

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 14, 2007 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
Nobuko Folmsbee, Office of Revisor of Statutes
Morgan Dreyer, Committee Secretary

Conferees appearing before the committee:

Gilbert Cruz: Appointment for State Long-Term Care Ombudsman
Bud Burke, Kansas Physical Therapy Association
Paul Silovsky, Legislative Chair, Kansas Physical Therapy Association
Marcie Swift, PT, The University of Kansas Medical Center, PT program
Jerry Slaughter, Kansas Medical Society
Dr. Travis Oller, Legislative Chair, Kansas Chiropractic Association

Others attending:

See attached list.

Upon calling the meeting to order, Chairman Barnett asked that the Committee review the Minutes for March 7, 2007 and March 8, 2007 for approval at the end of the meeting.

Confirmation Hearing of Appointment

The Chair called upon Gilbert Cruz, Appointment for State Long-Term Care Ombudsman for the State of Kansas. Mr. Cruz thanked the Committee for the opportunity to come before them and introduced his family, and staff and gave some background information on himself.

Comments came from Senator Schmidt regarding that she knows Mr. Cruz in working on the Aging Committee and is very impressed with him and is glad to have him here for the Appointment of State Long-Term Care Ombudsman.

Comments came from Senator Haley joins with Senator Schmidt's comments in that he has worked with Mr. Cruz from the Aging Committee and that the Committee is fortunate to have him for this nomination to the full Senate.

Questions came from Brungardt regarding audits, enforcement, size of current staff.

The motion was made by Senator Haley to recommend to the full Senate the nomination of Gilbert Cruz for the position of State Long-Term Care Ombudsman. It was seconded by Senator Schmidt and the motion carried.

Action on HB 2214 – An act concerning the Kansas Dental Board; relating to sedation permits

Materials from the **HB 2214** hearing were included for the members to review. A copy of the materials are (Attachment 1) attached hereto and incorporated into the Minutes as referenced.

Nobuko Folmsbee handed out the balloons and new drafts of **HB 2214** to the Committee, as well as, explained the balloon. A copy of the balloons and bill drafts are (Attachment 2) attached hereto and incorporated into the Minutes as referenced.

Questions came from Senators Schmidt and Palmer regarding professional conduct for sedation permits, defined unprofessional conduct, how active is the Kansas Dental Board, complaints.

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on March 14, 2007 in Room 231-N of the Capitol.

The motion was made by Senator Schmidt to adopt the balloon amendment and move the bill out favorably. It was seconded by Senator Jordan and the motion carried.

Chairman Barnett called upon Terri Weber to read and explain **HB 2483**.

The chair then announced that he would open the hearing on **HB 2483**.

Hearing on HB 2483 – An act concerning physical therapy

Chairman Barnett called upon proponent conferee, Bud Burke, Kansas Physical Therapy Association who stated his gratitude in creating the language and legislation and recognized those who all helped him to do so. He also had Nobuko hand out his balloon for the bill.

No questions came from the Committee.

The Chair then called upon proponent conferee Paul Silovsky, Legislative Chair, Kansas Physical Therapy Association who stated that direct access to a licensed physical therapist should encourage preventative care, make physical therapy services available to more people, allow for an earlier return to work and healthy lifestyles and reduce the need for long term care by providing early intervention. A copy of his testimony is (Attachment 3) attached hereto and incorporated into the Minutes as referenced.

No questions came from the Committee.

Chairman Barnett called upon proponent conferee, Marcie Swift, PT, The University of Kansas Medical Center, PT program who stated her support for the bill, as well as, background to physical therapist's education, and support for inclusion of wellness as an amendment to **HB 2483**. A copy of her testimony is (Attachment 4) attached hereto and incorporated into the Minutes as referenced.

No questions came from the Committee.

The Chair called upon the last proponent conferee, Jerry Slaughter, Kansas Medical Society who stated that the bill allows PTs to initiate treatment on individuals without a physician referral, under certain conditions. A copy of his testimony is (Attachment 5) attached hereto and incorporated into the Minutes as referenced.

Questions came from Senator Barnett and Emalene Correll regarding referrals, current treatment of patient, out-of-state referrals, acceptance of out-of -state orders.

Chairman Barnett then called upon neutral conferee, Dr. Travis Oller, Legislative Chair, Kansas Chiropractic Association who stated that they have discussed with the KPTA about their concerns with this amendment language as well as our concerns about education levels; however, at this time we have not resolved these issues. A copy of his testimony is (Attachment 6) attached hereto and incorporated into the Minutes as referenced.

Questions came from Senators Haley and Palmer regarding technical change, what degrees and hours to physical therapist have.

Chairman Barnett announced that the Committee would work the bill one week from today and closed the hearing on **HB 2483**.

