Approved: March 20, 2007
Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Brenda Landwehr at 1:30 P.M. on February 19, 2007 in Room 526-S of the Capitol.

All members were present except:
Delia Garcia- excused
Jeff Colyer- excused
Jim Ward- excused
Tom Holland- excused

Committee staff present:
Norman Furse, Revisor's Office
Melissa Calderwood, Legislative Research
Mary Galligan, Legislative Research
Tatiana Lin, Legislative Research
Patti Magathan, Committee Assistant

Conferees appearing before the committee:
John Kiefhaber, KS Chiropractic Association
Dr. Edward McKenzie - KS Chiropractic Association
Caroline Bloom, Physical Therapist
Betty Wright, Kansas Dental Board

Others Attending:
See Attached List.

Chair Landwehr informed the committee that minutes for January 9, 10, 16, 17, 18, and 23 were included in their packets today. Representative Neighbor motioned to approve minutes as submitted, which was seconded by Representative Morrison. Motion carried.

Chair Landwehr opened the floor to continue hearings on **HB2483** - Physical Therapist evaluation and treatment of patients.

John Kiefhaber of the KS Chiropractic Association testified from a neutral position on this bill. They would like to propose an amendment to Section 1, Line 42 to add the words "or the performance of spinal manipulation or spinal mobilization." (Attachment 1)

Dr. Edward McKenzer, member of the KS Chiropractic Association Board of Directors, explained that the license for a chiropractor falls under the Healing Arts **Act**, while the physical Therapist's license falls under the Healing Arts **Board**. (Attachment 2)

Caroline Bloom, Physical Therapist, explained that she is one of three physical therapists on the KS State Advisory council for the Board of Healing Arts. The board has never had disciplinary action against a physical therapist. (Attachment 3)

Representative Flaharty asked Norman Furse, Revisor, if this bill was changing the scope of practice for physical therapists. Mr. Furse replied that this bill is changing how patients are processed, not the services the physical therapists can provide.

Chair Landwehr closed the hearings on **HB2483** and opened the floor to hear **HB 2214** - Regulation of sedation permits by Kansas dental board.

Proponent **Betty Wright**, Executive Director of the Kansas Dental Board, explained that **HB 2214** gives statutory authority for the board to charge fees and to discipline or revoke a permit. (Attachment 4)

Chair Landwehr announced that **HB2215** - Kansas dental board, fee for permits has been rolled into **HB 2214.**

MINUTES OF THE House Health and Human Services Committee at 1:30 P.M. on February 19, 2007 in Room 526-S of the Capitol.

She added that there needs to be a limit placed on the fee. Chair Landwehr closed the floor on **HB 2214** then opened the floor to hear **HB 2216** - License renewal of dentists and dental hygienists.

Proponent Betty Wright, Executive Director of the KS Dental Board, explained that this bill revises the renewal statue. Currently dentist and hygienist licenses are renewed alternatively every two years. In order to equalize the board's revenue stream they would like to begin a renewal process for both licenses stagged between odd and even years. (Attachment 5)

Chair Landwehr closed hearing on **HB2216** and asked the committee if anyone objected to working it today. There were none. Representative Storm motioned to move this bill favorably for passage. Representative Hill seconded the motion. Motion passed.

Chair Landwehr asked the committee if anyone objected to working **HB2214** today. There were several questions and suggestions were made to amend it. Revisor Norman Furse will draft changes for the bill. Chair Landwehr announced that we would work **HB 2214** and **HB 2255** tomorrow.

Meeting was adjourned. Next meeting is February 20 at 1:30 P.M.

