Approved: March 10, 2005
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 2:08 P.M. on March 9, 2005, in Room 526-S of the Capitol.

Committee members absent:
Representative Brenda Landwehr- excused
Representative Jason Watkins- excused

Committee staff present:
Melissa Calderwood, Kansas Legislative Research Department
Mary Galligan, Kansas Legislative Research Department
Renae Jefferies, Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:
Cindy D'Ercole, Senior Policy Analyst, Kansas Action for Children
Senator Jim Barnett
Kevin Robertson, Executive Director, Kansas Dental Association
Kent Murray, MD, Chief of Staff, Robert Dole (VA) Medical Center
Larry Buening, Executive Director, Kansas Board of Healing Arts

Others attending:
See attached list.

The Chair opened the hearing on **SCR 1604.**

Cindy D'Ercole, Senior Policy Analyst, Kansas Action for Children, spoke as a proponent. (Attachment 1) She said the bill is similar to **HB 2137** in that deals with childhood obesity and school nutrition, but that it differs by addressing the issue from a policy standpoint, focusing on a partnership with the Sunflower Foundation to request that the State Board of Education lead in conducting a study of the state's public schools to provide a baseline which will determine current school food programs, the availability of health classes, physical activity intended to promote healthy bodies, and the availability of *a la carte* food on school premises. She observed that the bill will help the Board comply with the federal Child Nutrition Act, which requires each school district receiving federal funds to establish a wellness policy by June 30, 2006.

Senator Jim Barnett spoke as a proponent for the bill, saying that what is most needed is information, especially in the area of physical activity in schools. (Attachment 2)

Kevin Robertson, Executive Director, Kansas Dental Association, said that the Association supports the bill; however, he noted that oral health is an important component of the obesity discussion, and he suggested amending the bill to include oral health, since oral health contributes to overall health. (Attachment 3)

Chris Wilson, Executive Director, Kansas Dairy Association, provided written testimony in support of the

bill (Attachment 4), as did Ron Hein, representing the Kansas Beverage Association. (Attachment 5)

A member, noting the many obesity bills brought forward during this session, questioned the need for another one. Billie Hall, CEO of the Sunflower Foundation, explained that this particular bill focuses on policies, especially regarding physical activity. She said that in Kansas there is no baseline regarding physical activity, a lack which this bill addresses. The bill will help the State Board of Education evaluate options. Senator Barnett commented that the proposed oral health amendments are considered friendly ones.

The Chair closed the hearing on **SCR 1604** and opened the hearing on **SB 183.**

Kent Murray, MD, Chief of Staff, Robert Dole (VA) Medical Center, spoke as a proponent for the bill. (Attachment 6) He listed his credentials, noting that for this bill he is speaking as a private citizen. He outlined the current medical licensing categories: Inactive; Active (a physician actively practicing who is required to carry malpractice insurance); Federally Active (physicians covered under the Federal Tort Claims Act, who must meet all requirements of an active physician except the requirement for malpractice insurance); and Exempt (retired, non-practicing physicians). He stated that under current law he cannot practice outside the walls of the VA Hospital, a prohibition which keeps him from doing clinical teaching, calling in a prescription for his wife, or practicing in ways allowed to exempt physicians. He stated that the bill expands the scope of practice under the federally active category with language lifted from exempt licensure statutes, changes which will allow him to perform administrative functions, peer review, disability determination, utilization review, or render an expert opinion. The provisions of the bill also allow him to serve as a charitable health-care provider, provide direct professional services, or supervise professional services, all without compensation. He noted that, under the bill, the only difference between the exempt and the federally active categories is that he is still required to maintain his continuing education.

Larry Buening, Executive Director, Kansas Board of Healing Arts, stated that the Board reviewed the bill and declared support for it. (Attachment 7) He said presently there are 221 medical doctors, 19 osteopaths, and 5 chiropractors holding federally active licenses.

James Sanders, a physician working with the Eastern Kansas Health Care System (VA), provided written testimony in support of the bill. (Attachment 8)

The Chair closed the hearing on **SB 183.**

Staff provided a briefing on **SB 91**, which sets new statutory maximums for fees collected by the Kansas Dental Board from dentists and dental hygienists; it also adds three new fees. A Senate amendment also gives the Board authority to require the registration of mobile dental clinics. The proposed increase in fees would result in an additional $63,910 for the Board and concomitant contribution to the State General Fund of $12,783; for FY 2007 the numbers would be $139,735 and $27,945, the variance from year to year caused by the biennial licensing sequence of dentists one year, dental hygienists the next year. The bill is supported by the Kansas Dental Association.