The Chair announced that the final item on the agenda was for the Minutes for the Senate Public Health and Welfare Committee on March 7, 2007 and March 8, 2007.

The motion was made by Senator Schmidt to approve the Minutes. It was seconded by Senator Jordan and the motion carried.

Adjournment

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on March 14, 2007 in Room 231-N of the Capitol.

As there were no more items on the agenda, the meeting adjourned at 2:30 p.m.

The next meeting is scheduled for March 15, 2007.

Senate Public Health and Welfare Committee

Wed, March 14, 2007

Please Sign In

Scott Heidner

KS ~~Occupational Ther. Assoc.~~ Occupational Ther. Assoc.

Nancy Octor

KS LTC ombudsman -

Lindsey Douglas

Hein Law Firm

Chip Wheelen

Asn of Osteo. Medicine

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CRAIG KABERLINE

K4A

KEVIN ROBERTSON

KS DENTAL ASSN

Jean Kraus

HGP

Mary Sloan

KAHSA

JERRY SAWYER

KHHS

Samantha Britton

KPTA

Candyn Bloom

KPTA

Betty Wright

Ks Dental Board

Cynthia Baird

LTCO

James P. Hoopes

LTCO

William A. Fedake

AOA / Admin.

Dr. Travis Oller

Kansas Chiropractic Association

John Kiefhaber

Ks Chiropractic Association

LARRY BUENING

BD OF HEALING ARTS

Sherrill Cruz

Guest

Daryl Merke PT

Ks Physical Therapy Assoc.

Marcie Swift

KPTA

Mark Dwyer

KS P.T. Association



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KANSAS DENTAL BOARD

KATHLEEN SEBELIUS, GOVERNOR

Testimony re: **HB 2214**
Senate Public Health and Welfare Committee
Presented by Betty Wright
March 7, 2007

Chairman Barnett 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.

The house also amended the 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)**. The list of fees the board shall collect is amended to include:

Sedation permit – not more than..... \$200

The board has proposed the bill and I am glad to stand for questions by the committee.

Sincerely,

Betty Wright
Executive Director

Senate Public Health and
Attachment #1 Welfare Committee
March 14, 2007

HOUSE BILL No. 2483

By Committee on Health and Human Services

2-8

10 AN ACT concerning physical therapy; amending K.S.A. 2006 Supp. 65-
11 2901 and 65-2912 and repealing the existing ~~section sections~~.

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

14 Section 1. K.S.A. 2006 Supp. 65-2901 is hereby amended to read as
15 follows: 65-2901. As used in article 29 of chapter 65 of the Kansas Statutes
16 Annotated and acts amendatory of the provisions thereof or supplemental
17 thereto:

18 (a) "Physical therapy" means examining, evaluating and testing indi-
19 viduals with mechanical, anatomical, physiological and developmental im-
20 pairments, functional limitations and disabilities or other health and
21 movement-related conditions in order to determine a diagnosis solely for
22 physical therapy, prognosis, plan of therapeutic intervention and to assess
23 the ongoing effects of physical therapy intervention. Physical therapy also
24 includes alleviating impairments, functional limitations and disabilities by
25 designing, implementing and modifying therapeutic interventions that
26 may include, but are not limited to, therapeutic exercise; functional train-
27 ing in community or work integration or reintegration; manual therapy;
28 therapeutic massage; prescription, application and, as appropriate, fab-
29 rication of assistive, adaptive, orthotic, prosthetic, protective and suppor-
30 tive devices and equipment; airway clearance techniques; integumentary
31 protection and repair techniques; debridement and wound care; physical
32 agents or modalities; mechanical and electrotherapeutic modalities; pa-
33 tient-related instruction; reducing the risk of injury, impairments, func-
34 tional limitations and disability, including the promotion and maintenance
35 of fitness, health and quality of life in all age populations and engaging in
36 administration, consultation, education and research. Physical therapy
37 also includes the care and services provided by a physical therapist or a
38 physical therapist assistant under the direction and supervision of a phys-
39 ical therapist that is licensed pursuant to this act. Physical therapy does
40 not include the use of roentgen rays and radium for diagnostic and ther-
41 apeutic purposes, the use of electricity for surgical purposes, including
42 cauterization, the practice of any branch of the healing arts and the mak-
43 ing of a medical diagnosis.

1

Nobuko
Folmsbee

Senate Public Health and Welfare
Committee
Attachment # 2
March 14, 2007

1 (b) (1) "Physical therapist" means a person who is licensed to prac-
 2 tice physical therapy pursuant to this act. Any person who successfully
 3 meets the requirements of K.S.A. 65-2906 and amendments thereto shall
 4 be known and designated as a physical therapist and may designate or
 5 describe oneself as a physical therapist, physiotherapist, licensed physical
 6 therapist, P.T., Ph. T., M.P.T., D.P.T. or L.P.T.