HOUSE HEALTH AND HUMAN SERVICES
COMMITTEE GUEST LIST

DATE: February 19, 2007

NAME	REPRESENTING
[illegible]	Ks Dental Assn
[illegible]	Kansas PT Assoc.
Betty Wright	Ks. Dental Board
Marcie Smith	KPTA
Mark Dwyer	KPTA
[illegible]	KPTA
Chris Shepard	DAMRON & ASSOCIATES
[illegible]	Am Adoptions
Sarah Green	KHI News Service
[illegible]	KNS
Julie Hein	Hein Law Firm
Bud Burke	KPTA
LARRY BUENING	BD OF HEALING ARTS
John Kiefhaber	Ks. Chiropractic Assn.
Dr. Travis Oller	Ks Chiropractic Assn.
Edwards [illegible]	Ks Chiropractic Assn.
Richard Sommerfeld	KSHA
Michelle Peterson	Capitol Strategies
Duane Simpson	BIO
Carolyn Bowman	KPTA
Lindsay Bahnmaier	KPTA
Ron Gaches	KOTA & KDHA

Kansas Chiropractic Association

Kansas Chiropractic Association

TESTIMONY

Before the House Committee on Health and Human Services

February 15, 2007

Chairperson Landwehr and members of the Committee:

By Executive Director John Kiefhaber:

The members of the Kansas Chiropractic Association, consisting of professional doctors of chiropractic throughout Kansas, appreciate the opportunity to be heard concerning House Bill 2483, "AN ACT concerning physical therapy…"

My name is John Kiefhaber and I am the Executive Director of the Kansas Chiropractic Association. With me today is Dr. Edward McKenzie, DC, of Holton, Kansas, who sits on our Board of Directors. Dr. McKenzie will be delivering our expert testimony on the bill after my brief introductory comments today.

The KCA does not oppose the basic idea of the changes proposed in Section 3 of the bill. We believe that professional physical therapists provide a good and needed service and that they have been upgrading their education in recent years. We commend them for this. We understand that there are very good training programs ongoing at the K. U. Medical Center and in Wichita. However, the language in current law that is being augmented in H. B. 2483 does not clarify the issue of the scope of practice of physical therapists regarding spinal manipulation adequately. This has created an issue of patient safety with professional chiropractors. Because of statutory limitations on physical therapists relating to x-ray and medical diagnosis, we are requesting an amendment to Section 1(a), line 42, adding … "or the performance of spinal manipulation or spinal mobilization."

Dr. McKenzie will explain the amendment further for you.

By Dr. Edward McKenzie:

Thank you, members of the Committee, for the chance to speak on House Bill 2483, concerning physical therapy. I would like to explain briefly some of the issues surrounding the practice of physical therapy and spinal manipulation. The spine is made up of moveable bony segments, called vertebra, that surround and protect the spinal cord.

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The spinal nerves branch off the spinal cord through openings between the vertebra and go to all parts of the body.

To be able to safely perform spinal manipulation or spinal mobilization, a practitioner needs to have training and experience as part of his or her core curriculum program. This is because there are contraindications to spinal manipulation and spinal mobilization. Musculoskeletal pain can be referred from other conditions. These include: cancer, gall bladder problems, kidney problems, heart disease and destructive bone disease, to name a few. Spinal manipulation and spinal mobilization should only be performed by practitioners licensed under the Healing Arts Act, which for the last 50 years has included only medical doctors, doctors of osteopathy and doctors of chiropractic. These three professions have the legal authority to make medical diagnoses, differential diagnoses, use roentgen rays (x-rays) and to use laboratory testing. In fact, spinal manipulation without x-ray can be considered a violation of standards of care. Although physical therapists are licensed by the Board of Healing Arts, they are not included in our Healing Arts Act for these reasons.

In order to assure a clear understanding of the limits of the scope of physical therapy practice, H. B. 2483 should be amended as presented above in this testimony.

Thank you for your time on this matter. Mr. Kiefhaber and I would be willing to answer any questions the Committee may have.

(g) "Spinal" means Cervical, the atlanto-occipital joint through C7; Thoracic T1 through T12, including the costotransverse and costovertebral junctions; Lumbar L1 through L5; Sacral - Pelvic articulations.

(h) "Manipulation" means a high velocity, low amplitude procedure that may extend beyond the voluntary range into the paraphysiologic space but remain within the anatomic bounds of the joint structures.

(i) "Mobilization" means the use of a series of smooth, slow and cyclic oscillations of a joint within its physiologic range of motion.