MINUTES OF THE House Health and Human Services Committee at 2:08 P.M. on March 9, 2005, in Room 526-S of the Capitol.

The minutes for March 8 were approved.

The meeting was adjourned at 2:50 p.m. The next meeting is scheduled for Thursday, March 10, 2005.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

DATE: MARCH 9 2005

NAME	REPRESENTING
KEVIN WALKER	AMERICAN HEART ASSOCIATION
Lynda Foster	Kansas Dairy Assoc.
Chris Wilson	KS Dairy Association
Ron Gaches	KDHA
Teresa Schwab	Oral Health Kansas
KEVIN ROBERTSON	KS DENTAL ASSN
Larry Williamson	KS Dental Board
Marsha Stinson	CWA of Ks
Patty Rice	SRS HCP
Tara Hundley	SRS HSSI
Susan Wood	SRS
Jodi Mackey	Ks Dept of Ed
BILLIE HALL	SUNFLOWER FND.
Michelle Peterson	Ks. Governmental Consulting
Karla FINNELL	KAMU
Ron Seeber	Hein law Firm/HBA
Chip Wheelen	Assn of Osteo Med.
James Reed	Kansas Dairy Assoc
Lenny Langer	Kansas Dairy Ass.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

DATE: 3-9-05

NAME	REPRESENTING
Cannol W. Campbell	Kansas Dairy Assn.
Kent Murray	self
Cindy D'Ercole	Kansas Action Children
John Peterson	Ks Governmental Consulting

March 9, 2005

To: Kansas House Health and Human Services Committee
From: Cindy D'Ercole, Sr. Policy Analyst
Re: SCR 1604 - healthy eating and physical activity in public schools.

KANSAS ACTION FOR CHILDREN
Making a difference for Kansas children

Kansas Action for Children, Inc.
3360 SW Harrison | Topeka, KS 66611
P 785.232.0550 F 785.232.0699
kac@kac.org | www.kac.org

Celebrating 25 years of child advocacy

Kansas Action for Children supports enactment of SCR 1604.

SCR 1604 requests the Kansas State Department of Education to begin addressing the importance of healthy eating by conducting a study of the state's public schools. The requested parameters of the study will allow schools to look at a broad range of conditions and circumstances that contribute to healthy school environments for children.
These include:

- School food programs;
- The availability of classes on health;
- Physical activities intended to promote healthy bodies and physical fitness; and
- The availability of other food on the premises (including vending machines).

This study will also aid the State Department of Education in its efforts to implement the federal Child Nutrition Act. The Act became effective on June 30, 2004 and requires every school district that receives federal funds to establish a local wellness policy by June 30, 2006.

Although the language of the bill specifically focuses on child and adolescent obesity, it is clear that this study has a full range of implications for children's health including oral health. Proper nutrition has an immediate impact on children's ability to learn, as well as on children's oral health and obesity prevention. Research shows that changes in the school food environment can impact food choices and improve the quality of children's diets while at school. Growing awareness of the importance of the obesity epidemic and oral health presents a clear opportunity to require schools to study school environments and how they can improve the well-being of Kansas children.

Obesity Prevention
There are serious, long-term health consequences of childhood obesity. Childhood and adolescent obesity contributes to asthma, diabetes, high blood pressure, sleep apnea, low self-esteem, and adult obesity. The prevalence of obesity among adults in Kansas has increased by almost 70 percent since 1992. More than one in five adult Kansans are now obese and almost three in five are at least overweight. Reversing the epidemic of obesity in Kansas will require focusing on obesity prevention in children.

Oral Health
When teeth come in frequent contact with soft drinks and other sugar-containing substances, the risk of decay formation is increased. Oral health is a critical but often overlooked component of overall health and well-being among children and adults. Dental caries (tooth decay) is the most common preventable chronic childhood disease. Pain from untreated dental disease can lead to eating, sleeping, speaking, and learning problems in children and adolescents, which affect a child's social interactions, school achievement, general health, and quality of life. In fact, approximately 51 million school hours per year are lost because of dental-related illness.

Improving the health status of Kansans begins with improving the health of Kansas kids. Healthy eating patterns are essential for students to achieve their full academic potential, full physical and mental growth, and lifelong health and well-being. Healthy eating is demonstrably linked to reduced risk for mortality and development of many chronic diseases as adults. Schools have the opportunity to help students establish and maintain lifelong, healthy eating patterns. Well-planned and well-implemented school nutrition programs have been shown to positively influence students' eating habits.