7 (2) *Except as otherwise provided in this section subsection (b)(3),*
 8 physical therapists may evaluate patients without physician referral but
 9 may initiate treatment only after ~~consultation with~~ and approval by a li-
 10 censed physician licensed to practice medicine and surgery, a licensed
 11 podiatrist, a licensed physician assistant or an advanced registered nurse
 12 practitioner working pursuant to the order or direction of a person li-
 13 censed to practice medicine and surgery, a licensed chiropractor or a
 14 licensed dentist in appropriately related cases or a therapeutic licensed
 15 optometrist pursuant to subsection (e) of K.S.A. 65-1501, and amend-
 16 ments thereto.

17 (3) *Physical therapists may evaluate and treat a patient for no more*
 18 *than 30 consecutive calendar days without a referral under the following*
 19 *conditions: (A) The patient has previously been referred to a physical*
 20 *therapist for physical therapy services by a licensed physician, a licensed*
 21 *podiatrist, a licensed physician assistant or an advanced registered nurse*
 22 *practitioner working pursuant to the order, direction or practice protocol*
 23 *of a person licensed to practice medicine and surgery, a licensed chiro-*
 24 *practor or a licensed dentist in appropriately related cases or a therapeu-*
 25 *tic licensed optometrist pursuant to subsection (e) of K.S.A. 65-1501 and*
 26 *amendments thereto; (B) the patient's referral for physical therapy was*
 27 *made within one year from the date a physical therapist implements a*
 28 *program of physical therapy treatment without referral; (C) the physical*
 29 *therapy being provided to the patient without referral is for the same*
 30 *injury, disease or condition as indicated in the referral for such previous*
 31 *injury, disease or condition; and (D) the physical therapist transmits to*
 32 *the physician or other practitioner identified by the patient a copy of the*
 33 *initial evaluation no later than five business days after treatment com-*
 34 *mences. Treatment for more than 30 consecutive calendar days of such*
 35 *patient shall only be upon the approval of a licensed physician, a licensed*
 36 *podiatrist, a licensed physician assistant or an advanced registered nurse*
 37 *practitioner working pursuant to the order, direction or practice protocol*
 38 *of a person licensed to practice medicine and surgery, a licensed chiro-*
 39 *practor or a licensed dentist in appropriately related cases or a therapeu-*
 40 *tic licensed optometrist pursuant to subsection (e) of K.S.A. 65-1501 and*
 41 *amendments thereto.*

42 (c) "Physical therapist assistant" means a person who is certified pur-
 43 suant to this act and who works under the direction of a physical therapist,

(4) Physical therapists may provide, without a referral, physical therapy services which do not constitute treatment for a specific condition, disease or injury to: (A) Employees solely for the purpose of education and instruction related to workplace injury prevention; or (B) the public for the purpose of fitness, health promotion and education.

(5) Physical therapists may provide physical therapy services without a referral to special education students who need physical therapy services to fulfill the provisions of their individualized education plan (IEP) or individualized family service plan (IFSP).

1 and who assists the physical therapist in selected components of physical
 2 therapy intervention. Any person who successfully meets the require-
 3 ments of K.S.A. 65-2906 and amendments thereto shall be known and
 4 designated as a physical therapist assistant, and may designate or describe
 5 oneself as a physical therapist assistant, certified physical therapist assis-
 6 tant, P.T.A., C.P.T.A. or P.T. Asst.

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

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

9 (f) "*Physician*" means a person licensed to practice medicine and sur-
 10 gery by the board.

11 Sec. 2. K.S.A. 2006 Supp. 65-2912 is hereby amended to read
 12 as follows: 65-2912. (a) The board may refuse to grant a license to
 13 any physical therapist or a certificate to any physical therapist as-
 14 sistant, or may suspend or revoke the license of any licensed phys-
 15 ical therapist or certificate of any certified physical therapist as-
 16 sistant, or may limit the license of any licensed physical therapist
 17 or certificate of any certified physical therapist assistant or may
 18 censure a licensed physical therapist or certified physical therapist
 19 assistant for any of the following grounds:

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

22 (2) conviction of a felony if the board determines, after inves-
 23 tigation, that the physical therapist or physical therapist assistant
 24 has not been sufficiently rehabilitated to warrant the public trust;

25 (3) obtaining or attempting to obtain licensure or certification
 26 by fraud or deception;

27 (4) finding by a court of competent jurisdiction that the phys-
 28 ical therapist or physical therapist assistant is a disabled person
 29 and has not thereafter been restored to legal capacity;

30 (5) unprofessional conduct as defined by rules and regulations
 31 adopted by the board;

32 (6) the treatment or attempt to treat ailments or other health
 33 conditions of human beings other than by physical therapy and as
 34 authorized by this act;

