

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 13, 2008 in Room 136-N of the Capitol.

Senator Journey was excused.

Committee staff present:

Emalene Correll, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Sara Zafar, Kansas Legislative Research Department
Nobuko Folmsbee, Revisor of Statutes
Renaë Jefferies, Revisor of Statutes
Jan Lunn, Committee Secretary

Conferees appearing before the committee:

Kevin Robertson, executive director, Kansas Dental Association
Teresa Schwab, executive director, Oral Health Kansas
Betty Wright, executive director, Kansas Dental Board
Brad Parry, MS, LAT, ATC, President Kansas Athletic Trainers Society
W. David Carr, PhD, LAT, ATC, Director of Athletic Training Education Program, University of Kansas
Larry Buening, Jr., executive director, Kansas State Board of Healing Arts

Others attending:

See attached list.

HB 2781 - Dental offices; permitting an additional office in counties with low population densities

Renaë Jefferies, revisor, briefed Committee members on the bill. **HB 2781** amends the current law allowing a dentist to own two satellite offices (in addition to a primary office) if the satellite offices are within a 125-mile radius of the primary office and are located in counties of less than 10,000. There is no fiscal impact on the state budget. (Attachment 1)

HB 2702 - Excepted acts and reciprocity concerning the practice of dentistry makes two changes to the dental practice act, according to Renaë Jefferies, revisor. It allows a dental hygienist licensed in another state or country to appear as a clinician at meetings of the Kansas State Dental Association or other dental organizations approved by the Kansas Dental Board. The second change requires an out-of-state applicant for licensure by credentials to provide evidence that the 24-month continuing education requirement applicable to Kansas licensees has been met. (Attachment 2)

HB 2695 - Athletic trainer licensure

Emalene Correll briefed the bill being heard. Ms. Correll indicated the bill amends existing law regarding the certification and training of athletic trainers and allows the Board of Healing Arts to issue a license without examination if certain requirements are met. In addition, the bill amends a temporary licensure provision to allow issuance to a trainer who meets all licensure requirements, except examination. It also lengthens the notification period the Board must provide to licensees regarding license expiration from 30-days to 60-days. Also, the bill deletes a current requirement for 800 hours of clinical experience and deletes the "grandfather" clause (since it has expired).

HB 2781 - Dental offices; permitting an additional office in counties with low population densities

Kevin Robertson, executive director of the Kansas Dental Association, discussed the current law and the rationale for the bill being heard today. Mr. Robertson indicated fewer and fewer dental school graduates desire to practice in rural or frontier areas due to the lack of support by a medical professional and possibly, the community. In addition, the capital outlay required to initiate a practice coupled with student loan debt further contributes to the dental population being undeserved in rural areas. **HB 2781** allows a graduate dental student to be an associate dentist located in a satellite clinic in a community of less than 10,000 population within 125-miles of a primary dentist-owned facility. Mr. Robertson provided a map of undeserved areas and his

CONTINUATION SHEET

MINUTES OF THE Senate Public Health and Welfare Committee at 1:30 P.M. on march 13, 2008 in Room 136-N of the Capitol.

testimony is attached. (Attachment 3)

Teresa Schwab, executive director of Oral Health Kansas, also spoke in support of **HB 2781**. Ms. Schwab indicated that as a statewide coalition, barriers to dentist recruitment exist in rural or frontier counties. Ms. Schwab indicated successful passage of **HB 2781** would have an immediate and substantial impact. (Attachment 4)

Following questions from Senators Schmidt, Haley and Brungardt that were clarified by conferees, Senator Haley moved to favorably advance **HB 2781** to the Senate floor. Senator Wagle seconded the motion. The motion passed.

HB 2702 - Excepted acts and reciprocity concerning the practice of dentistry

Betty Wright, executive director of the Kansas Dental Board, spoke in support of the proposed legislation. The proposed bill allows dental hygienists (licensed in another state) to provide clinical education at dental organization meetings. In addition, the bill ensures that applicants seeking licensure from other states have the same continuing educational requirements as Kansas licensees. (Attachment 5)

Following questions from Senators Brungardt and Schmidt, Senator Schmidt moved to favorably pass out **HB 2702**. Senator Wagle seconded the motion which passed unanimously.