Attachment 1
HHS 3-9-05

STATE OF KANSAS

JIM BARNETT
SENATOR, 17TH DISTRICT
CHASE, COFFEY, GREENWOOD
LYON, MARION, MORRIS, AND OSAGE
COUNTIES

TOPEKA

SENATE CHAMBER

COMMITTEE ASSIGNMENTS
CHAIR: PUBIC HEALTH AND WELFARE
MEMBER: FEDERAL AND STATE AFFAIRS
FINANCIAL INSTITUTIONS AND INSURANCE
GOVERNOR'S HEALTH CARE COST CONTAINMENT COMMISSION
HEALTH CARE STABILIZATION FUND

House Health and Human Services
Testimony Re: SCR 1604

March 9, 2005

Dear Chairman Morrison and other distinguished members of the House Health and Human Services Committee, thank you for the opportunity to speak in support of SCR 1604.

I am well aware of the interest and involvement of your Committee with the issue of childhood obesity. SCR 1604 requests that the Kansas Department of Education study physical activity in our schools. As you know, the topic of obesity deals with much more than the intake of food alone. The Kansas Sunflower Foundation has expressed interest and willingness to participate in the study of physical activities in our schools and search for ways to increase opportunities for greater exercise during the school day.

By passing SCR 1604, we can advance our state's efforts in dealing with the epidemic of childhood obesity.

Thank you for your consideration of this issue and for your hard work during the 2005 legislative session.

Senator Jim Barnett

Attachment 2
HHS 3-9-05

HOME
1400 LINCOLN
EMPORIA, KS 66801
620-342-5387
E-MAIL:
SENATORJB@SBCGLOBAL.NET

DISTRICT OFFICE
1301 W. 12TH AVE., STE. 202
EMPORIA, KS 66801
620-342-2521
HTTP://WWW.KSLEGISLATURE.ORG/JBARNETT

STATE OFFICE (SESSION ONLY)
STATE CAPITOL, RM. 401-S
TOPEKA, KS 66612-1504
785-296-7384
1-800-432-3924
E-MAIL: BARNETT@SENATE.STATE.KS.US

KANSAS DENTAL ASSOCIATION

Date: March 9, 2005

To: House Committee on Health & Human Services

From: Kevin J. Robertson, CAE
Executive Director

RE: Testimony supporting SCR 1604

Chairman Morrison and members of the committee I am Kevin Robertson, executive director of the Kansas Dental Association (KDA) representing 1,168, or some 80% of the state's licensed dentists.

The **KDA supports SCR 1604** as an effective resolution to promote the overall health of Kansas' school children. The KDA would, however, ask that SCR 1604 be amended to include oral health concerns as follows:

Page 1, after line 27:

WHEREAS, The causes of this epidemic are complex and multifaceted but primarily are due to increased caloric consumption and decreased physical activity. Unfortunately for many students their school meals rarely consist of a nutritionally balanced meal. While the federal government has established nutrition standards for school meals, many students' meals are obtained from vending machines which typically are high in fat, sugar and sodium but are low in essential nutrients such as vitamins and minerals; and

WHEREAS, foods and beverages high in sugar and acid levels also advance the development of tooth decay, and unregulated access to foods of minimal nutritional value promotes poor oral and overall health habits for a lifetime; and

Page 2, line 7:

SCR 1604—Am.

2

resentatives concurring therein: That the Kansas Department of Education is hereby requested, in cooperation with other state agencies, private foundations and other private entities to study our state's public schools with regard to their school food programs, the availability of other food items available on school premises, any available classes on health and physical activities intended to promote healthy bodies and physical fitness, and to report to the legislature their findings and appropriate recommendations for improving the diets and physical well being of our students, and the implementation of such recommendations should result in creating healthy eating behaviors and appropriate exercise habits in our children which hopefully will remain with them throughout their lives; and

,oral health

Attachment 3
HHS 3-9-05

Sugar drinks and candy promote the formation of dental cavities because it feeds bacteria in the mouth (streptococcus mutans) that produces cavity causing acid. This bacteria is fed by the consumption of sugar in drinks and candy. In fact, the average 12 ounce serving of a regular soft drink contains between **9-11 teaspoons of sugar**.