35 (7) failure to refer patients to other health care providers if
 36 symptoms are present for which physical therapy treatment is in-
 37 advisable or if symptoms indicate conditions for which treatment
 38 is outside the scope of knowledge of the licensed physical
 39 therapist;

40 ~~(8) initiating treatment without prior consultation and approval by a~~
 41 ~~physician licensed to practice medicine and surgery, by a licensed podi-~~
 42 ~~atrist, by a licensed physician assistant or by an advanced registered nurse~~
 43 ~~practitioner working pursuant to the order or direction of a person li-~~

1 ~~icensed to practice medicine and surgery; by a licensed chiropractor, by~~
2 ~~a licensed dentist or by a therapeutic licensed optometrist pursuant to~~
3 ~~subsection (c) of K.S.A. 65-1501, and amendments thereto evaluating or~~
4 ~~treating patients in a manner not consistent with subsection (b)(2) or~~
5 ~~(b)(3), or both, of K.S.A. 65-2901, and amendments thereto; and~~

6 (9) knowingly submitting any misleading, deceptive, untrue or
7 fraudulent misrepresentation on a claim form, bill or statement.

8 (b) All proceedings pursuant to article 29 of chapter 65 of the
9 Kansas Statutes Annotated, and acts amendatory of the provisions
10 thereof or supplemental thereto, shall be conducted in accordance
11 with the provisions of the Kansas administrative procedure act and
12 shall be reviewable in accordance with the act for judicial review
13 and civil enforcement of agency actions.

14 Sec. 2 3. K.S.A. 2006 Supp. 65-2901 is and 65-2912 are hereby
15 repealed.

16 Sec. 3 4. This act shall take effect and be in force from and after its
17 publication in the statute book.

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2-5

1 (b) (1) "Physical therapist" means a person who is licensed to prac-
2 tice physical therapy pursuant to this act. Any person who successfully
3 meets the requirements of K.S.A. 65-2906 and amendments thereto shall
4 be known and designated as a physical therapist and may designate or
5 describe oneself as a physical therapist, physiotherapist, licensed physical
6 therapist, P.T., Ph. T., M.P.T., D.P.T. or L.P.T.

7 (2) Except as otherwise provided in this section subsection (b)(3),
8 physical therapists may evaluate patients without physician referral but
9 may initiate treatment only after consultation with and approval by a li-
10 censed physician licensed to practice medicine and surgery, a licensed
11 podiatrist, a licensed physician assistant or an advanced registered nurse
12 practitioner working pursuant to the order or direction of a person li-
13 censed to practice medicine and surgery, a licensed chiropractor or a
14 licensed dentist in appropriately related cases or a therapeutic licensed
15 optometrist pursuant to subsection (e) of K.S.A. 65-1501, and amend-
16 ments thereto.

17 (3) Physical therapists may evaluate and treat a patient for no more
18 than 30 consecutive calendar days without a referral under the following
19 conditions: (A) The patient has previously been referred to a physical
20 therapist for physical therapy services by a licensed physician, a licensed
21 podiatrist, a licensed physician assistant or an advanced registered nurse
22 practitioner working pursuant to the order, direction or practice protocol
23 of a person licensed to practice medicine and surgery, a licensed chiro-
24 practor or a licensed dentist in appropriately related cases or a therapeu-
25 tic licensed optometrist pursuant to subsection (e) of K.S.A. 65-1501 and
26 amendments thereto; (B) the patient's referral for physical therapy was
27 made within one year from the date a physical therapist implements a
28 program of physical therapy treatment without referral; (C) the physical
29 therapy being provided to the patient without referral is for the same
30 injury, disease or condition as indicated in the referral for such previous
31 injury, disease or condition; and (D) the physical therapist transmits to
32 the physician or other practitioner identified by the patient a copy of the
33 initial evaluation no later than five business days after treatment com-
34 mences. Treatment for more than 30 consecutive calendar days of such
35 patient shall only be upon the approval of a licensed physician, a licensed
36 podiatrist, a licensed physician assistant or an advanced registered nurse
37 practitioner working pursuant to the order, direction or practice protocol
38 of a person licensed to practice medicine and surgery, a licensed chiro-
39 practor or a licensed dentist in appropriately related cases or a therapeu-
40 tic licensed optometrist pursuant to subsection (e) of K.S.A. 65-1501 and
41 amendments thereto.

42 (c) "Physical therapist assistant" means a person who is certified pur-
43 suant to this act and who works under the direction of a physical therapist,

← (b)(4) and (b)(5),

← an

physician

an

, provided that any such referral was made by a person with the appropriate license, registration or certification required for the respective practice in the jurisdiction regulating such practice

physician

an

2-6

1 censed to practice medicine and surgery, by a licensed chiropractor, by
 2 a licensed dentist or by a therapeutic licensed optometrist pursuant to
 3 subsection (c) of K.S.A. 65-1501, and amendments thereto *evaluating or*
 4 *treating patients in a manner not consistent with subsection (b)(2) or*
 5 *(b)(3), or both, of K.S.A. 65-2901, and amendments thereto; and*

[redacted]

6 (9) knowingly submitting any misleading, deceptive, untrue or
 7 fraudulent misrepresentation on a claim form, bill or statement.