House Health and Human Services
DATE: 2-19-07
ATTACHMENT 2-1

Dr. Edward McKenzer

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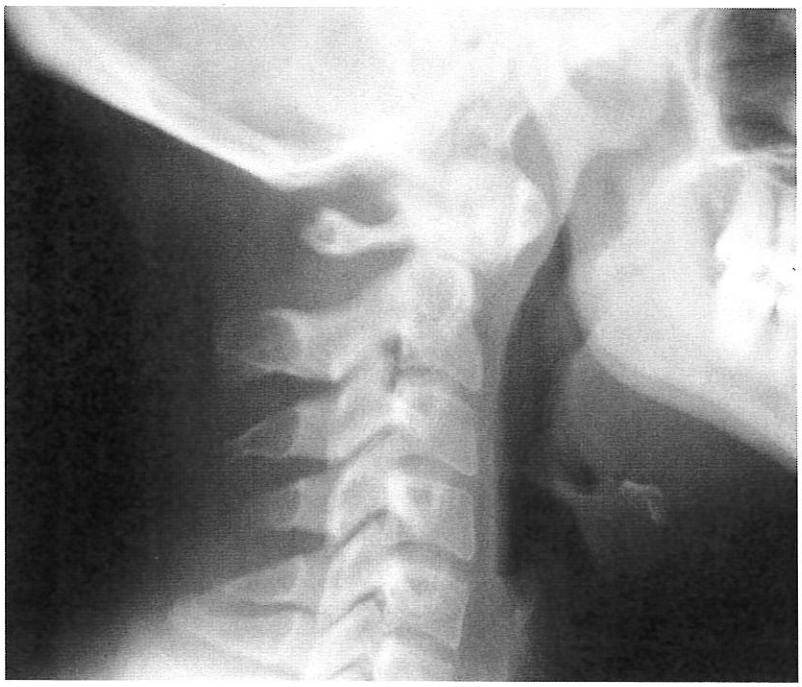

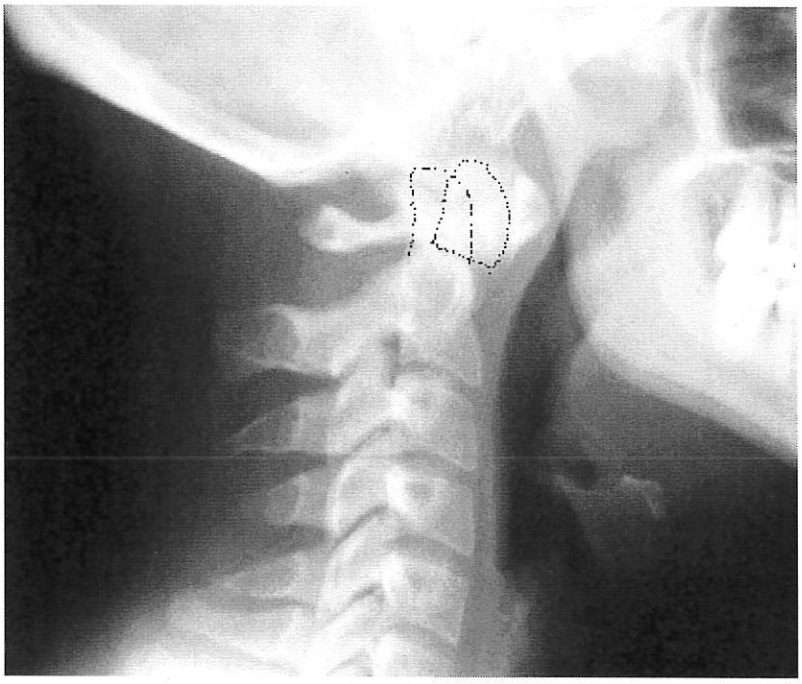

Kansas Chiropractic Association

Bloom & Associates Therapy
1045 SW Gage Blvd.
Topeka, KS 66604

February 19, 2007

Dear Members of the Health and Human Services Committee,

I am one of the three physical therapists on the Physical Therapy Advisory Council of the Kansas State Board of Healing Arts. I have several comments for your consideration before hearing the remainder of the testimony on H.B. 2483.

The Kansas Chiropractic Association has stated a plan to amend the Kansas Physical Therapy Practice Act to eliminate 'joint mobilization and manipulation' from the scope of practice of physical therapists. I question their motives in this action.

