Approved: April 29, 2005
Date

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman James Barnett at 1:30 P.M. on March 15, 2005 in Room 231-N of the Capitol.

All members were present.

Committee staff present:
Emalene Correll, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Norm Furse, Office of Revisor of Statutes
Whitney Nordstrom, Committee Secretary

Conferees appearing before the committee:
Sherry DuPerier, Kansas Board of Hearing Aid Examiners
Kenneth Smith, Hearing Associates, Inc.
Haris Zafar, Audiology and Hearing Aid Services Inc.
Barry Williams
Ron Hein, Kansas Hearing Aid Association
Jeffery Moore, Wichita Ear Clinic
Raymund Hull, Wichita State University
Ron Burch, Midwest Ear, Nose, and Throat
Irene Wagner, Audiology and Hearing Aid Services Inc.
DJ Hurst, Lawrence Otolaryngology Associates
Minnie Baldridge, Midwest Ear, Nose and Throat
Susan Gibson, Lawrence Otolaryngology Associates
Ed Clausen, Midwest Hearing Aids
Dr. Barber, Kansas Hearing Aid Association

Others attending:
See attached list.

Continued Hearing on HB 2285

HB 2285– Concerning the board of examiners for hearing instruments; licensure, penalties, discipline, powers and duties

Upon calling the meeting to order, the Chair announced that today would be a continuance of yesterday's hearing on **HB 2285**, an act concerning health care; relating to the board of examiners for hearing instruments; membership, powers and duties; relating to licensure, disciplinary actions, fees and penalties; amending K.S.A. 74-5801, 74-5802, 74-5804, 74-5805, 74-5806, 74-5807, 74-5808, 74-5809, 74-5810a, 74-5811, 74-5812, 74-5813, 74-5814, 74-5815, 74-5816, 74-5818, 74-5819, 74-5820, 74-5821 and 74-5823 and repealing the existing sections. Chairperson Barnett called upon the next opponent to testify, Sherry DuPerier, Kansas Board of Hearing Aid Examiners. Ms. DuPerier stated in her testimony that no hearing was held in the house and there was no committee discussion of the amendment before the committee reported the bill favorable without the KSHA examination waiver amendment. This amendment is ill thought out and ill conceived. Let the parties meet and work out a reasonable solution outside the legislative arena. A copy of her testimony is (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Ms. DuPerier, the Chair called upon the next opponent conferee to testify, Dr. Kenneth Smith, Hearing Associates Inc.. A copy of Dr. Smith's testimony is (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Dr. Smith, the Chair called upon the next opponent conferee to testify, Haris Zafar, Audiology and Hearing Aid Services Inc.. A copy of Dr. Zafar's testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Dr. Zafar, Chairperson Barnett called upon the next opponent

conferee to testify, Dr. Bary Williams. A copy of Dr. Williams's testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Dr. Williams, the Chair called upon the next opponent conferee to testify, Ron Hein, Kansas Hearing Aid Association. A copy of Mr. Hein's testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

As there were no questions and/or comments for Mr. Hein, Chairperson Barnett called the Committee's attention to the written testimony submitted by the following individuals: Jeffery Moore, Raymund Hull, Ron Burch, Irene Wagner, DJ Hurst, Minnie Baldridge, Susan Gibson, Ed Clausen, and Dr. Barber. A copy of their testimonies are (Attachment 6, Attachment 7, Attachment 8, Attachment 9, Attachment 10, Attachment 11, Attachment 12, Attachment 13, and Attachment 14) attached hereto and incorporated into the Minutes as referenced.

As there were no further questions, comments and/or conferees the Chair closed the hearing on **HB 2285**.

Final action on HB 2077

HB 2077– Establishing a cancer drug repository program

The next order of business was for the Committee to take final action of **HB 2077**, an act concerning the state board of pharmacy, establishing a cancer drug repository program. Chairperson Barnett asked Norm Furse to give a brief overview of the bill and its amendments. A copy of his handouts are (Attachment 15 and Attachment 16) attached hereto and incorporated into the Minutes as referenced.

The Chair asked the Committee for questions and/or comments for Mr. Furse. Senator V. Schmidt asked about page 2 is this definition of "unit dose", do we know the origin of this definition. Emalene Correll asked if the Kansas Board of Pharmacy has a maximum for "unit dose". Senator Palmer asks where criminal liability is addressed in the bill. Senator Journey addresses the necessity of the balloon amendment on page 3.

Senator Journey motioned to accept balloon amendment on page 3. Senator V. Schmidt seconded the motion. Motion Passed.

Senator V. Schmidt motioned to accept amendment on page 2 and strike out line 8-9. Senator Jordan seconded the motion. Motion Passed.

Senator Barnett motioned to eliminate line 32 and down on Page 2 and change line 33 "appropriate", and on line 34 remove dental hygienist. Senator Brungardt seconded the motion. Motion Passed.

Senator V. Schmidt motioned to strike lines 24-26 on page 2. Senator Palmer seconded the motion. Motion Passed.

Senator V. Schmidt motioned to pass legislation favorably as amended. Senator Journey seconded the motion. Motion Passed.

Final action on HB 2336

HB 2336– Requirements for licensure for optometrists and use of certain drugs

The next order of business was for the Committee to take final action on **HB 2336**, an act concerning the regulation of optometrists; amending K.S.A. 65- 1501a and 74-1505 and K.S.A. 2004 Supp. 65-1505 and 65-1509 and repealing the existing sections. Chairperson Barnett asked Norm Furse to give a brief overview of the bill and its amendments. A copy of his handout is (Attachment 17) attached hereto and incorporated into the Minutes as referenced.

Senator Brungardt moved that after consideration of the proposed changes contained in HB 2336 which would require after certain dates all optometrists to become therapeutic licensees and glaucoma licensees, the Senate Committee on Public Health and Welfare finds that this change bears a reasonable relationship to the health, safety and welfare of the citizens of this state and that proposed Alternative II on the balloon amendments to HB 2336 be adopted. Senator V. Schmidt seconded the motion. Motion Passed.

Senator Brungardt motioned to pass the legislation favorably as amended. Senator Schmidt seconded the motion. Motion Passed.

Adjournment

As there was no further business, the meeting was adjourned at 2:25 p.m.

The next meeting is scheduled for Wednesday, March 16, 2005.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

GUEST LIST

DATE: March 15, 2005

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Testimony Regarding HB 2285
Committee On Public Health and Welfare
March 14, 2005
Sherry DuPerier, M.S., CCC-A

Mr. Chairman and Committee Members, I appreciate the opportunity to address you today on a matter of significant importance to the consumers of Kansas.

My name is Sherry DuPerier and I serve as the Executive Officer of the Kansas Board of Hearing Aid Examiners. I received my master's in audiology in 1977 and have been dispensing hearing aids since 1982.

Today I speak as an opponent to HB 2285 as amended by the House Committee of the Whole. Originally HB 2285 was introduced at the request of our board as a technical / clean up bill which updated language and clarified many statutes and strengthened the board's ability to protect consumers by updating the disciplinary statutes.

We attempted in November of 2004 to meet with interested parties of the Kansas Speech, Language and Hearing Association (KSHA) to review the proposed statutory changes. This meeting did not occur until January 7, 2005. To be concise, the meeting ended with our board making concessions on all requests from KSHA with the exception of the endorsement language providing a waiver of the examination. We left with the understanding that we would meet during the upcoming months to work through the exemption issue in an effort to come to an agreed upon proposal for presentation in the 2006 legislative session. Two weeks after our meeting we were informed that KSHA was planning to proceed with their endorsement proposal. We responded and noted our serious concern and again stated our desire to work together for presentation in the 2006 session. An email of response from the President Elect Heidi Daley again led us to believe that the proposal would be postponed.

At that time we considered the issue would not be introduced until the 2006 session. Less than 24 hours before the testimony to the House Committee Hearing the Kansas Hearing Aid Association was presented with notification of the balloon amendment which has now been attached to HB 2285. Not only was the approach a surprise since we thought we had an agreement to wait until summer to discuss the proposal,

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the amendment was also far more threatening to the public than was the proposal presented in our January 7th meeting. The original proposal set restrictions and qualifications as to who could and could not be exempted from the hearing aid licensure examination. The amendment has no restrictions, no qualifications. If the amendment is passed any audiologist, regardless of training, regardless of experience, would be immediately exempted from examination and granted a license to dispense and fit hearing aids. Persons having just failed the exam would also be immediately qualified to be licensed.

In addition to the examination exemption amendment, an amendment regarding the internet sale of hearing aids has also been attached to HB2285. The amendment does not take into consideration possible medical issues that a previous wearer of hearing aids could have developed and is therefore not in the best interest of the consumer.

Let me digress and discuss the persons that we are talking about today. An audiologist has the minimum of a Master's degree in the study of hearing which covers a vast number of areas. By statute, a person applying for licensure as a hearing aid dispenser must be 21 years of age and have the equivalent of a high school education. Let me clarify at this time that in no way does that mean a 21 year old with a high school education will walk in a pass the hearing aid examination.... it means they are eligible to apply for a temporary license and work under the supervision of a licensed dispenser to prepare to take the examination. The audiologist generally studies for 2 years during which the majority of the training is not related to hearing aid fitting and dispensing. The dispenser studies for 6 to 8 months during which 100% of their time is related to hearing aid fitting and dispensing.

That the audiologists' areas of study have expanded so greatly in the past decade is a significant part of the problem. Audiology programs have evolved from having no courses regarding hearing aids to having one or two courses added to the standard program. Now we find another level, still just one or two courses on hearing aids but many new courses relating to the ever-expanding scope of practice of the graduating audiologist. It is easy to see why a recent graduate (or the person soon to graduate) is unprepared to pass an entry-level examination which is based on practical knowledge. Often times there has been no practical experience. Oftentimes the student is concerned with graduating from the program and makes the assumption that a hearing aid dispensing exam will be similar to the book knowledge from school. But what occurs is a true practical exam which requires the applicant to analyze a real audiogram in real time and discuss the overall results---are the results complete, is further testing necessary, should the patient be fit with a hearing aid or possibly with two hearing aids or should a medical referral be made.