In addition to the high sugar content, soft drinks (including diet soft drinks) are highly acidic with a **pH of 2.5 to 3.5**. Recalling your high school chemistry – a pH of 7.00 is neutral (water), while acids are pH 1.00-7.00 and alkaline are pH 7.00-14.00). The acidity of soft drinks can lead to the erosion of the tooth enamel (the hard outer coating) which can make the acid produced by the bacteria more dangerous to the teeth. New and developing permanent teeth in children have a softer enamel and can be more susceptible to this acid attack. Both regular and diet soft drinks using non-nutritive sweeteners are acidic, and studies have shown the repeated reduction in pH levels is significant in terms of enamel demineralization.

On the other hand, studies show that dairy products like cheese and milk strengthen the tooth enamel and protect against tooth decay. In addition, milk has a neutral pH and contains calcium as well as electrolytes that create equilibrium within the mouth.

As devastating to a child's oral health as the consumption sugar drinks and candies is the constant "sipping" or snacking of these items throughout the day. Studies show that the cavity-causing bacteria in the mouth produces acid for 20 minutes each time it is fed. Constant drinking and snacking throughout the school day, therefore, puts a child at increased risk for cavities because bacteria are continuously producing acid.

Good oral hygiene, brushing, fluoridated water and other factors can all reduce the formation of cavities in children. Many parents allow their children unaltered access to these same drinks and candies at home; however, there is no justification for schools to promote unhealthy and hazardous habits among our children when they are not under parental supervision.

The consumption of soft drinks (nationally) by both boys and girls has increased over the past 30 years while the consumption of milk has decreased. At the same time, soft drink purchases by schools have increased by 1,100% over the past 20 years while school dairy purchases have decreased by 30%.

I encourage you to visit the Minnesota Department of Health website for more information at http://www.health.state.mn.us/divs/hpcd/chp/5aday/5adaydocs/softdrinks.pdf.

The KDA asks the committee to support SCR 1604 as a first step in moving toward reversing this trend.

Thank you for your time today, I am happy to answer any questions you may have at this time. I urge you to **vote YES on SCR 1604**.

Kansas Dairy Association

212 S.W. 8th Avenue Topeka, KS 66603
785/232-2131

STATEMENT OF THE KANSAS DAIRY ASSOCIATION
TO THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
REPRESENTATIVE JIM MORRISON, CHAIR
REGARDING SCR 1604
MARCH 9, 2005

Mr. Chairman and Members of the Committee, I am Chris Wilson, Executive Director of the Kansas Dairy Association (KDA). KDA's membership includes the 470 dairies in Kansas. We are in support of SCR 1604. This resolution is intended to address the concerns regarding student nutrition and well-being, through a study conducts by the Kansas Department of Education in cooperation with other state agencies, private foundations and other private entitites.

We hear a lot about obesity issues, the need for exercise and a good diet, and for the development of good lifelong eating habits. This is a good time for Kansas to bring together those who can work cooperatively to address these issues.

Kansas Dairy Association and Kansas Dairy Commission, along with Midwest Dairy Association, conducted a one-year study of dairy vending in schools with lower enrollments (200-375) during 2003 and 2004. We have results from that study which should be beneficial to the effort suggested in SCR 1604. In addition, we have an ongoing program, through which Kansas Dairy Commission is at this time providing funding of $500 and technical assistance to individual schools purchasing dairy vending machines. We have also worked with an area lender to develop a lease-purchase program for schools interested in obtaining machines. We would be glad to assist in the study in whatever manner appropriate.

Thank you for the opportunity to come before you in support of SCR 1604. We hope that you recommend it favorable for passage and would be glad to respond to questions.

Attachment 4
HHS 3-9-05

HEIN LAW FIRM, CHARTERED

5845 SW 29th Street, Topeka, KS 66614-2462
Phone: (785) 273-1441
Fax: (785) 273-9243

Ronald R. Hein
Attorney-at-Law
Email: rhein@heinlaw.com

House Health and Human Services Committee
Testimony Re: SCR 1604
Presented by Ronald R. Hein
on behalf of
Kansas Beverage Association
March 9, 2005

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I am legislative counsel for the Kansas Beverage Association (KBA), the state trade association for beverage bottling companies operating in Kansas. Previously the Kansas Soft Drink Association, the KBA changed their name to more truly reflect the membership and the products made, which include carbonated diet and regular soft drinks, bottled waters, isotonic drinks, juice, juice drinks, sports drinks, dairy-based beverages, teas, and other beverages.