HB 2695 - Athletic trainer licensure

Brad Parry, president of the Kansas Athletic Trainers Society, presented testimony in support of **HB 2695**, indicating that current educational requirements did not match requirements of the Board of Certification. The result was the creation of the bill that updates current requirements to correlate with Board of Certification Standards. Mr. Parry discussed the processes for certification and educational standards. Mr. Parry's testimony is attached, and therefore, becomes part of this record. (Attachment 6)

Senator Schmidt asked whether there is a centralized database for the purpose of reporting disciplinary actions. Mr. Parry indicated the Board of Certification does maintain disciplinary reports, and those would be furnished to any Certification Board at the time of licensure application.

W. David Carr, PhD, LAT, ATC, Director of Athletic Training Education Program, University of Kansas, was present to discuss the educational standards for Athletic Training Programs and to address the proposed changes. Dr. Carr's testimony is attached and is incorporated into this record. (Attachment 7)

Larry Buening, executive director of the Kansas State Board of Healing Arts, submitted testimony (Attachment 8) in support of **HB 2695**. Mr. Buening reviewed proposed revisions to the current law.

Ms. Correll questioned whether the term "certified" should be deleted because that term is not one that is protected by Kansas law. Conferees indicated this is a common term used by athletic trainers and their preference would be to keep "certified athletic trainer" in the legislation as proposed.

Senator Brungardt moved to favorably advance **HB 2695**; the motion was seconded by Senator Jordan and passed unanimously.

The meeting was adjourned at 2:25pm.

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MEMORANDUM

To: Senate Committee on Public Health and Welfare
From: Renae Jefferies, Assistant Revisor
Date: March 13, 2008
Subject: HB 2781

HB 2781, as amended by House Committee, amends K.S.A. 65-1435 on page 2 of the bill, in lines 15 through 22, to allow a dentist to own two satellite offices in addition to such dentist's primary office if the satellite offices are within a 125-mile radius of the primary office and are located in counties with a population of less than 10,000. Under the current statute, a dentist who owns practices must be in the office operating as a dentist or personally overseeing operations in the office or each of the offices during a majority of the time the office or each of the offices is open.

The fiscal note on the bill reflects no impact on the state budget.
The bill would take effect upon publication in the statute book.

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MEMORANDUM

To: Senate Committee on Public Health and Welfare
From: Renae Jefferies, Assistant Revisor
Date: March 13, 2008
Subject:: HB 2702

HB 2702 makes two changes to the Dental Practices act. The first change, in section 1, would allow a dental hygienist licensed in another state or country to appear as a clinician at meetings of the Kansas State Dental Association or other dental organizations approved by the Kansas Dental Board.

The second change, on page 5 of the bill, would require an out-of-state applicant for licensure by credentials to provided evidence that such applicant has met the twenty-four-month continuing education requirement applicable to Kansas licensees.

The fiscal note shows no impact on the state budget.

The bill would take effect upon publication in the statute book.



KANSAS DENTAL ASSOCIATION

March 13, 2008

To: Senate Committee on Public Health and Welfare

From: Kevin J. Robertson, CAE
Executive Director

RE: Testimony in Support of HB 2781

Thank you for the opportunity to address you today, I am Kevin Robertson, Executive Director of the Kansas Dental Association (KDA) representing approximately 80% of Kansas' 1,300 licensed dentists. Today I am here to support HB 2781 which would provide more dental practice opportunities in rural Kansas by reducing the restrictions on dentists operating satellite offices in the 64 counties with population less than 10,000.

Currently licensed dentists who own dental practices are required to be physically present in the satellite office(s) they operate a majority of time dentistry is being performed in the satellite dental office(s). **HB 2781 is a carve-out** to this 50% rule which would allow dentists to own two dental office (without being physically present) within 125 miles of the dentists primary office in counties less than 10,000 population.

Towns from Atwood to Elwood struggle to recruit dentists into their rural communities. Many have dental office facilities that a previous dentist simply abandoned after unsuccessful attempts to sell the practice at any price. New dental school graduates seem to be less willing to locate in rural areas. Though the reasons vary from student to student, we commonly hear concerns about dental school debt that now averages \$130,000, the financial viability of rural practices and the lack of professional support in rural areas.

While more often rural dental practices are abandoned, the number of dentists working as employees in safety net clinics across the state have increased from 5-21 in the past four years. This seems to show a willingness of new dental school graduates to locate in all areas of the state when the financial burden and risk of practice ownership is not a factor.