Consider the dispenser spending 6 to 8 months in training studying the relevant aspects of hearing testing and hearing aid fitting and dispensing and then sitting for the exam. And on the opposite side consider the audiologist in training who studies multiple areas – only 1, possibly 2, courses in hearing aids, often times only book knowledge in hearing aids with limited observation and possibly no practical experience in fitting hearing aids. Their most important concern is to graduate in May --- there is little worry about passing a basic hearing aid dispenser's exam in March – however the exam is no simple undertaking.

Let me address two critical points-------the application of masking in the performance of a hearing test and the summary of test results from the last 3 years.

Masking is generally considered to be the most difficult concept to be taught in the audiology curriculum or when training persons to fit and dispense hearing aids. Many audiology students and recent graduates

readily admit to their lack of confidence and knowledge in the area of masking. So is the case with dispensing trainees. It is a difficult concept to learn and to understand. It is difficult to assess the need for masking and be able to apply masking appropriately in the practical portion of the exam. It is the area of greatest failure for both groups. The amendment for exemption assumes that audiologists are knowledgeable in all necessary areas for fitting and dispensing. Many are not! If they were one third of the audiology applicants would not have failed the exam in the last 3 years.
That brings me to the summary of the last 3 years of test results for audiologists. From 2002 through 2004 a total of 28 audiologists were examined by the KBHAE. Of that 28, 8 failed the exam. Of the 8, one failed twice, and 2 others did not return to be reexamined. Of the 28, 3 failed more than one section of the exam. In addition to audiologists, 4 audiology technicians (persons trained by and working under an audiologists supervision) have taken the exam – 2 have failed the exam, both have failed twice, two passed with borderline scores (75 and 77) of a required 75.

If HB 2285 as amended passes, the applicant (an audiologist) who has failed the hearing aid dispensing exam twice would automatically be grandfathered and "decreed" and "qualified" to dispense. If you were to pass the bill, the audiologist that graduated some years ago with no training in hearing aid dispensing who has not wanted to dispense these past years would be eligible and legal to dispense today with absolutely no training or experience.

Training programs are not standardized nor equal – that is obvious in the results just reviewed. Blanket exemption is wrong. Blanket exemption is unsafe.

This problem is solvable – we were led to assume our technical clean up bill was accepted – but we were blindsided with this amendment. No hearing was held in the house and there was no committee discussion of the amendment before the committee reported the bill favorable without the KSHA examination waiver amendment. The issues have not been heard. This amendment is ill thought out and ill conceived. Do not make the consumers of Kansas the guinea pigs in this issue. Let the parties meet and work out a reasonable solution outside the legislative arena. Then let us return in 2006 with an agreed to bill. Today I ask you to strip HB 2285 of both amendments. The board feels that this amendment is so wrong that we will choose to lose our entire bill – the time, the effort and its many benefits – rather than let this House floor amendment pose a threat to the public health and welfare of the consumers of Kansas.

Main Identity

From: "Heidi Daley" <heidi.daley@greenbush.org>
To: "Sherry DuPerier (HHA)" <sduperier@hearinghealthcareassoc.com>
Sent: Thursday, January 27, 2005 1:05 PM
Subject: Re: KSHA Proposal

Sherry

Thank you for your response. I just it read this morning-have been on the road the last two days, and was unable to download email from home for some reason. I will discuss with the KSHA board members, and proceed from there. I appreciate your willingness to continue discussion on our concerns, and look forward to meeting with the board in the near future.

Heidi

> The board has been reviewing and discussing your proposal that was emailed Sunday regarding the endorsement of audiologists to fit and dispense hearing aids. We understand your concerns and do not have a problem trying to work with KSHA to find a mutually agreeable solution. Several issues concern us. One concern is the blanket endorsement of any and all persons who are now licensed as audiologists but who have not ever, or have not for some time, dispensed hearing aids. This was a concern in previous discussions during the merger proposal. Some type of limitation would be necessary. Another concern relates to the use of the term endorsement, which, to the best of our knowledge, is not recognized by the credentialing act. I won't raise all of the questions we have about that, but we believe that will be a problem.
>
> In regard to the timing, our bill was submitted to the House Health and Human Services Committee by email Friday for introduction. All of the points discussed in our meeting were incorporated into the final draft with the exception of the subject now under discussion. It was discussed at the meeting that we did not feel the required changes could be dealt with at such a late date.
>
> We are amenable to continuing the discussion, however we feel that to make the substantive changes necessary for your proposal at this time would be extremely difficult. A number of statutes would need to be amended to reflect the changes. In addition, the endorsement issue will require additional work and will create other issues to be dealt with for a bill that was designed to be clean-up/technical only.
>
> We suggest working on the amendments with KSHA over the summer for presentation during the 2006 legislative session, especially if we can get agreement from everyone, as was done in the mid-90's when agreement was reached on some of these issues. Hopefully, after all of the concerns are addressed, we can end up with an agreed upon bill. We understand your concern regarding the proposed changes and we hope that you understand that we will honor our agreement to move forward on this matter over the summer, but we feel taking on this substantive of an issue at this 11th hour and amending it on to a technical clean-up bill is not appropriate.

(2)

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Testimony HB 2285
Senate Public Health and Welfare
By Dr. Kenneth Smith, Ph.D.

I appreciate having the opportunity to present my positions on two amendments which have been placed on House Bill 2285 by the House Committee of the Whole. The issues are relatively simple and what you decide will impact the hearing impaired consumer.

I'm an audiologist in private practice, and have been so for more than 30 years. During that time, I've been a member of both organizations concerned with this bill (Kansas Speech, Language and Hearing Association (KSHA) and the Kansas Hearing Aid Association (KHAA)) and have maintained dual licenses during that time, both as an Audiologist (regulated by KDHE) and a Hearing Aid Fitter and Dispenser (regulated by the Board of Hearing Aid Examiners). I teach in one of the clinical doctorate programs as the audiology profession continues to evolve toward a doctoral profession and I am a past president of the Academy of Dispensing Audiologists.

At this point in the development of the audiology profession, one cannot assume that graduating students have the competencies needed to protect the public, especially in the area of hearing aids and rehabilitation. Except for some of the new Au.D. program graduates, we have had a difficult time finding potential employees who are performing 'at speed' when they graduate.

In my judgment, there continues to be a need for a consumer board that monitors minimum competency requirements for the dispensing and fitting of hearing aids and the State Board of Hearing Aid Examiners fills that role. Whether under the regulation of that board or another board, a competency exam should be a minimum requirement. Just studying does not guarantee competency, as most professionals will readily acknowledge. Based on the fact that many audiologists have functioned on that board, as well as a review of data on the number of audiologists who have failed the test, it is clear that the need for this monitoring and testing should continue.

On the separate amendment relating to the purchase of hearing aids over the internet, this amendment, without monitoring and regulation assumes that a hearing aid can be dispensed without professional services. It also assumes that the consumer has not

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developed a medical condition (tumor, infection, or change in hearing levels) which could lead to further, permanent loss of hearing.

The board and the organizations concerned with this bill and the current amendments had agreed to work out a compromise that protects the public, before wasting legislative time and efforts. Instead, these amendments were attached during a brief debate in the House of Representatives after the House Health and Human Services Committee had decided NOT to approve the amendment.

Considering consumer protection needs in this important area of the treatment of hearing loss, it is my recommendation that the amendments be detached from this bill with a mandate to concerned organizations to reach a compromise prior to legislative session.

Once agreement is reached, these types of drastic and significant policy changes should be reconsidered.

Respectfully submitted,

Kenneth E. Smith, Ph.D.

(3)

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March 10, 2005

BILL: HB2285
COMMITTEE: Public Health Welfare
DATE: March 14, 2005
NAME: Haris Zafar, Ph.D., C.C.C.-A
Fellow of the American Academy of Audiology

I would like to thank you for the opportunity to address the issue of the amendments to HB2285 by the House Committee of the Whole.

I have a Ph.D. in Audiology. I served as a full time teaching faculty member at the Wichita State University from 1986 to 1993. I taught the two amplification courses and some other courses in the Master Program in Audiology as an adjunct faculty member since leaving WSU. I have a private practice audiology clinic in Wichita since 1994. I am a member of the Kansas Hearing Aid Association and the Kansas Speech and Hearing Association. I whole-heartedly agree with the facts given in the testimony provided by other individuals opposing the Amendment to House Bill 2285. Specifically a failure of 8 out of 28 audiologists who have taken the Hearing Aid Licensing examination in the last 3 years should raise a red flag regarding their preparation and competency in the area of hearing aids.

I would like to address some other areas based upon my experience with the preparation of students of the graduate program in Audiology at WSU. These comments may not apply to other programs.

1. Generally, the two required amplification courses are taught in the first two semesters of the two year program of studies.

2. The PRAXIS, or national examination accepted by WSU in lieu of a Comprehensive Examination after a student completes required course work, does not test practical competency and has very few questions on hearing aids. An audiologist passing this examination does not mean that they have the practical competency to actually dispense hearing aids.

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3. Students are required to complete a certain number of supervised clinical clock hours during their graduate program. This does not mean they get any hands-on experience in dispensing hearing aids. Case in point: I hired an audiologist in January 2005 who graduated from WSU in December 2004. She had observed only 3 hearing aid counseling sessions at the WSU audiology clinic during her whole program of studies. She had never made an earmold impression on an actual patient, never had to program or modify an actual patient's hearing aid or even fit a patient.