-Larry Buening, Executive Director of the Kansas Board of Healing Arts, stated to me on Feb. 16 and again on Feb. 18, 2007 that there has never been any disciplinary action against a physical therapist on a patient claim of injury from a physical therapist performing joint mobilization or manipulation in Kansas.

-Dr. Bill Boissonnault of the University of Wisconsin-Madison's Dept. of Orthopedics and Rehabilitation, and Chair of the Manipulation Task Force for the American Physical Therapy Association, stated on Feb. 16th that the peer reviewed research accepted by the C.D.C. and forwarded to insurance companies by the American Chiropractic Association to substantiate reimbursement for joint manipulation has been performed by or led by physical therapist researchers.

-The Evaluative Criteria, CC5.39 of CAPTE for credentialing all physical therapy education programs in the U.S. require that thrust and non-thrust techniques be taught in physical therapist's entry level education.

Physical Therapists have been educated to perform these techniques, have been doing so for many years and there has never been a patient injured in Kansas by a physical therapist performing joint manipulation and mobilization, as well as it being documented in the Kansas statutory scope of physical therapist practice.

Suddenly removing this part of the physical therapy scope of practice without any rationale is inappropriate and does not protect or serve the patients of Kansas. Please contact me if questions.

Sincerely,
Carolyn Bloom

Carolyn Bloom, PT
KS 00373
785.273.7700

House Health and Human Services
DATE: 2-19-07
ATTACHMENT 3-1

Orthopaedic Section Abstracts: Platform Presentations OPL1-OPL64

The abstracts below are presented as prepared by the authors. The accuracy and content of each abstract remain the responsibility of the authors. In the identification number above each abstract, OPL designates an Orthopaedic Section platform presentation.

OPL1

PRELIMINARY EXAMINATION OF THE VALIDITY OF A PROPOSED CLASSIFICATION SYSTEM FOR PATIENTS WITH NECK PAIN RECEIVING PHYSICAL THERAPY

Fritz JM, Brennan GP

Physical Therapy, University of Utah, Salt Lake City, UT; Rehabilitation Agency, Intermountain Health Care, Salt Lake City, UT

PURPOSE/HYPOTHESIS: Patients with neck pain are frequently managed in Physical Therapy. Development of valid classification methods for matching interventions to particular subgroups of patients may improve the outcomes of care. The purpose of this study was to examine the validity of a proposed classification system by comparing clinical outcomes when interventions matched the system versus the outcomes when interventions were unmatched to the system.

NUMBER OF SUBJECTS: Subjects were 274 patients (78% female; mean age, 44.2 years; SD, 12.7) with neck pain receiving physical therapy over a 1-year period.

MATERIALS/METHODS: Standardized methods for collection of baseline variables and interventions were used. Outcomes variables collected were the neck disability index (NDI), numeric pain rating, number of visits, and cost of therapy. Duration and nature of the treatment provided were left to the discretion of the Physical Therapist. Each patient was classified using baseline variables, and the interventions received by the patient were categorized as matched or unmatched to the classification. Outcomes of patients receiving matched or unmatched interventions were compared. Interrater reliability of the system was examined using 50 patients. Outcomes within each classification were examined to identify additional interventions associated with better outcomes for patients in the classification.

RESULTS: The most common classification was centralization (34.7%), followed by exercise and conditioning (32.8%), mobilization (17.5%), headache (9.1%), and pain control (5.8%). Interrater reliability for classification decisions was high (kappa = 0.95, 95% CI, 0.87-1.0). One hundred thirteen patients (41.2%) received interventions matched to their classification. Those receiving matched interventions experienced greater improvement in NDI (mean difference, 5.5 points; 95% CI, 2.6-8.4) and pain scores (mean difference, 0.75 points; 95% CI, 0.23-1.3) then those receiving unmatched interventions. Receiving matched interventions was also associated with higher median physical therapy cost. Examining the classifications separately, receiving matched interventions was associated with greater improvement in either NDI or pain scores in the mobilization and centralization classifications, and in the exercise and conditioning classification when only patients under age 65 were considered. Within each classification, additional interventions were identified that were associated with better outcomes for patients in the classification.