The KBA supports SCR 1604. The Kansas Board of Education has already testified before this committee regarding the wellness program that they are implementing as a result of requirements set out in the recent re-implementation of the federal school nutrition lunch program legislation. This resolution will fit in well with the steps they have already taken to deal with the very complex issue of obesity in our society in general, and childhood obesity in particular.

An analysis of federal health data by a nutrition researcher at the University of North Carolina indicates that caloric consumption increased only 1% between 1980 and 2000. However, during that same 20 years, she found that physical activity decreased 13% while obesity increased 10%. The experts in nutrition recommend that the solution to obesity lies with a comprehensive approach that focuses on activity and exercise, moderation in food choices and food consumption, and an over all healthy, nutritious diet. Some have suggested quick answers to this complex problem that involve restrictions on food choices, banning of certain foods, and other approaches, all of which numerous nutrition experts generally agree are not the answer. These experts recommend instead a comprehensive solution that involves a moderate diet and proper exercise. They agree that there are no bad foods, that there is room for all foods in a healthy diet, that moderation is key, and that banning or restricting of any foods can be counter-productive. Studies indicate that restricting foods only increases the desire for those foods.

The KBA supports this effort to study the obesity issue and to have the Department of Education report their findings back to the legislature. Thank you very much for permitting me to submit this written testimony

Attachment 5
HHS 3-9-05

Testimony in support of Senate Bill No. 183
Kent B. Murray, M.D.
Wichita, Kansas

My name is Kent Murray. I have been a resident of Wichita Kansas for the past thirty-one years. I am physician and the Chief of Staff of the Robert J. Dole VA Medical Center in Wichita. I am, in addition, an associate professor of internal medicine and Associate Dean for Veterans Affairs at the Kansas University School of Medicine – Wichita. I am testifying today as a private citizen of the state of Kansas and not as a representative of the Department of Veterans Affairs or the Kansas University School of Medicine.

My practice is currently limited to the Wichita VA, although I have also practiced in the private sector in Wichita in the past.

I am here today to request your support of Senate Bill No. 183. This bill will correct an inequity in the current medical licensing statutes.

The licensing category "federal active" was enacted to allow for full licensure of physicians in the federal sector without the requirement for coverage by malpractice insurance needed for the "active" designation. Federal physicians are covered under the Federal Tort Claims Act for any malpractice actions that might arise and do not, therefore, require malpractice coverage in their usual work situation.

However, the law as written is unduly restrictive for those physicians in the "federal active category". A physician in this category is unable to do a variety of non-compensated activities outside the walls of a federal institution. Excluded are such activities as peer review, certain administrative functions and provision of medical care or supervision without compensation. This in spite of the fact that the "federal active" category of licensure requires everything that the "active" designation requires including full license fees and continuing education hours.

The "exempt" licensing category (held primarily by retired non-practicing physicians) carries a lower licensing fee and no continuing education requirements. Curiously, it then allows for broad medical activities including non-compensated practice.

To use myself as an illustration of the unduly restrictive nature of the "federal active" category as it currently exists, I present the following information. I am a physician who has held a Kansas license and practiced in Kansas for thirty years. I am board certified in internal medicine and geriatrics. I am an Associate Professor of Internal Medicine and an Associate Dean at our local medical school. I am Chief of Staff of a VA Medical Center

Attachment 6
HHS 3-9-05

and am administratively responsible for all medical care which occurs at that medical center. In spite of these facts, under the current law, I cannot legally do clinical teaching involving a patient outside the walls of the VA, do peer review on cases outside the VA, or call in a prescription for my wife to a local pharmacy. I cannot believe this level of restriction was the intent of the legislature when the "federal active" category was instituted.

.

I fully understand the reason for the "federal active" category and completely agree that anyone who practices for compensation in Kansas should be required to be carry the "active" designation and be adequately covered for any malpractice claims that might arise.

I am, however, requesting that you act favorably on Senate Bill No.183 which provides for non-compensated medical activities for physicians with "federal active" licensure. I believe increasing these physicians scope of practice will be beneficial to the citizens of the state and correct a situation which must certainly reflect an inadvertent defect in the original legislation.

KANSAS BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

KATHLEEN SEBELIUS, GOVERNOR

MEMO

TO: House Committee on Health and Human Services

FROM: Lawrence T. Buening, Jr.
Executive Director

DATE: March 8, 2005

RE: **S.B. No. 183**

Thank you for the opportunity to appear before you and provide information on behalf of the State Board of Healing Arts pertaining to S.B. No. 183. The Board met on February 12, considered the provisions of S.B. No. 183, and indicated its support for passage of this bill.