(b)(4) or (b)(5)

8 (b) All proceedings pursuant to article 29 of chapter 65 of the
 9 Kansas Statutes Annotated, and acts amendatory of the provisions
 10 thereof or supplemental thereto, shall be conducted in accordance
 11 with the provisions of the Kansas administrative procedure act and
 12 shall be reviewable in accordance with the act for judicial review
 13 and civil enforcement of agency actions.

14 Sec. 2 3. K.S.A. 2006 Supp. 65-2901 is and 65-2912 are hereby
 15 repealed.

16 Sec. 3 4. This act shall take effect and be in force from and after its
 17 publication in the statute book.

3

2-7

HT

1 (b) (1) "Physical therapist" means a person who is licensed to practice physical therapy pursuant to this act. Any person who successfully meets the requirements of K.S.A. 65-2906 and amendments thereto shall be known and designated as a physical therapist and may designate or describe oneself as a physical therapist, physiotherapist, licensed physical therapist, P.T., Ph. T., M.P.T., D.P.T. or L.P.T.

7 (2) Except as otherwise provided in this section subsection (b)(3), physical therapists may evaluate patients without physician referral but may initiate treatment only after consultation with and approval by a ~~physician~~ ~~licensed to practice medicine and surgery~~, a ~~licensed~~ podiatrist, a ~~licensed~~ physician assistant or an advanced registered nurse practitioner working pursuant to the order or direction of a ~~person licensed to practice medicine and surgery~~, a ~~licensed~~ chiropractor or a ~~licensed~~ dentist in appropriately related cases or ~~a therapeutic licensed~~ optometrist ~~pursuant to subsection (c) of K.S.A. 65-1501 and amendments thereto.~~

17 (3) Physical therapists may evaluate and treat a patient for no more than 30 consecutive calendar days without a referral under the following conditions: (A) The patient has previously been referred to a physical therapist for physical therapy services by a ~~licensed~~ physician, a ~~licensed~~ podiatrist, a ~~licensed~~ physician assistant or an advanced registered nurse practitioner working pursuant to the order, direction or practice protocol of a ~~person licensed to practice medicine and surgery~~, a ~~licensed~~ chiropractor or a ~~licensed~~ dentist in appropriately related cases or ~~a therapeutic licensed~~ optometrist ~~pursuant to subsection (c) of K.S.A. 65-1501 and amendments thereto~~; (B) the patient's referral for physical therapy was made within one year from the date a physical therapist implements a program of physical therapy treatment without referral; (C) the physical therapy being provided to the patient without referral is for the same injury, disease or condition as indicated in the referral for such previous injury, disease or condition; and (D) the physical therapist transmits to the physician or other practitioner identified by the patient a copy of the initial evaluation no later than five business days after treatment commences. Treatment for more than 30 consecutive calendar days of such patient shall only be upon the approval of a ~~licensed~~ physician, a ~~licensed~~ podiatrist, a ~~licensed~~ physician assistant or an advanced registered nurse practitioner working pursuant to the order, direction or practice protocol of a ~~person licensed to practice medicine and surgery~~, a ~~licensed~~ chiropractor or a ~~licensed~~ dentist in appropriately related cases or ~~a therapeutic licensed~~ optometrist ~~pursuant to subsection (c) of K.S.A. 65-1501 and amendments thereto~~.

42 (c) "Physical therapist assistant" means a person who is certified pursuant to this act and who works under the direction of a physical therapist,

← (b)(4) and (b)(5),

← an

, provided that any such approval was made by a person with the appropriate license, registration or certification required for the respective practice in the jurisdiction regulating such practice

physician

an

, provided that any such referral was made by a person with the appropriate license, registration or certification required for the respective practice in the jurisdiction regulating such practice

physician

an

8-2

1 licensed to practice medicine and surgery; by a licensed chiropractor, by
2 a licensed dentist or by a therapeutic licensed optometrist pursuant to
3 subsection (c) of K.S.A. 65-1501, and amendments thereto *evaluating or*
4 *treating patients in a manner not consistent with subsection (b)(2)* [redacted]
5 *(b)(3), or both* of K.S.A. 65-2901, and amendments thereto; and

[redacted]

6 (9) knowingly submitting any misleading, deceptive, untrue or
7 fraudulent misrepresentation on a claim form, bill or statement.