4. Graduate audiologists are required to complete at least 9 months of supervised experience before being granted a permanent license. This experience in no way guarantees their competency or skill level to dispense hearing aids. Case in point: Audiologists doing their training at Wesley Hospital in Wichita do not get any hearing aid experience because Wesley is a non- hearing aid dispensing hospital. An individual may be able to obtain a permanent audiology license with only six credit hours of course work in amplification and no hands-on practical hearing aid dispensing experience.

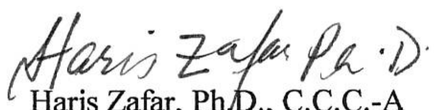
5. Consumer safety should always be foremost. While cerumen management (ear wax removal) has been in the scope of practice for audiologists for a long time, third-party payers like Medicare and Medicaid refuse to reimburse for wax removal unless performed under the direct supervision of a physician because of consumer safety concerns.

6. During the past few years, there has been a tremendous shortage of qualified faculty to teach in the audiology program at WSU resulting in the program voluntarily suspending new admissions for a period of time. I was shocked when I found out that my newly hired audiologist took 7 out of 12 required courses from one instructor. When resources are so stretched, academic programs become less rigorous. Doing away with a comprehensive exit examination is another reflection of resources being stretched too thin. I interviewed two recent graduates of the program and their knowledge of hearing aids was non-existent.

7. Some other issues which will need to be addressed are those of an individual with a temporary audiology license. Should they be allowed to dispense hearing aids? Also, the issue of reciprocity with other states. We will not know what is the hearing aid dispensing experience of someone from out of state.

Consumer safety is paramount. It is my understanding that both KSHA and KHAA had agreed in principle to meet and review all the issues this coming summer. I think this should take place so that the safety of consumers is not compromised.

Respectfully submitted,



Haris Zafar, Ph.D., C.C.C.-A
Fellow of the American Academy of Audiology

Re: House Bill 2285

Dear Distinguished Senators,

Thank you for this opportunity to speak to you today. This bill originally was simply submitted because the attorney general's office asked our licensing board to clean up some language that was long overdue. Without even allowing us to speak in the House hearing, they attached two amendments that the Kansas Hearing Aid Association and I oppose.

To be frank, this is an "end-around" ploy by a group that should have honored their previous commitment to work this out with us behind closed doors, back when they met with our group a few weeks earlier. Instead, they snuck this in at the last moment in a game of political "one-upsmanship." That in and of itself should tell you all you need to know about this situation.

Our most recent board data shows that almost 30% of the last 28 audiologists to take the test have not passed it. I have supervised several CFY audiologists in the past, and am doing so currently. If they are indeed competent to dispense hearing aids and take ear impressions, then they should have no problem taking and passing the board exam. Only a percentage are ready to pass the test upon graduation, as the data shows. Even ASHA doesn't certify their audiologist certification without a clinical fellowship year, but they are suggesting here we turn them loose in the hearing aid field before they finish this training period. I think not.

The problem is, many have only had one or two classes on hearing aids in their master's program, and many master's programs focus on areas dealing with diagnostic and not rehabilitative focuses. Additionally, the amendment would allow someone such as a 20+ year school audiologist that has never dispensed to have carte blanche in their part time without having to prove competency. This is just plain wrong.

We recognize that as the AuD movement progresses and that more emphasis is put on the dispensing aspects of audiology, that taking this exam may not be as important to public safety as it is right now. That's why we offered to work with KSHA to find wording that addresses areas of lacking. Instead, they've hijacked this clean-up licensing bill. Additionally, an amendment allowing mail order hearing aid deliveries was introduced in the House without discussion. Simply put, neither of these amendments are in the public's best interests.

I therefore ask you to support the passage of the original bill, but not the two amendments. On those issues, we ask you to have these groups testifying today to take the details to be worked out back to the negotiating table where they belong, so that proper language can be developed. This is neither the time nor the place for debating these issues. These issues need to be settled internally and with integrity, not with political gamesmanship.

I thank you for your time and consideration.

Bary Williams, AuD
Doctor of Audiology

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Ronald R. Hein
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(5)

Testimony re: HB 2285
Senate Public Health and Welfare Committee
Presented by Ronald R. Hein
on behalf of
Kansas Hearing Aid Association
March 14, 2005

Mr. Chairman, Members of the Committee:

My name is Ron Hein, and I represent the Kansas Hearing Aid Association (KHAA). KHAA is the professional association for licensed hearing aid fitters and dispensers in the state. The KHAA is comprised of both those who are only licensed as fitters and dispensers, and those who are licensed audiologists as well as being licensed as fitters and dispensers.

The KHAA opposes HB 2285 because of the House Committee of the Whole amendment which waives the licensure examination for audiologists. KHAA supported the original HB 2285, which makes much needed technical and minor substantive changes in the hearing aid fitters and dispensers licensure act. This act has not been updated in numerous years, and the changes set out in the bill, though primarily technical, are badly needed. Those changes are necessary for clarity, and, more importantly, for legal consistency and enforceability when the Attorney General must take action against a licensee.

However, the KHAA as chosen to oppose the bill with the House floor amendment because of the threat to the public health and welfare that this amendment represents to the consumers who need hearing assistance.

Let me give a brief history of this amendment. Late last summer, I inquired of the lobbyist for KSHA if KSHA was going to seek changes in the law this year to deal with their desire to lessen their requirements for dual licensure. Audiologists desire to practice two professions, audiology as well as fitting and dispensing hearing aids, yet desire to only have to obtain one license. Although there are similarities between the subjects studied in the two professions, traditionally the training of audiologists has not in and of itself made an audiologist competent to practice hearing aid fitting and dispensing.

On January 7, KSHA and KHAA were invited to meet with the Kansas Board if Hearing Aid Examiners (KBHAE) to review the proposed changes to the hearing aid dispensers licensure statute. KSHA proposed amending the bill to allow for an endorsement procedure. That amendment was deemed by the board to be too substantive and complicated and the board asked not to have that included. My interpretation of the dialogue was that the representatives of KSHA were satisfied to keep the bill non-substantive when we could not all agree to their proposal and when there was an offer to correct the problem this summer.

The KHAA and KSHA audiologists have negotiated in the past, and have reached agreement. KHAA is confident that the KBHAE and KSHA can come to agreement on the concerns of KSHA and that KHAA can be in agreement as well if we are given time

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to make the necessary changes to meets KSHA's desires and yet to protect the public to satisfy the KBHAE.

I was given a copy of a balloon amendment a few days before the hearing on HB 2285 in House Health and Human Services. The amendment waived the examination requirement for ALL audiologists and was different from what was discussed at the January 7 meeting.

Since the only issue when the proponents spoke was the bill itself, I asked the House committee to pass HB 2285 favorably, and since I didn't know if the amendment would be offered or not, I expressed opposition to ANY proposed substantive amendments and asked them to schedule another hearing IF they were going to address the amendment.

The committee took no action on the amendment, and instead passed the bill out unamended. There was some confusion as to whether the motion was to report the bill out or to bring up the bill for discussion. So Chairman Morrison asked if anyone wanted to reconsider their action to report the bill to the floor unamended. No one asked to reconsider the issue and to address the KSHA amendment.

Subsequently, the House added the amendment on the floor on a voice vote, despite the decision of the committee and without a full hearing on the issue.

The KHAA is willing to meet with the KBHAE and KSHA over the summer to address the issue, but the KSHA proposed amendment should be removed from the bill at this time for the reasons you have already heard today. A blanket exemption for audiologists, despite their lack of training and practical experience, and despite the fact that obviously some audiologists have failed the exam is not in the public's best interest. The solution will obviously involve some method for the Board to determine those qualified by training and testing in the audiologists licensure process (regulated by KDHE). The solution will also probably require some statutory changes to permit KBHAE and KDHE to communicate together, to work together, possibly to adopt regulations in a cooperative fashion, and to insure that the public is protected. To try to accomplish all of that and to find compromise if possible at this 11th hour is not the right way to deal with this issue in our opinion.

The KHAA opposes this legislation as long as the House Committee of the Whole amendment regarding waiver of the examination for all audiologists remains on the bill. If it is removed, we would support the original legislation again.

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

(6)

Oto. Neurotology
THOMAS C. KRYZER, M.D.
Clinical Assistant Professor
University of Kansas School of Medicine-Wichita

JOHN M. LASAK, M.D.
Clinical Assistant Professor
University of Kansas School of Medicine-Wichita

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WICHITA EAR CLINIC, P.A.

Audiology
JEFFREY D. MOORE, Ph.D.
EILEEN K. SKILLEN, M.A.
KIMBERLY M. BELL, M.A.
D. LEIGH UNKEL, M.A.

March 14, 2005

Re: Senate Hearing 2285

Dear Senator Barnett and Senate Committee Members:

I am writing in opposition to the two House Committee of the Whole amendments to HB 2285, which was designed to be a non-controversial clean up bill for the licensure act for hearing aid fitters and dispensers. The scope of practice for audiology has become very diversified. The American Board of Audiology (ABA) has recognized this diversification and has just developed a specialty certification for cochlear implant audiologists. ABA developed this new credential to recognize the specialized knowledge required by professionals working with this advanced technology.

Audiologists are presently licensed to practice in the State of Kansas. Though it may appear that dispensing audiologists are dealing with dual licensure, it is not unlike what ABA is now doing with audiologists working with cochlear implants. Hearing aids too have increased in their complexity with the advancement of technology. The State Board of Hearing Aid Examiners is the only consumer board monitoring the minimum competency requirements for the fitting and dispensing of hearing aids and the yearly monitoring of continuing education requirements (CEUs) in the area of hearing aids.

I am employed in a work setting where we collaborate with our referral sources for that mutual patient's hearing healthcare. Prior to writing a medical release to dispense a hearing aid, our physicians want to feel confident that their patients will continue receiving competent care. It was from this premise that when asked if I would serve as an examiner for the state hearing aid examination, my physicians were encouraging and supportive.