S..B. No. 183 expands, in a limited manner, the activities that may be performed by a licensee of the healing arts holding a federally active license. There are three branches of the healing arts—medicine and surgery, osteopathic medicine and surgery, and chiropractic. Currently, there are 221 medical doctors, 19 osteopathic doctors, and 5 chiropractic doctors that hold a federally active license. The present law restricts the practice of a licensee holding a federally active license to their federal employment or military duties and to services as a charitable health care provider. If enacted, S.B. No. 183 would allow the performance of administrative functions. It would also allow services constituting the practice of the healing arts that are provided gratuitously. The additional duties that would be allowed are already permitted to be performed by those holding exempt licenses under K.A.R. 100-10a-4. Exempt license holders are not required to provide proof of continuing education as a condition of renewal of their licenses on an annual basis. On the other hand, persons with a federally active license must meet all license and renewal requirements of a person holding a fully active license, except for the maintenance of professional liability insurance in compliance with the Health Care Provider Insurance Availability Act. While performing services for the U.S. government, federally active licensees are covered for professional liability under the Federal Tort Claims Act. The amendment made by the Senate Committee was purely technical and had no effect on the substance of the bill.

Thank you for allowing me to provide this testimony in support of S.B. No. 183. I would be happy to respond to any questions.

235 S. Topeka Boulevard, Topeka, Kansas 66603-3068
Voice 785-296-7413 Fax 785-296-0852 www.ksbha.org

Attachment 7
HHS 3-9-05

Testimony in support of Senate Bill No. 183
James E. Sanders, MD
Fairway, Kansas

My name is Jim Sanders, and I am a Kansas physician. I live in Fairway, and practice medicine at the VA Eastern Kansas Health Care System, which includes medical centers in Leavenworth and Topeka. I am here today in my personal capacity, and not in any official capacity as an employee of the Department of Veterans Affairs.

I want to encourage your support of Senate Bill No. 183, which provides for a limited practice exception for physicians licensed in the State of Kansas in the "federal active' category of licensure. If you are not familiar with the "federal active" license category, it may be tempting to think of this group of licensees as out of state physicians who are temporarily in the state of Kansas while on active duty or other federal assignment. I would like to clarify that perception by briefly explaining my own background.

I am a lifetime Kansan. I spent my early years on a farm in Comanche County, where my grandparents had settled. My family then moved to Wichita, where I graduated from Wichita South High. I attended the University of Kansas as an undergraduate and later graduated from the KU School of Law. I practiced law in Topeka for about five years before returning to the University of Kansas to study medicine. I took my residency in Family Practice at KU, and remained there on the faculty until I left to join the VA. While working for the VA I have had teaching appointments at Wichita State University for the education of physician assistants, at the KU School of Nursing for teaching nurse practitioners, and at the KU School of Medicine for teaching medical students and residents. All of these trainees receive part of their clinical training at the VA. While I am employed by the federal government as a physician, and licensed in the "federal active" category, my roots in Kansas are deep and longstanding.

Attachment 8
HHS 3-9-06

Kansas law allows physicians licensed in the "exempt" category (primarily retired physicians) the opportunity for limited practice of medicine in settings where they are not compensated and do not hold themselves out to the public as engaging in the practice of medicine. The language proposed in Senate Bill 183 would extend this limited practice exception to those licensed in the "federal active" category. The language proposed is exactly that of the existing laws and regulations that govern "exempt" physicians, but extends this limited practice exception to those active physicians whose primary practice is in a federal setting.

Physicians in the "federal active" category pay full license fees to the Board of Healing Arts, maintain the required 150 hours of continuing medical education every three years required for licensure, and have the same requirements for reporting tort claims or adverse privileging actions as do physicians licensed in the "active" category. The limited exception authorized by Senate Bill 183 is to allow for the performance of defined administrative functions and providing medical care or supervision without compensation, including practice as a charitable health care provider.

If a federal physician chooses to work outside of their federal assignment on a compensated basis, I agree that they should obtain an active license and meet the appropriate requirements for maintenance of licensure. The exception proposed would apply only to the limited circumstances described. I believe this amendment of KSA 65-2809 is consistent with previous legislative intent in granting this exception to "exempt" physicians, and I request your support for this bill.

James E. Sanders, MD
Fairway