(b)(4) or (b)(5)

8 (b) All proceedings pursuant to article 29 of chapter 65 of the
9 Kansas Statutes Annotated, and acts amendatory of the provisions
10 thereof or supplemental thereto, shall be conducted in accordance
11 with the provisions of the Kansas administrative procedure act and
12 shall be reviewable in accordance with the act for judicial review
13 and civil enforcement of agency actions.

14 Sec. 3. K.S.A. 2006 Supp. 65-2901 is and 65-2912 are hereby
15 repealed.

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

March 14, 2007

Public Health and Welfare Committee

**Paul Silovsky PT
Legislative Chair
Kansas Physical Therapy Association**

Chairman Barnett and Members of the Public Health and Welfare Committee, my name is Paul Silovsky and I am here to testify as a proponent of HB 2483. I am the current Legislative Chair of the Kansas Physical Therapy Association and have been a Physical Therapist in Kansas for 20 years as well as a private business owner for the past 13 years. I have provided on this first page, a brief summary of my entire testimony on the subsequent pages.

1. **This bill will not change or alter the current scope of PT practice in Kansas.**
2. **This bill only allows a PT to initiate treatment for 30 days without referral, for those patients with a previous condition that was treated by a PT within the last year.**
3. **This bill will not affect or mandate third party reimbursement of PT services in any way.**
4. **This will improve access and reduce costs by removing unnecessary and costly barriers through early intervention, reducing chronicity of conditions and by improving functional outcomes.**
5. **There has been no documented proof of increased liability or risk to the consumer with the implementation of direct access to a physical therapist. This has been proven through both liability and state board documentation in direct access states.**
6. **We will be offering an amendment today that will allow public access to a physical therapist for prevention, education and fitness instruction to public without a condition, disease or injury. PT's are the only currently licensed provider in this state who can not perform prevention, education or fitness instruction activities to the public without prior referral or authorization.**

Senate Public Health and Welfare
Attachment # 3
March 14, 2007
Committee

Very simply stated, HB 2483 gives the public limited access and the choice in to see a physical therapist for physical therapy evaluation and treatment for up to 30 days without a referral from one of the licensed professionals that are listed within our current statutes.

I would like to summarize for you what this bill will provide for all Kansans as well as provide several assurances why direct consumer access to a physical therapist will be good public policy in this state.

1. HB 2483 does not in any way alter the currently workable scope of physical therapist practice.
2. This legislation allows the consumer to choose a physical therapist for physical therapy treatment within the selected situations described in this bill. HB 2483 presents one of the most restrictive set of provisions currently allowed by law within the 44 states that do allow some form of direct consumer access for treatment from a physical therapist. Therefore, this bill will not compromise patient safety as already proven by current direct consumer access workability across the nation.
3. This bill will not affect or mandate third party reimbursement of physical therapy services in any way.
4. Current law makes it an unnecessary and costly requirement to see another provider before accessing a physical therapist for physical therapy services. HB 2483 will improve access and reduce costs to the consumer by not requiring additional physician visits in order to access a physical therapist in selected situations. This bill also allows for earlier intervention by the physical therapist which has been proven to prevent or reduce the chronicity of pain and function, improve health care outcomes, and reduce consumer costs.
5. Direct Consumer Access to a physical therapist poses no documented risk or harm to patients. There is no data available to support this past claim in those states with direct access to a physical therapist. In fact HPSO, the leading provider of professional liability coverage to the physical therapy profession states that there is "no premium differential between direct access and non-direct access states". In addition the Federation of State

Boards of Physical Therapy attests to the fact that there is no increase in the number or severity of disciplinary cases in direct access jurisdictions as compared to those jurisdictions that do not have any form of direct access.

6. As a Physical Therapist and business owner, the current law limits the trade of physical therapy. It creates unnecessary barriers for the public to the care and prevention functions that are provided by the professionals with a degree in physical therapy. Many of my staff and the public that we serve are frustrated by the lack of immediate access to a physical therapist. Ironically, PT professionals with high levels of education and expertise related to the prevention, evaluation and treatment of musculoskeletal conditions are not permitted by law, to apply the skill and knowledge that we have acquired without prior referral. Yet less qualified providers or unregulated providers can access the public and apply interventions without the approval of a physician.

In conclusion, direct access to a licensed physical therapist should encourage preventative care, make physical therapy services available to more people, allow for an earlier return to work and healthy lifestyles and reduce the need for long term care by providing early intervention.

Thank you for the opportunity to testify in the support of House Bill 2483. I would be happy to answer any questions.

Respectfully submitted,

Paul Silovsky PT

March 14, 2007

Senate Public Health and Welfare Committee

From:

Marcie Swift PT
The University of Kansas Medical Center
Physical Therapy Program

RE: House Bill 2483

Chairman Barnett and Members of the Senate Public Health and Welfare Committee, my name is Marcie Swift and I am here to testify as a proponent of HB 2483. I am a physical therapist, licensed in the state of Kansas for 11 years. I have been a faculty member for the Physical Therapy program at the University of Kansas for 7 years. I have provided a bullet summary of my testimony below that outlines the educational training of a physical therapist. The remaining pages of this letter include detailed supports of the summary provided below.