While acting as an examiner, I have evaluated both audiologists and hearing aid dispensers who were neither prepared nor adequately trained to take this entry-level examination. As an audiologist, it was disappointing to see another audiologist not pass this basic examination. As the record shows, in the past three (3) years, eight (8) out of twenty-eight (28) audiologists that could have dispensed hearing aids have failed this examination.

I do feel that once almost 100% of all audiologists taking the examination are passing, then and only then would this examination be redundant. However, there will still be a need for a board to monitor CEUs directly related to the specialty of fitting and dispensing of hearing aids. When a consumer is at risk, minimum requirements to test for competency should be the highest priority.

Respectfully submitted,

Jeff Moore

Jeffrey D. Moore, Ph.D., F.A.A.A.
KS Audiology License #809
KS Hearing Aid License #559

Senate Public Health & Welfare
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*Adult and Pediatric Ear Disease and Surgery • Hearing and Balance Disorders
Facial Nerve Disorders • Hearing Aids • Pediatric and Adult Cochlear Implantation • Congenital Ear Malformations • Posterior Fossa Surgery
Skull Base Surgery • Gamma Knife • Related Allergy*

7

WICHITA STATE UNIVERSITY

Department of Communicative Disorders and Sciences

MEMO

REGARDING: HB 2285, Public Health and Welfare Committee
March 14, 2005

FROM: Raymond H. Hull, Ph.D.
Professor of Communication Sciences and Disorders, Audiology
Department of Communication Sciences and Disorders

DATE: March 10, 2005

This memo is written relative to HB 2285 as it pertains to audiologists' preparation in the area of the evaluation of, fitting and dispensing of hearing aids. As I stated earlier to Beth Karlsen, a member of the Kansas Board of Hearing Aid Dispensers, when audiologists are so well prepared as a result of the thoroughness of their preparation at the graduate level (doctorate of audiology–Au.D), I would agree that at that point it may be possible that their preparation and academic/clinical degree may counter the need to sit for the Board examination. In our Au.D Program, the course work in the area of hearing aids and other amplification devices has been significantly expanded both at the adult and pediatric levels, and I agree that it would be good to integrate the Board licensure examination into that aspect of the Au.D Program.

In our doctorate of audiology (Au.D) program at WSU, students will have completed over 100 clock hours of academic (didactic) course work specific to hearing aids and other assistive listening devices, and over 1000 clock hours of practicum experiences that are specific to the area of hearing aids and other assistive listening devices, including their off campus clinical externships and their fourth year residency. That in itself involves a heavy concentration in those important areas, and certainly will lead to competency in the area of hearing aids. However, since we are now about 2/3 of the way through the first year of our Au.D Program with our first class of Au.D students, we are not yet at a point where we can say that they are, indeed, as prepared as they will be when they graduate with their four years of doctoral preparation. At that point, I think that we can say that they will be well prepared not only as audiologists, but also in the area of the evaluation for hearing aids, hearing aid assessment, hearing aid instrumentation, fitting and dispensing of hearing aids and other assistive listening devices, and the follow-up that is necessary on behalf of those who have been fit with amplification, including counseling and other aspects. At that time, I would feel comfortable discussing the issue of whether they should be required to sit for the Board examination, or whether their four plus years of educational experiences at the doctoral level, their examinations, their practicum and residency experiences, and including sitting for the National examination, the Praxis, in the area of hearing aids will suffice to confirm their competence in the area of hearing aids and other amplification systems.

I wish you well in your important work as it pertains to hearing aid licensure and other matters related to the hearing health of the citizens of the state of Kansas.

Senate Public Health & Welfare
3-15-05

Wichita State University, Wichita, Kansas 67260-0075 Telephone: (316) 978-3240 Fax: (316) 978-3291

Attachment #7

Rebecca N. Gaughan, M.D. • Brian A. Metz, M.D.
Bruce E. Zimmerman, M.D. • Hannah Vargas, M.D.
Ron Burch MA, CCC-A & Minnie Baldridge MA, CCC-A, Audiologists

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20375 W. 151st St., Ste. 453
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March 10, 2005

I am an audiologist who has practiced in the Kansas City metropolitan area for 25 years. I did not begin fitting hearing aids until 1999, 20 years after my academic training. Should I have been "grandfathered" in and allowed to begin dispensing hearing aids because I was a licensed audiologist? I am glad that I was required to take the Kansas Board of Hearing Aid Examiners test for my hearing aid license. It would have been inappropriate for me to suddenly begin dispensing hearing aids just because I was a licensed audiologist without demonstrating that I had the knowledge and expertise to do the job properly.

There are many audiologists who feel they should not be required to have two licenses to perform the tasks included in their field of practice. However, for the protection of the consumer, there must be some means to demonstrate that the individual dispensing hearing instruments has both the knowledge and practical skills. The KBHAE test is an appropriate means of doing this.

I realize that maintaining two licenses means additional annual expense. Maybe a second license and its annual cost could be eliminated once the KBHAE test has been passed by the audiologist. It may be possible to do that within the framework of the degree program in the future. Until such time, I feel it is appropriate to require anyone dispensing hearing aids to demonstrate his/her competence through the KBHAE test. Why should any audiologist be afraid to take this test?

Ron Burch

Ron Burch, MA, CCC-A

Senate Public Health & Welfare
3-15-05
Attachment #8

9

Audiology & Hearing Aid Services Inc.

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Wichita, KS 67206
Telephone 316-634-1100
Fax 316-634-2928

10209 W. Central, Suite 1
Wichita, KS 67212
Telephone 316-260-8990
Fax 316-260-8993

BILL: #HB2285
COMMITTEE: PUBLIC HEALTH & WELFARE
DATE: March 14, 2005
NAME: Irene K. Wagner, M.A., C.C.C.-A
Fellow of the American Academy of Audiology

TO WHOM IT MAY CONCERN:

I would like to thank you for the opportunity to address the issue of the amendments to HB2285 by the House Committee of the Whole.

I have been practicing audiology for thirty years and am licensed both as an audiologist and as a hearing aid dispenser. I am also the parent of a hearing impaired child. Throughout my career I have had many students complete practicums under my supervision. The past several years I have been alarmed to see diminished skills in our audiology students with regards to their capabilities with hearing aids. I think this may be in part due to the expansion of our field in the areas of diagnostic assessments that include electrophysiological and other types of assessments not previously done in our field.

I recently encountered such an example from a non-dispensing audiologist (with a Master's degree and licensed in this state). The audiologist did not know the difference between a digital and an analog hearing aid, and in fact, made an assessment on the hearing aid as if it were an analog, which resulted in completely wrong settings for the hearing impaired Kansan. The current policy for the State of Kansas requires individuals to obtain a dispensing license to dispense hearing aids even if they are already a licensed audiologist. This includes passing an entry level examination. Test scores from the past three years demonstrated that nearly 1/3 of the audiologists that had a Master's degree that took the exam did not pass. That is why at this time it is important to keep the dual license.

When students being practicums in Audiology, I have been surprised that many do not have basic information about hearing aids such as circuitry and earmold/tubing styles that enhance hearing for certain types of losses. All individuals needing amplification deserve to receive the highest quality of care. The licensing exam and the continuing education requirements help assure that the highest standards are being met on behalf of the entire spectrum of Kansans needing amplification from the youngest to the oldest.

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I believe that the examination may eventually be eliminated for audiologists, by improving the education at the university level. It is logical to expect that audiologists will be able to achieve passing scores with uniformity in teaching. In order for all Kansans to receive the highest quality hearing aid care and competent hearing aid fittings the Hearing Aid Board must maintain vigilant continuing education requirements. Each person in Kansas, including my daughter, deserves to receive the very best assistance with their amplification selections and fittings. The Kansas Speech and hearing Association and the State Board of Hearing Aid Examiners should work together before bringing this issue before the legislators.

Respectfully,

Irene K. Wagner, M.A., C.C.C.-A
Fellow of the American Academy of Audiology
Kansas License #1023
Hearing Aid License #1218

(10)

LAWRENCE OTOLARYNGOLOGY ASSOCIATES, P.A.

Stephen L. Segebrecht, M.D.
Diplomate
American Board of
Otolaryngology -
Head and Neck Surgery

Robert C. Dinsdale, M.D.
Diplomate
American Board of
Otolaryngology -
Head and Neck Surgery

Lee A. Reussner, M.D.
Diplomate
American Board of
Otolaryngology -
Head and Neck Surgery

Mary E. Sostarich, M.S.P.A., CCC-A
Licensed Audiologist
Licensed Hearing Aid Dispenser

Mary E. Counts, Au.D.
Licensed Audiologist
Licensed Hearing Aid Dispenser

Jennifer Rismiller, M.A., CCC-SLP
Licensed Speech -
Language Pathologist

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Satellite Office
Ransom Memorial Hospital
Outpatient Clinic
1301 S. Main
Ottawa, Kansas 66067-3598
785/229-8200

March 10, 2005

Attn: Kansas Legislature
Re: Proposed Amendment to Bill HB2285

Dear Sirs:

Recently, I have been made aware of a proposed amendment to bill HB2285, exempting licensed audiologists in Kansas from taking the Hearing Aid Dispensing Examination.

I feel that, by making Kansas audiologists exempt from this testing procedure, Kansas hearing aid consumers are being put at a great disadvantage.

As an employer of Kansas audiologists, I recognize that this testing is a necessary evaluation of the skills and knowledge that new audiologists are acquiring during their training. This is the best way to evaluate our abilities before we are trusted with hearing aid dispensing, for the protection of Kansas consumers.

It is my understanding that it is not unusual for an audiologist to find this test difficult to pass. Quite frankly, if there are any audiologists who are finding this test difficult to pass, I feel that it is absurd to suggest that they should be exempt from this procedure.

As long as Kansas makes a license to dispense hearing aids available to individuals who are not audiologists, there will be the need for a Board of Examiners. Until every audiologist who takes the exam is able to pass it, audiologists should be required to appear before this Board.

