forth in S.B. No. 526.

The Board is of the opinion that a P.A. may, under current law, provide an order for the initiation of physical therapy treatment, if they have the authority to do so from a physician. K.S.A. 65-28a08 allows P.A.s to provide medical services that are delegated by a physician. These services must be provided under the direction or supervision of a responsible physician. K.S.A. 65-2872(g) allows persons to perform services which constitute the practice of the healing arts "under the supervision or by order of or referral from a practitioner...". K.S.A. 65-28,127 places duties and responsibilities upon healing arts licensees who direct, supervise, order refer or delegate acts which constitute the practice of the healing arts to other persons. On the other hand, the current language in K.S.A. 65-2901 restricts a physical therapist from initiating treatment until "after consultation with and approval by" a physician, podiatrist, chiropractor or dentist. Therefore, while a P.A., if so authorized by a physician, may lawfully order physical therapy, the physical therapist cannot initiate treatment based on these orders until they have consulted with and obtained approval by a member of one of these four professions.

*Senate Public Health & Welfare Committee  
Attachment 5-1  
Date: March 8, 2004*

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The language in the physical therapy law differs from that in some other acts. K.S.A. 65-5402(b) defines the practice of occupational therapy to include treatment pursuant to the "referral, supervision, order or direction of a physician...". "Respiratory therapy" is defined in K.S.A. 65-5502(b) to include those who practice under the "supervision of a qualified medical director". Thus, occupational therapists and respiratory therapists are not prohibited from performing professional services ordered by a P.A. if the P.A. is acting under the authority granted to them by a physician through protocols, guidelines other authorization.

One question raised by these amendments is whether they are intended to supercede the current statutes relating to P.A.s and allow them to independently order physical therapy without authority from the responsible physician. Further, the amendments are silent on whether there would be any responsibility on the part of the physical therapist to determine that the P.A. has appropriate authority to order physical therapy prior to initiating treatment based upon an order from a P.A. These issues might be resolved by amendments to the bill that clearly indicate the P.A. has been delegated this authority from their responsible physician.

Thank you for the opportunity to appear before you. I would be happy to respond to any questions.

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**Kansas Academy of Physician Assistants**  
**Remarks Concerning Senate Bill No. 529**  
**Senate Public Health and Welfare Committee**  
**March 8, 2004**

*Senator Wagle and Members of the Senate Public Health and Welfare Committee:*

Thank you for the opportunity to present testimony in favor of Senate Bill No. 529. I am Doug Smith and I serve as the Executive Director for the Kansas Academy of Physician Assistants. I regret that I am out of the State and therefore unable to present these remarks in person.

The Kansas Academy of Physician Assistants supports SB 529 which adds Physician Assistants and Advanced Registered Nurse Practitioners to those who can order physical therapy for patients. PAs always work under the direction of a physician, though the physician may not be physically present. When the patient sees a Physician Assistant (PA) for evaluation and it has been determined that the patient would benefit from physical therapy, the current statutes require an additional consultation with a physician before the physical therapy order could be acted upon. If the PA happens to practice in a separate practice location where the physician may only visit the practice weekly, a delay in treatment of one or two weeks could then result. In most clinical situations, this would be an unacceptable delay. Under the direction of the supervising physician, a PA can order tests, imaging procedures, treatments and consultations with other practitioners. Not only is it inconsistent (with the PA scope of practice) to restrict a PA from ordering physical therapy, but it also could delay care of the patient if the current statute is strictly enforced. The addition of PAs and ARNPs to those who may order physical therapy, reflects what is more often occurring and facilitates the prompt care of the patient.

We appreciate your consideration and encourage your favorable action on Senate Bill No. 529.

Senate Public Health & Welfare Committee  
Attachment 6  
Date: March 8, 2004



March 5, 2004

Contact: Joye H Huston, MSN, RN  
Jefferson County Memorial Hospital  
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Winchester, Ks 66097  
Phone: 913-774-4340/ [jhuston@mail.jcmhospital.org](mailto:jhuston@mail.jcmhospital.org)

## S.B.529 PHYSICAL THERAPY

Senator Wagle and members of the Senate Public Health & Welfare Committee; I am the hospital administrator of Jefferson County Memorial Hospital, a critical access hospital in Jefferson County. I am supportive of SB 529, which would allow PAs & ARNPs to prescribe physical therapy (PT). Our hospital utilizes ARNPs extensively as well as PAs. The current law requiring that orders for PT must be written by a doctor results in delay of intervention &/or circumventing of existing law. This bill would facilitate expedient care in rural hospitals.

Thank you for your support.



**Logan  
County  
Manor**

615 Price Avenue  
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S. B. 529 Bill to Recognize ARNP's as Prescribers of PT services

Senator Wagle and members of the Senate Ways and Means Committee, My name is Patricia Plank. I am a registered nurse, a long-time member of the Kansas State Nurses Association and a licensed adult care home administrator I support allowing ARNPs to write orders for physical therapy services. I am an administrator of a small nursing facility in rural northwest Kansas. We serve many frail elders who need quality health care services, including physical therapy services. About 40% of our residents receive their primary care from an ARNP. Allowing ARNPs to order physical therapy would greatly enhance the quality of their care by streamlining the referral process. Thank you for your support.

*A Service of Logan County Hospital*