- 1 The University of Kansas' Physical Therapy program, along with 75% of other physical therapy programs across the nation, offers a doctoral degree in Physical Therapy. The doctoral degree is a 3-year doctoral program that is rigorous and includes extensive training in recognition of patient examination findings that are appropriate for physical therapy treatments.
- 2 There are several consensus documents containing curricular guidelines that **all** physical therapy programs must adhere to in order to maintain their accreditation status. These documents clearly articulate required course content related to the ability of knowing when to refer a patient to a physician. The first document is **The Guide to Physical Therapist Practice** that clearly describes our scope of practice. Two documents, **The Normative Model of Physical Therapist Professional Education and the Minimum Required Skills of Physical Therapist Graduates at Entry-Level**, outline the educational training that must be taught within physical therapy programs.
- 3 One area of educational training in physical therapy programs includes promoting wellness to the healthy individual of all ages. In fact, as one of the top-ranked physical therapy programs in the country, the faculty of the Department of Physical Therapy and Rehabilitation Science at KUMC currently has obtained over 5 million dollars in external grants. The funded research projects include over 3 million dollars in grants focused on exercise and diabetes.
- 4 Manipulation is one of many interventions that are taught to physical therapy students based on the documents mentioned above that guide curriculum development of all physical therapy programs in the United States.
- 5 Physical therapy programs meet the appropriate standards of education through accreditation by the **Commission on Accreditation of Physical Therapy Education (CAPTE)**. CAPTE is the **ONLY** agency in the United States recognized to accredit educational programs for the preparation of physical therapists. It is the only agency with the expertise and credentials to pass judgment regarding the scope and quality of physical therapists' training.

Background to Physical Therapist's Education:

The University of Kansas' Physical Therapy program along with many other physical therapy programs across the nation offers a doctoral degree in Physical Therapy. The doctoral degree is now the entry level degree with more than 75% of physical therapy programs offering this degree with the expectation that by 2010 all physical therapy programs will be at the DPT level.

Physical Therapy programs include a select group of students who, prior to physical therapy school, have achieved an average a 3.8 GPA in a science-based undergraduate 4-year curriculum

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with numerous extra-curricular activities including working in the health field with patients. Once this select group of students has been accepted into the physical therapy programs, they go through a 3-year doctoral program that is rigorous and includes extensive training in recognition of patient examination findings that are appropriate for physical therapy treatments.

There are several consensus documents containing curricular guidelines that **all** physical therapy programs must adhere to in order to maintain their accreditation status. These documents clearly articulate required course content related to the ability of knowing when to refer a patient to a physician. This curricular content is found in all examination/ evaluation courses and throughout the programs' clinical science tracks. The first document is **The Guide to Physical Therapist Practice** that clearly describes our scope of practice. How do we know if graduates from PT programs are competent practitioners? Two documents, **The Normative Model of Physical Therapist Professional Education and the Minimum Required Skills of Physical Therapist Graduates at Entry-Level**, outline the educational training that must be taught within physical therapy programs. Based on these two documents, KU's physical therapy program includes differential diagnosis instruction in the classroom and clinical setting. Students learn screening tests and extensive triage tests to determine the appropriateness of a patient for physical therapy care or if the patient needs to be referred to their physician. At the time of graduation, students are able to perform a thorough history and physical examination and determine if the patient is appropriate for physical therapy care. If the patient is appropriate for PT care, the student designs an individualized exercise/intervention program and continually reassesses the patient's progress with each visit.

Physical therapy programs meet the appropriate standards of education through accreditation by the **Commission on Accreditation of Physical Therapy Education (CAPTE)**. CAPTE is the **ONLY** agency in the United States recognized to accredit educational programs for the preparation of physical therapists. It is the only agency with the expertise and credentials to pass judgment regarding the scope and quality of physical therapists' training.

Support For Inclusion of Wellness as an Amendment to HB 2483

As one of the top-ranked PT programs in the country, the faculty of the Department of Physical Therapy and Rehabilitation Science currently has obtained over 5 million dollars in external grants. The funded research projects include over 3 million dollars in grants focused on exercise and diabetes. The KU Diabetes Research Laboratory is directed by faculty in the Department of Physical Therapy and Rehabilitation Science with grants from the National Institutes of Health, the Juvenile Diabetes Research Foundation, and the American Heart Association. Using animal models the group examines the molecular effects of exercise in pre-diabetes and diabetes. In addition, a human exercise laboratory studies the positive effects of exercise on weight loss and diabetes management. This work is managed by Drs. Lisa Stehno-Bittel PT, PhD, Irina Smirnova PhD, and Yvonne Searls, PT, PhD.