Thank You,

DJ Hurst, Administrator

Senate Public Health & Welfare
3-15-05
Attachment #10

Rebecca N. Gaughan, M.D. • Brian A. Metz, M.D.
Bruce E. Zimmerman, M.D. • Hannah Vargas, M.D.
Ron Burch MA., CCC-A & Minnie Baldridge MA., CCC-A Audiologist

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Toll Free (888)764-4730

March 10, 2005

Amendment HB2285

To Whom It May Concern:

When I first saw that the KSHA Board was again trying to changing the Hearing aid law my first thought was well here they go again just like last year. But that is another issue. As for this new amendment I have to agree with Beth Karlsen. Working in an ENT office I see how different audiologists are practicing and some scare me. I don't want the good profession of audiology to be seen as the quacks that don't have to prove that they knew what they are doing. Being able to pass the hearing aid test should be a matter of pride just like passing the Asha exam for our CCC's. If this was a national test for hearing aids this would be a mute point because we would all have to take it and gladly do it to display the plaque that states we passed.

I agree with Beth, if the universities put the test into the hearing aid class a students would not pass the class with out passing the test and they were given a certificate showing that they passed the test then they could be exempt from going to the boards test. However this does not address audiologist from out of state schools, we have no idea what they have or have not learned. They should still have to take at least the practical portion of the test. In drivers Ed the students must pass the test at the end of the course to get their license. Prove that the student knows how to dispense hearing aids with a certificate. In review my opinion is that the practical portion of the test should still be given to all who receive the license. Audiologist should want to prove that their degree makes them competent should be proud that they can pass this test... I understand that KSHA is trying to move towards Audiologist not having to pay for dual licenses. If you drive a Truck you must have a drivers license and a CDL. We want to be safe for the consumer and insure that only people who know what they are doing are out there dispensing hearing aids and making ear molds, swim molds, and hearing protection.

Thank you

Minnie Baldridge

Minnie Baldridge MA CCC-A (licensed hearing aid dispenser)

Senate Public Health & Welfare
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Attachment #11

(12)

LAWRENCE OTOLARYNGOLOGY ASSOCIATES, P.A.

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American Board of
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Head and Neck Surgery

Robert C. Dinsdale, M.D.
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Lee A. Reussner, M.D.
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Head and Neck Surgery

Mary E. Sostarich, M.S.P.A., CCC-A
Licensed Audiologist
Licensed Hearing Aid Dispenser

Mary E. Counts, Au.D.
Licensed Audiologist
Licensed Hearing Aid Dispenser

Jennifer Rismiller, M.A., CCC-SLP
Licensed Speech -
Language Pathologist

March 10, 2005

Attn: Kansas Legislature
Re: Proposed Amendment to Bill HB2285

Dear Sirs:

Recently, I have been made aware of a proposed amendment to bill HB2285, exempting licensed audiologists in Kansas from taking the Hearing Aid Dispensing Examination.

I feel that, by making Kansas audiologists exempt from this testing procedure, Kansas hearing aid consumers are being put at a great disadvantage.

As a Kansas audiologist who has become licensed in the past five years, I recognize that this testing is a necessary evaluation of the skills and knowledge that new audiologists are acquiring during our training. This is the best way to evaluate our abilities before we are trusted with hearing aid dispensing, for the protection of Kansas consumers.

It is my understanding that it is not unusual for an audiologist to find this test difficult to pass. Quite frankly, if there are any audiologists who are finding this test difficult to pass, I feel that it is absurd to suggest that they should be exempt from this procedure.

As long as Kansas makes a license to dispense hearing aids available to individuals who are not audiologists, there will be the need for a Board of Examiners. Until every audiologist who takes the exam is able to pass it, audiologists should be required to appear before this Board.

Thank You,

[signature]

Susan D. Gibson, M.A. CCC-A

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Senate Public Health & Welfare
3-15-05
Attachment #12

(13)

[illegible]y, KS
(6[illegible]) [illegible]42-3030
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Concordia, KS
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Derby, KS
(316) 788-8383
Dodge City, KS
(620) 227-3713
Eureka, KS
(620) 583-6199

Fredonia, KS
(620) 378-4660
Garden City, KS
(620) 275-4444
Great Bend, KS
(620) 792-7800
Hutchinson, KS
(620) 662-2596
Independence, KS
(620) 331-8522

MIDWEST HEARING AIDS INC.
"Since 1948"
CORPORATE OFFICE: 1930 S. Broadway
Wichita, KS 67211
316-264-2411

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(620) 532-2900
Liberal, KS
(620) 624-5216
Newton, KS
(316) 283-9500
Parsons, KS
(620) 421-2910
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Scott Cit[illegible]
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Topeka, KS
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Wichita - East, KS
(316) 684-2411
Wichita - West, KS
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Winfield, KS
(620) 221-8900
Yates Center, KS
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Testimony fro H. B. #2285

March 14, 2005

Public Health and Welfare Committee

Ed Clausen M.A. CCC-A

Senator Barnett and Committee Members:

Thank you for allowing me to address this issue. My name is Ed Clausen and I am an audiologist, licensed in the state of Kansas. I graduated from Wichita State University in 1994 with a master's degree in audiology. In1993, I took the written and oral exams from the State Board of Hearing Aid Examiners to obtain my license to test for and fit hearing aids. At that time with less than a year from graduation, I assumed the exam would be very simplistic. It was not until leaving the exam that I realized how unprepared I was. It was not an easy test. I was very capable of conducting a hearing exam, but not as comfortable with the idea of fitting and trouble shooting hearing aids. A dispensing license requires that the applicant has knowledge of: hearing aids, taking impressions, testing protocol including masking, to name just a few. Graduating as an audiologist does not guarantee that a person is fully prepared to fit and dispense hearing aids. From my college experience, hearing aids were not a major part of my curriculum. For this reason I oppose this blanket amendment. This amendment is assuming an audiology graduate is trained and proficient in some areas that may have been no more than class discussions early in their studies. I urge you to remove the amendment for H.B.#2285.

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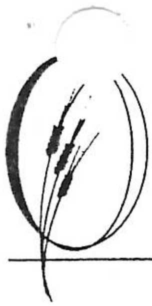
Attachment # 13

(14)



Great Plains
Hearing & Speech Associates, Inc.

Testimony re: HB 2285

Senate Public Health and Welfare Committee

Presented by Dr. Barber

On behalf of

Kansas Hearing Aid Association

March 14, 2005

March 2, 2005

Senator Jim Barnett and Members of the Committee;

I am writing to express my concerns regarding two amendments to House Bill 2285, both of which seem to me to be against the public interest.

I have been in practice as an audiologist since 1977, and received my state dispensing and fitting license in 1978. I worked at Menninger for 18 years and have been in private practice for 10.

The first amendment, in section 13, K.S.A, 74-5814, would allow issuance of a license to each applicant who is currently licensed as an audiologist, with no competency exam required. While hearing aid dispensing is considered by national certification organizations to fall within the scope of practice of audiologists this does not guarantee that persons in this profession are competent in selecting and dispensing amplification devices. National exams tend to not have a great deal of information about practical matters related to amplification, and while new graduates often have a lot of theoretical knowledge and a strong understanding of anatomy and physiology of the hearing mechanism they are often unprepared to deal with day to day clinical tasks. Practical knowledge is very often limited at the time of graduation. Additional learning may take place in their clinical fellowship year after graduation, but varies from site to site. This was acknowledged in a letter from Jeffrey Moore, a Ph.D. audiologist who reported that in the past 3 years 8 of 28 audiologists have failed to pass the state examination for hearing aid dispensers.

Senate Public Health & Welfare
3-15-05

1308 SW 10th Street Topeka, KS 66604 (785) 267-2993 FAX (785) 267-2995

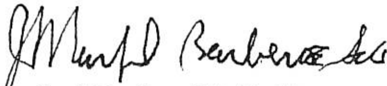
Attachment #14

This exam is both written and practical and is entry level in nature.
I think it is important to assure the public that anyone in this state who dispenses hearing aids is competent and currently the only means of assuring that is to have them take the exam. As amended, HB 2285 will not address this major consumer protection issue.

The Second amendment, in section 23, is to me not clearly written, but I believe it would permit sale of hearing aids by mail or through the internet. If so, this could lead to unwary or uninformed consumers purchasing a device for their hearing loss when in fact they might have a serious but undiagnosed medical condition that could be discovered by appropriate testing. And there would also be unresolved issues about the appropriateness of the aid (e.g. an aid originally fit might no longer be strong enough if the hearing loss had changed) and in the long run might not save the consumer any money. The initial cost may be less than a dispenser would charge, but if the consumer needs ear impressions made or fitting or fine tuning of the hearing aid or wants an annual clean and check any dispenser would need to charge for these services, charges for which may typically be built into the cost when dispensed by a professional.

I believe these two amendments should be struck from the bill with a recommendation that additional consultations with interested and involved parties take place to resolve these and other issues that might be raised in order to assure the public that it is protected in the vital area of hearing health care.

Sincerely,



J. Manford Barber III, Sc.D.

(15)

Liability Limitations

HB 2077 Persons Covered	**Covered Language**
State Board of Pharmacy Secretary of Health & Environment Any person who donates drugs (including drug manuf. or gov. entity) Pharmacy, hospital or nonprofit clinic that employs a health care professional who accepts or dispenses drugs under program	". . . in absence of bad faith shall not be subject to any of the following for matters related to donating, accepting or dispensing cancer drugs under the program: Criminal prosecution, liability in tort or other civil action for injury, death or loss to person or property or professional disciplinary action."