HB 2781 will create more dental practice opportunities in the areas of the state that are most in need for both existing and new dentists. Some scenarios under HB 2781 might include a dentist purchasing a practice (or two) to staff fully with an associate dentist or an associate dentist sharing time between the primary satellite office. I have even received calls from dentists who are interested in purchasing a satellite practice with the thought of hiring an associate dentist in order to sell or transition the practice to the new dentist over a short period of time with the motivation of taking the pressure off their already over-busy dental practice. Whatever the case, it is hoped that any new dentist recruited to these rural areas will ultimately stay.

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There are some other issues coming together that the KDA and others think will increase the potential of dentists locating in rural areas and, therefore, create greater dental access to Kansans who live in these areas.. Wichita State University is currently preparing to begin an Advanced Education in General Dentistry (AEGD) program. This program will be a two-year residency which will have around ten students in each class. The second year of the residency will include rotations in rural communities around Wichita. Also, a bridging loan bill (SB 597) for dental student students who agree to practice in rural communities is currently in the Senate Committee on Ways and Means would provide a financial incentive to new dentists.

Let me take a minute to answer a few questions that I have heard while discussing this bill with some of the committee members:

1. *Why a 125 mile radius restriction?*

One concern that new dentists have regarding a rural practice is the isolation of being in a community without another dentist or dental specialist to back them up. In larger communities there are oral surgeons, endodontists and other specialists to handle the more complex dental procedures; however, in the rural areas the general dentist often must do it all. What if they get in trouble with a complicated extraction or other procedure – where do they go for help? The 125 mile radius keeps the dentist-owner in close proximity to the satellite practice and creates a mentoring aspect to the law.

Also, there is concern by many rural dentists that completely opening up satellite practices will result in a growing number of rural practices being owned by urban dentists with no ties or understanding of special dental needs of the rural population. The 125 mile radius for ownership will keep the dentist owner more “local.”

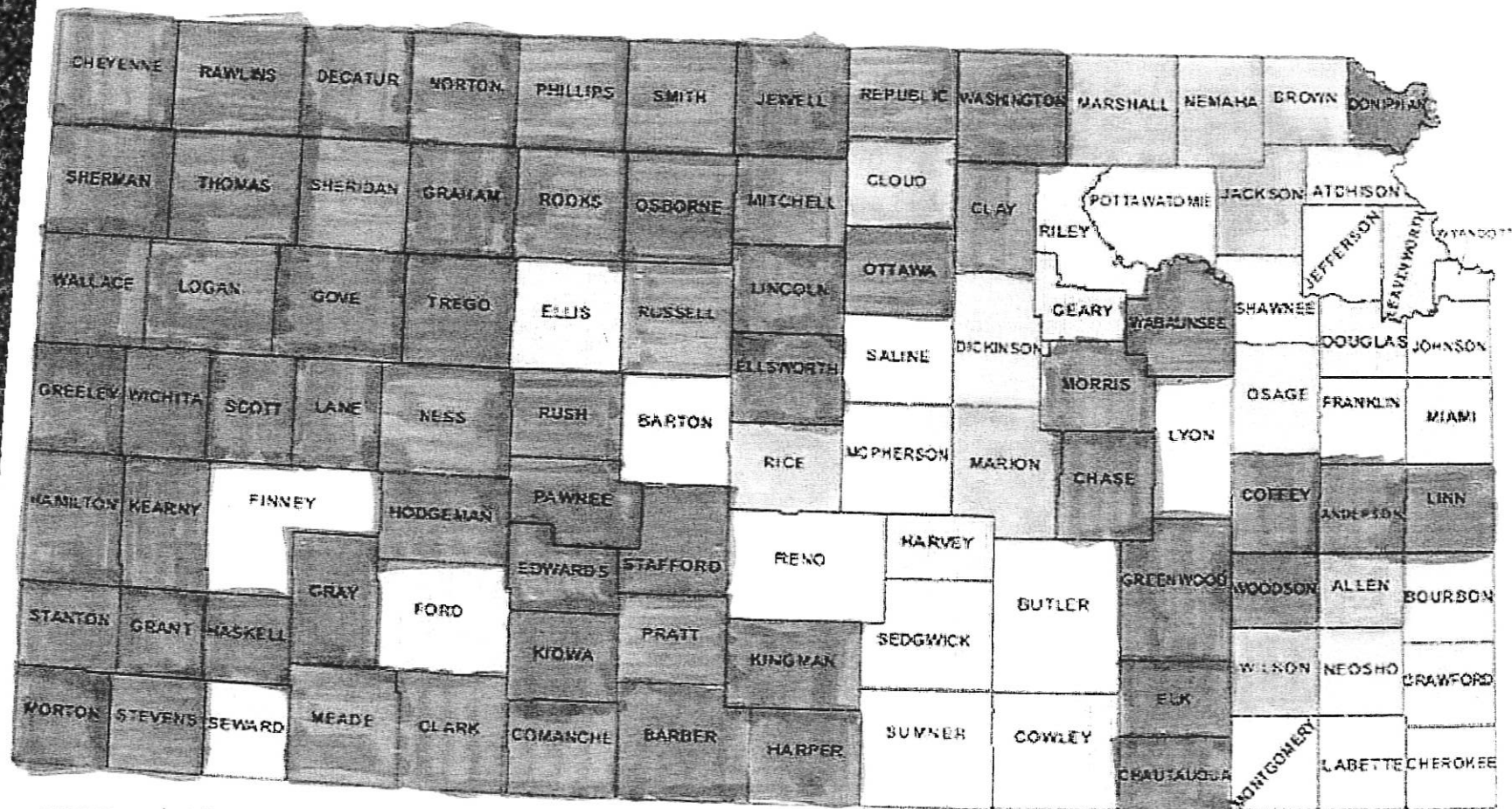
2. *Why not simply eliminate the “majority or 50% rule” regarding satellite practices?*