Other human studies in the department are directed by Dr. Nandini Deshpandi, PT, PhD. She has grant funding from NIH to study the effects of exercise on the quality of gait in healthy aging. This work is important as falls in the healthy elderly often lead to admission to a nursing home. Dr. Wen Liu, PhD, is a Bioengineer in the department working with Dr. Patricia Kluding examining the effects of exercise and joint mobilization in improving ankle movement and gait in the healthy elderly and elders who have had strokes. Dr. Liu's laboratory has funding from the National Institutes of Health, the National Science Foundation and the American Heart Association. Dr. Kluding has funding from the US Department of Education.

Dr. Janice Kluding, PT, PhD, focuses on healthy adolescents in sports. She, in collaboration with other faculty, designed and tested a screening tool for high school athletes to predict future knee and ankle injuries. In this manner, the athletes at high risk for injury could be given exercise programs to avoid the injury or diminish its severity. Neena Sharma PT, is a PhD student in our department and is studying the ability of aerobic exercise to decrease muscle pain

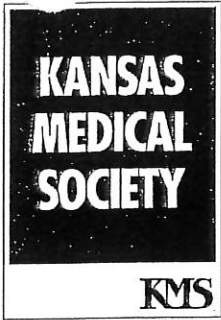
over time. Dr. Yvonne Searls, PT, PhD, is studying the effect of yoga-like exercises for people with Parkinson's disease with local funding. Dr. Patricia Pohl, PT, PhD examines the ability of exercise and activity to help the brain recover after a stroke with funding from the American Heart Association.

Thank you for the opportunity to testify in the support of House Bill 2483. I would be happy to answer any questions.

Respectfully submitted,

Marcie Swift, PT


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To: Senate Public Health and Welfare Committee

From: Jerry Slaughter
Executive Director 

Date: March 14, 2007

Subject: HB 2483; concerning physical therapists

The Kansas Medical Society appreciates the opportunity to submit the following comments on HB 2483, which amends the licensing statute for physical therapists. The bill allows PTs to initiate treatment on individuals without a physician referral, under certain conditions. Under current law, PTs may only initiate treatment after a patient has been referred to them by a physician, or certain other health care providers.

Over the past few months we have met with and had continued discussions with representatives of the Kansas Physical Therapy Association on this issue. We sincerely appreciate the willingness of the KPTA to meet with us and discuss our concerns and questions. Physical therapists and physicians work very closely together all across this state to provide quality health care to Kansans. We believe the structure of our current framework, which requires physician referral for physical therapy treatment, promotes high quality care and ensures that physicians and PTs work together for the benefit of patients. This legislation would not disrupt that structure, but would authorize PTs to initiate treatment for thirty days without a physician referral for previously diagnosed and referred conditions. It also requires that physicians be notified when the PT commences treatment in those situations. We have also seen and discussed the amendment that will be offered by the PTs to address education and wellness services. We support the amendment. The structure of this legislation is based on a model that some other states have adopted, and we believe this change is reasonable.

Thank you for the opportunity to offer these comments.

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Kansas
Chiropractic
Association

TESTIMONY

**Before the Senate Committee on Public Health and Welfare
March 14, 2007**

Thank you, members of the committee, for the chance to speak on HB 2483 concerning physical therapy. I am Dr. Travis Oller, Chair of the KCA Legislative Committee, and I practice here in Topeka.

As doctors we have an obligation to take part in discussions about policy changes that may have an effect on public health issues, especially when those issues are within our area of expertise. As such, the Kansas Chiropractic Association stands opposed to any additional amendments to HB 2483. It is our opinion that the Kansas Physical Therapy Association has not shown evidence that the education level of physical therapists in Kansas is such to support additional access beyond the language of HB 2483 as passed by the House Health and Human Services Committee.

We have been in discussion with the Kansas Physical Therapy Association about our concerns with this amendment language as well as our concerns about education levels; however, at this time we have not resolved these issues.

Currently, physical therapists in Kansas are working to upgrade their education levels of graduates from both the University of Kansas Medical Center and Wichita State to doctorate level degrees. Unfortunately, KU has graduated only one class with the DPT degree and Wichita State University will not graduate their first class until 2008. Additionally, we have not been shown the differences in education between the prior Master's degree and the current DPT degree. According to the APTA website, each institution decides which degree to offer, but the requirements are the same to offer a DPT vs. an MsPT degree.

We feel that further discussion between all parties involved; the Kansas Physical Therapy Association, the Kansas Medical Society, the Kansas Association of Osteopathic Medicine, and the Kansas Chiropractic Association should be undertaken prior to any changes being made to HB 2483.

Thank you for your time on this matter. Mr. John Kiefhaber, KCA Executive Director, and I would be willing to answer any question you may have.