65-687 (donated food) **Persons Covered**	**Covered Language**
A bona fide charitable or not for profit organization	". . . which in good faith receives and distributes food, which complies with K.S.A. 65-655 *et seq.*, and amendments thereto, at the time it was donated and which is fit for human consumption at the time it is distributed, without charge, shall not be subject to criminal or civil liability arising from any injury or death due to the condition of such food unless such injury or death is a direct result of the willful, wanton, malicious or intentional misconduct of such organization."

Norm Furse

Senate Public Health & Welfare
3-15-05
Attachment #15

HOUSE BILL No. 2077

By Representatives Sloan, Bethell, Hill and Kuether

1-19

AN ACT concerning the state board of pharmacy, establishing a cancer drug repository program.

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

Section 1. (a) For the purposes of this act:

(1) "Cancer drug" means a prescription drug used to treat:

(A) Cancer or its side effects; or

(B) the side effects of a prescription drug used to treat cancer or its side effects.

(2) "Health care facility" means any of the following:

(A) A hospital;

(B) a hospice care program or other institution that specializes in comfort care of patients in a terminal condition or in a permanently unconscious state;

(C) a nursing facility;

(D) a home health agency;

(E) an intermediate care facility for the mentally retarded;

(F) a mental health center; or

(G) a mental health clinic.

(3) "Health care professional" means any of the following who provide medical, dental or other health-related diagnosis, care or treatment:

(A) Persons licensed to practice medicine and surgery or podiatric medicine and surgery;

(B) licensed professional and licensed practical nurses;

(C) licensed physician assistants;

(D) licensed dentists and dental hygienists;

(E) licensed optometrists; or

(F) licensed pharmacists.

(4) "Hospital" has the same meaning as in K.S.A. 65-425 and amendments thereto.

(5) "Nonprofit clinic" means a charitable nonprofit corporation organized as a nonprofit corporation under the laws of this state or any charitable organization not organized and not operated for profit, that provides health care services to indigent and uninsured persons. "Nonprofit clinic" does not include a hospital or a facility that is operated for

Senate Public Health & Welfare
3-15-05
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16-2

1 profit.
2 (6) "Prescription-only drug" has the same meaning as in K.S.A. 65-
3 1626 and amendments thereto.
4 (7) "Unit dose" means a packaging system that:
5 (A) Contains individual sealed doses of a drug;
6 (B) may or may not attach the sealed doses to each other by place-
7 ment in a card or other container;
8 (C) may not contain doses for a period of more than 14 days in the
9 container; and
10 (D) is nonreusable.

(8) "Person" means any individual, corporation, government, governmental subdivision or agency, partnership, association or any other legal entity.

11 (b) The state board of pharmacy shall establish the cancer drug re-
12 pository program to accept and dispense prescription-only cancer drugs
13 donated for the purpose of being dispensed to cancer patients who are
14 residents of this state and meet eligibility standards established in rules
15 and regulations adopted by the board under section 4, and amendments
16 thereto. Only cancer drugs in their original sealed and tamper-evident
17 unit dose packaging may be accepted and dispensed. The packaging must
18 be unopened, except that cancer drugs packaged in single unit doses may
19 be accepted and dispensed when the outside packaging is opened if the
20 single unit dose packaging is undisturbed. A cancer drug that bears an
21 expiration date that is less than six months after the date the cancer drug
22 is being donated shall not be accepted or dispensed. A drug shall not be
23 accepted or dispensed if there is reason to believe that it is adulterated
24 or misbranded. Subject to the limitation specified in this act, unused
25 cancer drugs dispensed for purposes of the medicaid program may be
26 accepted and dispensed under the cancer drug repository program.
27 Sec. 2. (a) Any person, including a drug manufacturer or any health
28 care facility, may donate prescription cancer drugs to the cancer drug
29 repository program. The cancer drugs must be donated at a physician's
30 office, pharmacy, hospital or nonprofit clinic that elects to participate in
31 the cancer drug repository program. Participation in the cancer drug re-
32 pository program is voluntary. Nothing in this act or any other statutes of
33 this state requires a physician's office, pharmacy, hospital or nonprofit
34 clinic to participate in the program.
35 (b) The cancer drugs shall be dispensed by the following persons who
36 are authorized pursuant to K.S.A. 65-1635, and amendments thereto, to
37 dispense drugs: (1) Licensed physicians who are dispensing practitioners
38 pursuant to K.A.R. 100-21-1 and (2) licensed pharmacists. The cancer
39 drug may be dispensed only pursuant to a prescription issued by a person
40 authorized to prescribe drugs. A pharmacy, hospital or nonprofit clinic
41 that accepts donated cancer drugs shall comply with all applicable federal
42 laws and laws of this state dealing with storage and distribution of dan-
43 gerous drugs and shall inspect all cancer drugs prior to dispensing them

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1 to determine that they are not adulterated. The pharmacy, hospital or
2 nonprofit clinic may charge individuals receiving donated cancer drugs a
3 handling fee established in accordance with rules and regulations adopted
4 by the board. Cancer drugs donated to the repository may not be resold.
5 Sec. 3. (a) [The state board of pharmacy, the secretary of health and
6 environment, any person, including a drug manufacturer or government
7 entity, that donates cancer drugs to the cancer drug repository program;
8 any pharmacy, hospital, nonprofit clinic or health care professional that
9 accepts or dispenses cancer drugs under the program; and any pharmacy,
10 hospital or nonprofit clinic that employs a health care professional who
11 accepts or dispenses cancer drugs under the program, in the absence of
12 bad faith, shall not be subject to any of the following for matters related
13 to donating, accepting or dispensing cancer drugs under the program:
14 criminal prosecution, liability in tort or other civil action for injury, death
15 or loss to person or property or professional disciplinary action.]
16 [(b) A drug manufacturer, in the absence of bad faith, shall not be
17 subject to criminal prosecution or liability in tort or other civil action for
18 injury, death or loss to person or property for matters related to the
19 donation, acceptance or dispensing of a cancer drug manufactured by the
20 drug manufacturer that is donated by any person under the program,
21 including, but not limited to, liability for failure to transfer or commu-
22 nicate product or consumer information or the expiration date of the
23 donated cancer drug.]

Any person who in good faith donates cancer drugs without charge to the cancer drug repository program which drugs are in compliance with the provisions of this act at the time donated shall not be subject to criminal or civil liability arising from any injury or death due to the condition of such drugs unless such injury or death is a direct result of the willful, wanton, malicious or intentional misconduct of such person.

(b) Any person who in good faith dispenses drugs without charge, except as provided in this act, in accordance with the provisions of this act and as part of the cancer drug repository program which drugs are in compliance with the provisions of this act at the time dispensed shall not be subject to criminal or civil liability arising from any injury or death due to the condition of such drugs unless such injury or death is a direct result of the willful, wanton, malicious or intentional misconduct of such person.

24 Sec. 4. The state board of pharmacy shall adopt rules and regulations
25 governing the cancer drug repository program that establishes the
26 following:
27 (a) Standards and procedures for accepting, safely storing and dis-
28 pensing donated cancer drugs;
29 (b) standards and procedures for inspecting donated cancer drugs to
30 determine that the original unit dose packaging is sealed and tamper-
31 evident and that the cancer drugs are unadulterated, safe and suitable for
32 dispensing;
33 (c) a form that an individual receiving a cancer drug from the repos-
34 itory must sign before receiving the cancer drug to confirm that the in-
35 dividual understands the immunity provisions of the program;
36 (d) a form each donor must sign stating the relationship of the person
37 or entity to whom the cancer drug was prescribed;
38 (e) a formula to determine the amount of a handling fee that phar-
39 macies, hospitals and nonprofit clinics may charge to cancer drug recip-
40 ients to cover restocking and dispensing costs;
41 (f) a category of cancer drugs acceptable for dispensing or distribu-
42 tion under the cancer drug repository program; and
43 (g) any other standards, procedures or matters the board considers

1 appropriate to carry out the provisions of sections 1 through 4, and
2 amendments thereto.
3 Sec. 5. This act shall take effect and be in force from and after its
4 publication in the statute book.

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As Amended by House Committee

Session of 2005

HOUSE BILL No. 2336

By Committee on Health and Human Services

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AN ACT concerning the regulation of optometrists; amending K.S.A. 65-1501a **and 74-1505 and K.S.A.** 2004 Supp. 65-1505 and 65-1509 and repealing the existing sections.

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

Section 1. K.S.A. 2004 Supp. 65-1505 is hereby amended to read as follows: 65-1505. (a) Persons entitled to practice optometry in Kansas shall be those persons licensed in accordance with the provisions of the optometry law. A person shall be qualified to be licensed and to receive a license as an optometrist: (1) Who is of good moral character; and in determining the moral character of any such person, the board may take into consideration any felony conviction of such person, but such conviction shall not automatically operate as a bar to licensure; (2) who has graduated from a school or college of optometry approved by the board; and (3) who successfully meets and completes the requirements set by the board and passes an examination given by the board. All licenses issued on and after the effective date of this act, to persons not licensed in this state or in another state prior to July 1, 1996, shall be diagnostic, therapeutic and glaucoma licenses.

(b) All applicants for licensure or reciprocal licensure, except as provided in subsection (a) and (f), in addition to successfully completing all other requirements for licensure, shall take and successfully pass an examination required by the board before being certified by the board as a diagnostic and therapeutic licensee.

(c) All persons before taking the examination required by the board to be certified as a diagnostic and therapeutic licensee shall submit evidence satisfactory to the board of having successfully completed a course approved by the board in didactic education and clinical training in the examination, diagnosis and treatment of conditions of the human eye and its adnexae, totaling at least 100 hours.