CONCLUSIONS: Results of this study generally support a previously proposed classification system for patients with neck pain receiving physical therapy. Receiving interventions matched to the classification system was associated with better outcomes then receiving unmatched interventions. The results also suggest opportunities for revision of the proposed system and topics for future research.

CLINICAL RELEVANCE: Development of valid classification methods for patients with neck pain may improve the outcomes of physical therapy management.

OPL2

SHORT-TERM RESPONSE OF THORACIC SPINE THRUST VERSUS NONTHRUST MANIPULATION IN PATIENTS WITH MECHANICAL NECK PAIN: A RANDOMIZED CLINICAL TRIAL

Cleland J, Glynn P, Whitman JM, Eberhart SL, MacDonald C, Childs JD

Franklin Pierce College, Hillsboro, NH; Rehabilitation Services, Concord Hospital, Concord, NH; Newton Wellsley Hospital, Boston, MA; Regis University, Denver, CO; Meric, Colorado Springs, CO; Baylor University, San Antonio, TX

PURPOSE/HYPOTHESIS: Evidence supports the use of manual physical therapy interventions such as thrust manipulation, directed at the thoracic spine in patients with neck pain. However, it is unclear whether thoracic spine thrust manipulation is more beneficial than nonthrust, lower velocity mobilization techniques. The purpose of this study was to compare the effectiveness of thoracic spine thrust versus nonthrust manipulation in patients with a primary complaint of mechanical neck pain.

NUMBER OF SUBJECTS: Consecutive patients 18 to 60 years of age with a primary complaint of neck pain who satisfied eligibility criteria were invited to participate. All patients received a standardized history and physical examination. Self-report outcome measures included the Neck Disability Index (NDI), a pain diagram, and the Numeric Pain Rating Scale (NPRS).

MATERIALS/METHODS: Following the baseline evaluation patients were randomized to receive either thoracic spine thrust or nonthrust manipulation. Patients in both groups also completed a range of motion exercise immediately following the manual intervention. Patients were re-exam-

3-2

ined 48 hours after the initial examination by a physical therapist that was blinded to group allocation. Baseline variables were compared between groups using independent *t* tests for continuous data and chi-square tests for categorical data. The primary aim was examined with 2-way repeated-measures analysis of variance (ANOVA), with treatment group (thrust versus nonthrust manipulation) as the between subjects variable and time (baseline and 48 hours) as the within subjects variable. Separate ANOVAs were performed for each dependent variable, pain (NPRS) and disability (NDI). For each ANOVA, the hypothesis of interest was the 2-way group-by-time interaction. Planned pairwise comparisons were performed at the 48-hour follow-up using the Bonferroni equality at an alpha level of .05.

RESULTS: Sixty patients, mean age 43.3 years (SD, 12.7 years) (57% female), satisfied the eligibility criteria and agreed to participate. Baseline characteristics between the groups were similar for all variables ($P>.05$). The overall 2-way group-by-time interaction for the repeated-measures ANOVA was statistically significant for disability ($P<.001$) and pain ($P<.001$). Post hoc comparisons demonstrated that patients receiving thrust manipulation experienced greater improvements in pain (NPRS, 2.6; 95% CI, 2.1-3.1) and disability (NDI, 15.5%; 95% CI, 12.5-18.9), compared to patients receiving nonthrust manipulation (NPRS, .54; 95% CI, .06-1.0 and NDI, 5.5%; 95% CI, 2.2-8.8).

CONCLUSIONS: The results of this study provide evidence that thoracic spine thrust manipulation results in significantly greater and clinically meaningful short-term reductions in pain and disability compared to thoracic nonthrust manipulation in patients with neck pain.

CLINICAL RELEVANCE: Physical therapists should consider performing thrust over nonthrust techniques directed at the thoracic spine in patients with neck pain.