(d) All applicants for glaucoma licensure, in addition to successfully completing all other requirements for licensure, shall submit evidence satisfactory to the board of: (1) Professional liability insurance in an amount acceptable to the board, (2) completion of a course of instruction

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1 approved by the board after consultation with the interprofessional ad-
2 visory committee which includes at least 24 hours of training in the treat-
3 ment and co-management of adult open-angle glaucoma and (3) co-man-
4 agement for a period of at least 24 months and not less than 20 diagnoses
5 of suspected or confirmed glaucoma, except that the board may eliminate
6 or shorten the co-management period, and eliminate or reduce the num-
7 ber of diagnoses of suspected or confirmed glaucoma for applicants for
8 glaucoma licensure who graduate from approved optometric schools or
9 colleges after July 1, 1998.
10 (e) Any person applying for examination by the board shall fill out
11 and swear to an application furnished by the board, accompanied by a
12 fee fixed by the board by rules and regulations in an amount of not to
13 exceed $450, and file the same with the secretary of the board at least 30
14 days prior to the holding of the examination. At such examinations the
15 board shall examine each applicant in subjects taught in schools or col-
16 leges of optometry approved by the board, as may be required by the
17 board. If such person complies with the other qualifications for licensing
18 and passes such examination, such person shall receive from the board,
19 upon the payment of a fee fixed by the board by rules and regulations in
20 an amount of not to exceed $150, a license entitling such person to prac-
21 tice optometry. In the event of the failure on the part of the applicant to
22 pass the first examination, such person may, with the consent of the board,
23 within 18 months, by filing an application accompanied by a fee fixed by
24 the board by rules and regulations in an amount of not to exceed $150,
25 take a second examination; for the third and each subsequent examination
26 a fee fixed by the board by rules and regulations in an amount of not to
27 exceed $150. Any examination fee and license fee fixed by the board
28 under this subsection which is in effect on the day preceding the effective
29 date of this act shall continue in effect until the board adopts rules and
30 regulations under this subsection fixing a different fee therefor.
31 (f) *Subject to the requirements of subsection (h),* any applicant for
32 reciprocal licensure may in the board's discretion be licensed and issued
33 a license without examination in the category of licensure under the op-
34 tometry law for which application is made if the applicant has been in the
35 active practice of optometry in another state for at least the three-year
36 period immediately preceding the application for reciprocal licensure and
37 the applicant:
38 (1) Presents a certified copy of a certificate of registration or license
39 which has been issued to the applicant by another state where the require-
40 ments for licensure are deemed by the board to be equivalent to the
41 requirements for licensure in the category of licensure under this act for
42 which application is made, if such state accords a like privilege to holders
43 of a license issued by the board;

1 (2) submits a sworn statement of the licensing authority of such other
2 state that the applicant's license has never been limited, suspended or
3 revoked and that the applicant has never been censured or had other
4 disciplinary action taken; and
5 (3) successfully passes an examination of Kansas law administered by
6 the board and such clinical practice examination as the board deems
7 necessary.
8 *Subject to the requirements of subsection (h),* if such applicant was first
9 licensed in another state prior to July 1, 1987, the applicant shall be
10 required to satisfy only the requirements of the category of licensure
11 under the optometry law for which application is made and which existed
12 in this state at the time of the applicant's licensure in such other state;
13 or, if such requirements did not exist in this state at the time of the
14 applicant's licensure in such other state, the applicant shall be required
15 to satisfy only the requirements of the category of licensure under the
16 optometry law for which application is made which originally were re-
17 quired for that category of licensure. If such applicant was first licensed
18 in another state on or after July 1, 1987, the applicant shall apply to
19 initially be issued a diagnostic and therapeutic license and shall be re-
20 quired to satisfy all the requirements of that category of licensure under
21 this act. The fee for licensing such applicants shall be fixed by the board
22 by rules and regulations in an amount of not to exceed $450. The recip-
23 rocal license fee fixed by the board under this subsection which is in effect
24 on the day preceding the effective date of this act shall continue in effect
25 until the board adopts rules and regulations under this subsection fixing
26 a different fee therefor.
27 (g) The board shall adopt rules and regulations establishing the cri-
28 teria which a school or college of optometry shall satisfy in meeting the
29 requirement of approval by the board established under subsection (a).
30 The board may send a questionnaire developed by the board to any school
31 or college of optometry for which the board does not have sufficient
32 information to determine whether the school or college meets the
33 requirements for approval and rules and regulations adopted under this
34 act. The questionnaire providing the necessary information shall be com-
35 pleted and returned to the board in order for the school or college to be
36 considered for approval. The board may contract with investigative agen-
37 cies, commissions or consultants to assist the board in obtaining infor-
38 mation about schools or colleges. In entering such contracts the authority
39 to approve schools or colleges shall remain solely with the board.
40 *(h) To be entitled to practice optometry in Kansas after May 31, 2007,*
41 *an optometrist must have met the requirements of and become a thera-*
42 *peutic licensee. To be entitled to practice optometry in Kansas after May*
43 *31, 2009, an optometrist must have met: (1) The requirements of and*

1 *become a therapeutic licensee and (2) the requirements of and become a*
2 *glaucoma licensee.*
3 Sec. 2. K.S.A. 2004 Supp. 65-1509 is hereby amended to read as
4 follows: 65-1509. (a) Before engaging in the practice of optometry in this
5 state, it shall be the duty of each licensed optometrist to notify the board
6 in writing of the address of the office or offices where such licensee is to
7 engage or intends to engage in the practice of optometry and of any
8 changes in the licensee's location of practice. Any notice required to be
9 given by the board to any licensed optometrist may be given by mailing
10 to such address through the United States mail, postpaid.
11 (b) Any license to practice optometry issued by the board shall expire
12 on May 31 of the year specified by the board for the expiration of the
13 license and shall be renewed on a biennial basis in accordance with this
14 section. The request for renewal shall be on a form provided by the board
15 and shall be accompanied by the prescribed fee, which shall be paid no
16 later than the expiration date of the license.
17 (c) Commencing with the renewal of licenses that expire on May 31,
18 2004, each license shall be renewed on a biennial basis. To provide for a
19 system of biennial renewal of licenses, the board may provide by rules
20 and regulations that licenses issued or renewed may expire less than two
21 years from the date of issuance or renewal and for the proration of fees
22 accordingly. On or before May 1 each year, the board shall determine
23 the amount that may be necessary for the next ensuing fiscal year to carry
24 out and enforce the provisions of the optometry law, and shall fix by rules
25 and regulations the renewal fee and the fees provided for in K.S.A. 65-
26 1505 and amendments thereto, in such amounts as may be necessary for
27 that purpose. The biennial renewal fee shall not exceed $800. Upon fixing
28 such fees, the board shall immediately notify all licensees of the amount
29 of such fees for the ensuing biennial renewal period. In every renewal
30 year hereafter, every licensed optometrist shall pay to the board of ex-
31 aminers a fee for a renewal of such license for each biennial renewal
32 period. The license renewal fee fixed by the board under this subsection
33 which is in effect on the day preceding the effective date of this act shall
34 continue in effect until the board adopts rules and regulations under this
35 subsection fixing a different fee therefor.
36 (d) The payment of the renewal fee by the person who is a holder of
37 a license as an optometrist but who has not complied with the continuing
38 education requirements fixed by the board, if no grounds exist for denying
39 the renewal of the license other than that the person has not complied
40 with the continuing education requirements fixed by the board, shall en-
41 title the person to inactive status licensure by the board. No person hold-
42 ing an inactive status license from the board shall engage in the practice
43 of optometry in this state. A person holding an inactive status license from

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1 the board shall be entitled to cancellation of the inactive status license
2 and to renewal of licensure as an optometrist upon furnishing satisfactory
3 evidence to the board that such person has obtained the equivalent of all
4 missed continuing education requirements to date, and payment of an
5 additional fee fixed by the board through rule and regulation in an amount
6 not to exceed $450.
7 (e) At least 30 days before the expiration of the licensee's license, the
8 board shall notify each licensee of the expiration by mail addressed to the
9 licensee's last known address. If the licensee fails to pay the annual fee
10 or show proof of compliance with the continuing education requirements
11 by the date of the expiration of the license, the licensee shall be mailed
12 a second notice that the licensee's license has expired, that the board shall
13 suspend action for 30 days following the date of expiration, that upon
14 receipt of the annual fee together with an additional fee not to exceed
15 $500, within the thirty-day period, no order of cancellation will be entered
16 and that, if both fees are not received within the thirty-day period, the
17 license shall be canceled.
18 *(f) To have a license to practice optometry in Kansas renewed after*
19 *May 31, 2007, an optometrist must have met the requirements of and*
20 *become a therapeutic licensee. To have a license to practice optometry in*
21 *Kansas renewed after May 31, 2009, an optometrist must have met: (1)*
22 *The requirements of and become a therapeutic licensee and (2) the*
23 *requirements of and become a glaucoma licensee.*
24 ~~(f)~~ *(g)* Any licensee who allows the licensee's license to lapse or be
25 canceled by failing to renew as herein provided, may be reinstated by the
26 board upon payment of the renewal fees then due and upon proof of
27 compliance with the continuing education requirements established by
28 the board. As an additional requirement of reinstatement, in cases in
29 which the board deems it appropriate, the licensee may be required to
30 successfully pass the examination given by the board to applicants for
31 licensure or such other competency examination as the board may choose.
32 **Sec. 3. K.S.A. 65-1501a is hereby amended to read as follows:**
33 **65-1501a. For the purposes of this act the following terms shall**
34 **have the meanings respectively ascribed to them unless the context**
35 **requires otherwise:**
36 **(a) "Board" means the board of examiners in optometry estab-**
37 **lished under K.S.A. 74-1501 and amendments thereto.**
38 **(b) "License" means a license to practice optometry granted**
39 **under the optometry law.**
40 **(c) "Licensee" means a person licensed under the optometry**
41 **law to practice optometry.**
42 **(d) "Adapt" means the determination, selection, fitting or use**
43 **of lenses, prisms, orthoptic exercises or visual training therapy for**

<u>Alternative I</u>

Grandfather those not licensed as diagnostic, therapeutic or glaucoma licensees – could instead delete Sec. 1 and 2 from the bill. See p. 1, lines 25 through 28.