OPL3

PRELIMINARY STUDY OF 2 FACTORS THAT PREDICT IMPROVED OUTCOME IN PATIENTS WITH NECK PAIN USING THORACIC MANIPULATION

[illegible] GP, Fritz JM, Hunter SJ, [illegible] S

Rehabilitation Division, Intermountain Health Care, Salt Lake City, UT; Division of Physical Therapy, University of Utah, Salt Lake City, UT

PURPOSE/HYPOTHESIS: Several factors have been identified that predict a positive clinical outcome using treatment with thoracic manipulation for patients with neck pain. Two factors with the highest positive likelihood ratios for predicting success with thoracic manipulation were duration of symptoms less than 30 days and patient report that looking up did not aggravate symptoms. The purpose of this study was to examine the relationship between these 2 factors and outcomes of treatment using thoracic manipulation in a new sample of subjects.

NUMBER OF SUBJECTS: Patients with neck pain who were less than 60 years old, did not have signs of nerve root compression, and attended at least 2 visits were included (n = 172). Patients' average age was 38.7 years (±10.1), 75% were women, 70% had no symptoms distal to the shoulder, and 54% had no prior history of neck pain.

MATERIALS/METHODS: Two subgroup analyses were performed on this sample of patients based on whether the duration of their symptoms was less than 30 days (n = 76; 58 women) or the patient reported that looking up did not aggravate symptoms (n = 97; 72 women). Differences in clinical outcomes and number of physical therapy visits were compared on the basis of whether or not patients were treated with manipulation of the thoracic region. Clinical outcomes included the Neck Disability Index (NDI) and a numeric pain score. Comparisons were made between patients who received thoracic manipulation during treatment and those who did not. Baseline variables were compared between the groups to determine equivalence. Analysis of covariance (ANCOVA) was used to examine differences between the groups in change scores for the NDI and pain. Covariates included baseline scores on the NDI and pain, sex, and age.

RESULTS: Of the patients who had symptoms less than 30 days, 28 (20 women) received manipulation and 48 did not (38 women). Patients receiving manipulation experienced greater improvement in NDI (mean difference, 6.7 points; 95% CI, 0.72-12.6). Their improvement in pain scores approached significance (mean difference, 0.99 points; 95% CI, −0.02-2.0). Receiving manipulation was associated with a greater number of visits (7.2 versus 5.1, $P = .046$). Ninety-seven patients reported that looking up did not aggravate symptoms, 32 were manipulated (22 women) and 64 were not (50 women). Those receiving manipulation experienced greater improvement in NDI (mean difference, 4.7 points; 95% CI, 0.86-9.3); however, the change in pain scores was not significant. Receiving manipulation was associated with a greater number of visits (6.2 versus 4.4, $P = .002$).

CONCLUSIONS: Results of this study generally support the consideration to use thoracic manipulation to improve patients' neck pain when the duration of symptoms is less than 30 days and/or the patient reports that looking upward does not aggravate symptoms.

CLINICAL RELEVANCE: These 2 factors are readily obtained in the clinical examination process and can facilitate an important treatment decision process that appears associated with significant clinical improvement.

OPL4

COMPARISON OF SHORT-TERM RESPONSE TO 2 SPINAL MANIPULATION TECHNIQUES FOR PATIENTS WITH LOW BACK PAIN

Sutlive TG, Mabry [illegible] Wainner RS, Childs JD

US Army-Baylor University, Fort Sam Houston, TX; Texas State University, San Marcos, TX

PURPOSE/HYPOTHESIS: To compare short-term response to 2 different manipulation techniques in a subgroup of patients with LBP who are positive on a spinal manipulation clinical prediction rule (CPR) indicating a high likelihood of experiencing a successful outcome.

NUMBER OF SUBJECTS: 60.

MATERIALS/METHODS: 60 patients with LBP identified as being likely responders to spinal manipulation based on a previously validated manipulation CPR underwent a standardized clinical examination and were randomized to receive a lumbo-pelvic (LP) manipulation or lumbar neutral gap (NG) manipulation technique. Outcome measures included pain and disability based on the Numeric Pain Rating Scale (NPRS) and Oswestry Disability Questionnaire (ODQ), respectively. The data were analyzed with a 2 × 2 repeated-measures analysis of variance, with the independent variables being group with 2 levels (LP and NG) and time (baseline and 48-hour follow-up). The hypothesis of interest was the group-by-time interaction. The alpha-level was a priori set to .05 using a 2-tailed test.

RESULTS: Both patients in the LP and NG groups experienced significant reductions in pain and disability at the 48-hour follow-up ($P<.001$). However, the group-by-time interaction was nonsignificant ($P>.05$), indicating no differences between the groups.

CONCLUSIONS: This is the first study to directly compare manipulation techniques in a subgroup of patients likely to benefit from this form of treatment. Although patients in both groups achieved statistically significant reductions in pain and disability at 48 hours, no differences in pain or disability existed between the groups ($P>.05$). Power was sufficiently high to detect differences should they have existed (>80%).

CLINICAL RELEVANCE: These data provide evidence to suggest that choice of technique may be largely a matter of clinician preference during the first 48 hours. However, the short-term follow-up limited the opportunity for clinically meaningful change to occur in either group. Therefore, future studies should address longer periods of follow-up and multiple treatment sessions.

OPL5

EFFECT OF CLASSIFYING PATIENTS WITH SPINAL SYNDROMES BY PAIN PATTERN AND FEAR-AVOIDANCE BELIEFS OF PHYSICAL ACTIVITY

Werneke M, Hart [illegible]

3-3

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KANSAS

KANSAS DENTAL BOARD

KATHLEEN SEBELIUS, GOVERNOR

Testimony re: **HB 2214**
House Health and Human Services Committee
Presented by Betty Wright
February 19, 2007

Chairperson Landwehr and Members of the Committee:

My name is Betty Wright, and I am the Executive Director of the Kansas Dental Board. The Board consists of nine members: six dentists, two hygienists and one public member. The mission of the Dental Board is to protect the public through licensure and regulation of the dental profession.

HB 2214 was drafted by the board to revise **K.S.A 65-1444.** The board is in the process of drafting new regulations pertaining to sedation permits. The additional language to KSA 65-1444 will provide the board statutory authority to take the disciplinary actions of revocation, suspension, limitation and fining sedation permits when there has been a violation of sedation requirements or unprofessional conduct.

We would like to amend this bill to include a change from HB2215 to grant statutory authority to collect fees for permits granted at **K.S.A. 2006 Supp. 65-1447(b)** to include in the list of fees the board shall collect:

Permits – not more than.....$200

If you have any questions about these revisions, please call me personally 296-4690. Thank you for your help.

Sincerely,

Betty Wright

Betty Wright
Executive Director

House Health and Human Services
DATE: 2-19-07
ATTACHMENT 4

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KANSAS

KANSAS DENTAL BOARD

KATHLEEN SEBELIUS, GOVERNOR

Testimony re: **HB 2216**
House Health and Human Services Committee
Presented by Betty Wright
February 19, 2007

Chairperson Landwehr and Members of the Committee:

My name is Betty Wright, and I am the Executive Director of the Kansas Dental Board. The Board consists of nine members: six dentists, two hygienists and one public member. The mission of the Dental Board is to protect the public through licensure and regulation of the dental profession.

HB 2216 was drafted by the Kansas Dental Board to revise **K.S.A. 65-1431.**This statute refers to the current system of renewing licensees biennially. Since the board has been renewing dentists in even years, and hygienists in odd years, it has created an uneven revenue stream for the agency. The fact that we received our highest revenues the years when dentists renewed, then our lowest revenues the next year when hygienists renewed, caused problems with the budget for years. Every other year the board had to request Governor's Budget Amendments in order to meet it's financial obligations. The legislature requested that the agency create an even revenue stream. The revision of KSA 65-1431 in HB2216 will allow the board to renew licenses every two years according to license numbers, rather than by profession. It allows a staggering of renewals, so that some licensees can be renewed for one year in order to adjust their renewals to conform with licensing the even numbered licensees on the even numbered years. The odd license numbers will renew for one year to conform to the odd years. By FY 2010 all licensees will be renewing biennially and the revenues through renewals will be evenly balance each year.

If you have any questions about these revisions, please call me personally 296-4690. Thank you for your help. The proposed drafts are attached to this letter, three documents.

Sincerely,

Betty Wright

Betty Wright
Executive Director

House Health and Human Services
DATE: 2-19-07
ATTACHMENT 5