[Insert at line 18:] Except as otherwise provided in this subsection (f), to

[Insert after line 23:] This subsection (f) shall not apply to a person licensed by the board immediately prior to the effective date of this act who is licensed as an optometrist but is not a diagnostic licensee, therapeutic licensee or glaucoma licensee. Such persons may continue to be licensed in accordance with the optometry law without being required to be a diagnostic licensee, therapeutic licensee or a glaucoma licensee.

<u>Alternative II</u>

Maintain the requirement as in lines 18-23 on this page and lines 40-43 on page 3 and lines 1 and 2 on page 4. Make a motion that the committee finds (for the committee record) that the requirement for all licensees to become therapeutic and glaucoma licensees bears a reasonable relationship to the health, safety and welfare of the citizens of the state. Perhaps add, in this connection, one year to the time limits set out on pp. 4 and 5.

1 the aid of any insufficiencies or abnormal conditions of the eyes
2 after or by examination or testing.
3 (e) "Lenses" means any type of ophthalmic lenses, which are
4 lenses prescribed or used for the aid of any insufficiencies or ab-
5 normal conditions of the eyes.
6 (f) "Prescription" means a verbal or written order directly
7 from a licensee giving or containing the name and address of the
8 prescriber, the license registration number of the licensee, the
9 name and address of the patient, the specifications and directions
10 for lenses, prisms, orthoptic exercises, low vision rehabilitation
11 services or visual training therapy to be used for the aid of any
12 insufficiencies or abnormal conditions of the eyes, including in-
13 structions necessary for the fabrication or use thereof and the date
14 of issue.
15 (g) "Prescription for topical pharmaceutical drugs or oral
16 drugs" means a verbal or written order directly from a licensee
17 expressly certified to prescribe drugs under the optometry law and
18 giving or containing the name and address of the prescriber, the
19 license registration number of the licensee, the name and address
20 of the patient, the name and quantity of the drug prescribed, di-
21 rections for use, the number of refills permitted, the date of issue
22 and expiration date.
23 (h) "Topical pharmaceutical drugs" means drugs administered
24 topically and not by other means for the examination, diagnosis
25 and treatment of the human eye and its adnexae.
26 (i) "Dispense" means to deliver prescription-only medication
27 or ophthalmic lenses to the ultimate user pursuant to the lawful
28 prescription of a licensee and dispensing of prescription-only med-
29 ication by a licensee shall be limited to a twenty-four-hour supply
30 or minimal quantity necessary until a prescription can be filled by
31 a licensed pharmacist.
32 (j) "Diagnostic licensee" means a person licensed under the
33 optometry law and certified by the board to administer or dispense
34 topical pharmaceutical drugs for diagnostic purposes.
35 (k) "Therapeutic licensee" means a person licensed under the
36 optometry law and certified by the board to prescribe, administer
37 or dispense topical pharmaceutical drugs for therapeutic purposes
38 and oral drugs, following completion of a fifteen-hour course ap-
39 proved by the board pertaining to the use of oral drugs in ocular
40 therapeutics, except that a person applying for therapeutic licen-
41 sure who has graduated after January 1, 1999, from a school or
42 college of optometry approved by the board shall not be required
43 to take such course. Therapeutic licensees on the effective date of

1 this act shall complete the fifteen-hour course described in this
2 subsection before May 31, 2000.
3 (l) "Glaucoma licensee" means a person described in subsec-
4 tions (j) and (k) of this section who is also licensed under the op-
5 tometry law to manage and treat adult open-angle glaucoma by
6 nonsurgical means, including the prescribing, administering and
7 dispensing of topical pharmaceutical drugs and oral drugs.
8 (m) "False advertisement" means any advertisement which is
9 false, misleading or deceptive in a material respect. In determin-
10 ing whether any advertisement is misleading, there shall be taken
11 into account not only representations made or suggested by state-
12 ment, word, design, device, sound or any combination thereof, but
13 also the extent to which the advertisement fails to reveal facts ma-
14 terial in the light of such representations made.
15 (n) "Advertisement" means all representations disseminated in
16 any manner or by any means, for the purpose of inducing, or which
17 are likely to induce, directly or indirectly, the purchase of profes-
18 sional services or ophthalmic goods.
19 (o) "Health care provider" shall have the meaning ascribed to
20 that term in subsection (f) of K.S.A. 40-3401 and amendments
21 thereto.
22 (p) "Medical facility" shall have the meaning ascribed to that
23 term in subsection (c) of K.S.A. 65-411 and amendments thereto.
24 (q) "Medical care facility" shall have the meaning ascribed to
25 that term in K.S.A. 65-425 and amendments thereto.
26 (r) "Co-management" means confirmation by an ophthalmol-
27 ogist of a licensee's diagnosis of adult open-angle glaucoma to-
28 gether with a written treatment plan which includes (1) all tests
29 and examinations supporting the diagnosis, (2) a schedule of tests
30 and examinations necessary to treat the patient's condition, (3) a
31 medication plan, (4) a target intraocular pressure, (5) periodic re-
32 view of the patient's progress and (6) criteria for referral of the
33 patient to an ophthalmologist for additional treatment or surgical
34 intervention, except that any co-management plan may be modi-
35 fied only with the consent of both the ophthalmologist and the
36 optometrist and the modification noted in writing on the patient's
37 record.
38 (s) "Co-management period" means that period of time during
39 which an optometrist co-manages patients either suspected of hav-
40 ing or diagnosed as having adult open-angle glaucoma with an
41 ophthalmologist.
42 (t) "Ophthalmologist" means a person licensed to practice
43 medicine and surgery by the state board of healing arts who spe-

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1 cializes in the diagnosis and medical and surgical treatment of dis-
2 eases and defects of the human eye and related structures.
3 (u) "Low vision rehabilitation services" means the evaluation,
4 diagnosis, management and care of the low vision patient including
5 low vision rehabilitation therapy, education and interdisciplinary
6 consultation under the direction and supervision of an ophthal-
7 mologist or optometrist.
8 (v) "Oral drugs" means oral antibacterial drugs, oral antiviral
9 drugs, oral antihistamines, oral analgesic drugs, oral steroids ~~and~~,
10 oral antiglaucoma drugs *and other oral drugs with clinically accepted*
11 *ocular uses*.
12 Sec. 4. K.S.A. 74-1505 is hereby amended to read as follows:
13 74-1505. (a) No later than 30 days following the effective date of
14 this act, the board shall appoint a seven-member committee to be
15 known as the interprofessional advisory committee which, subject
16 to approval of the board, shall have general responsibility for the
17 establishment, review and monitoring of the procedures for co-
18 management by optometrists and ophthalmologists of adult open-
19 angle glaucoma.
20 (b) The interprofessional advisory committee shall consist of
21 one member of the board appointed by the board who shall serve
22 as a nonvoting chair, together with three optometrists licensed to
23 practice optometry in this state chosen by the board from those
24 nominated by the Kansas optometric association and three oph-
25 thalmologists licensed to practice in this state chosen by the board
26 from those nominated by the Kansas medical society and the Kan-
27 sas association of osteopathic medicine. The Kansas optometric
28 association and Kansas medical society shall submit six nominees
29 to the board. The Kansas association of osteopathic medicine shall
30 submit two nominees to the board. Persons appointed to the com-
31 mittee shall serve terms of three years and without compensation.
32 All expenses of the committee shall be paid by the board.
33 (c) The committee shall submit recommendations to the board
34 on the following:
35 (1) An ongoing quality assessment program including the mon-
36 itoring and review of co-management of patients pursuant to sub-
37 section (d) of K.S.A. 65-1505 and amendments thereto;
38 (2) requirements for the education and clinical training nec-
39 essary for glaucoma licensure, which shall be submitted to the
40 board within 90 days following appointment;
41 (3) criteria for evaluating the training or experience acquired
42 in other states by applicants for glaucoma licensure;
43 (4) requirements for annual reporting during a glaucoma li-

censee's co-management period to the committee and the board which shall be submitted to the board within 90 days following appointment;

(5) the classes and mix of patients either suspected of having or diagnosed as having adult open-angle glaucoma who may be included in the number of co-management cases required by subsection (d) of K.S.A. 65-1505 and amendments thereto, which shall be submitted to the board within 90 days following appointment; and

(6) requirements for annual continuing education by glaucoma licensees.

(d) After considering the recommendations of the committee pursuant to subparagraph (c), the board shall proceed to adopt procedures to confirm that each applicant has completed the requirements for glaucoma licensure.

(e) The interprofessional advisory committee shall also review the educational and clinical prerequisites of optometrists to use oral pharmaceutical drugs and identify those classes of oral pharmaceutical drugs which are effective treatments for ocular diseases and conditions. [The interprofessional advisory committee and the board shall prepare a report of the results of co-management pursuant to subsection (r) of K.S.A. 65-1501a and amendments thereto and findings on the subject of the advisability of expanding the scope of practice of optometrists to prescribe, administer and dispense oral pharmaceutical drugs, which report shall be submitted to the legislature not later than January 1, 1999.]

(f) The interprofessional advisory committee shall review the advisability of expanding the scope of practice of optometrists to prescribe certain oral drugs for ocular conditions for children under six years of age. [The committee and the board shall prepare a report on the findings of the committee on the advisability of such a scope of practice expansion. Such report shall be submitted to the legislature not later than January 1, 2002.]

(g) The interprofessional advisory committee shall review new classes of drugs with ocular uses and advise the Kansas state board of examiners in optometry about such drugs

(h) This section shall be part of and supplemental to the optometry law.

Sec. ~~3.~~ 5. K.S.A. 65-1501a and 74-1505 and K.S.A. 2004 Supp. 65-1505 and 65-1509 are hereby repealed.

Sec. ~~4.~~ 6. This act shall take effect and be in force from and after its publication in the statute book.