The KDA does not believe there is a need to provide greater incentives for dentists to open dental offices in the more populous areas of the state above the free market incentives that naturally exist. Simply eliminating the 50% rule will result in more dental offices where there is already an abundance. An unscientific study by the KDA of Kansas counties under 10,000 shows the dentist to population ratio is 1:2,958 compared to 1:1,779 statewide. Johnson County is about 1:1,100.

Finally, to help give you an idea of the counties in your area that would be affected by HB 2781 let me bring your attention to the colored Kansas map I’ve provided. As you can see this is a somewhat crudely colored county map overlain with a Google Earth Map. The red/pink indicates the 64 counties with less than 10,000 population according to the 2000 U.S. Census. On the bottom right there is a 125 mile scale that you can use to measure from any city.

The KDA believes private practice dentistry can improve dental access in rural Kansas. Please support HB 2781 and give Kansas dentists the opportunity to so.

Thanks you for your time



< 10,000
 10,001 - 15,000
 15,001 - 20,000

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**Testimony before the Senate Public Health & Welfare Committee
Regarding HB 2781**

March 13, 2008

Board of Directors

Andrew Allison, PhD
KS Health Policy Authority

Mary Baskett, MPA
KS Head Start Assn.

Barry Daneman
UMKC School of Dentistry

Karen Finstad
Delta Dental of KS Foundation

Ron Gaches, JD
KS Dental Hygienists' Assn.

Cathy Harding, MA
KS Assn. for the
Medically Underserved

Mark Herzog, DDS

Denise Maseman, RDH, MS
WSU School of
Dental Hygiene

Daniel Minnis, DDS
Community Health Center of SEK

Kim Moore, JD
United Methodist Health
Ministry Fund

Kevin Robertson, MPA, CAE
KS Dental Assn.

Loretta J. Seidl, RDH, MHS
Kansas Health Care Assn.

Deborah Stern, RN, JD
KS Hospital Assn.

Douglas Stuckey
Community Health Center of SEK

Sharon Tidwell
Jones Foundation

Marlou Wegener
Blue Cross and
Blue Shield of KS

Katherine Weno, DDS, JD
KDHE, Office of Oral Health

Chairman Barnett and Members of the Committee:

Thank you for the opportunity to provide testimony to you this afternoon regarding our support of HB 2781, a bill permitting an additional dental office in counties with low population densities.

My name is Teresa Schwab, and I am the Executive Director of Oral Health Kansas, the statewide oral health coalition. The coalition was established a little over four years ago to respond to critical oral health issues in the state. In that time, the coalition has been built to over 200 members representing a wide array of stakeholders, including Head Start, elder care and disability organizations, safety net clinics, educational institutions, advocacy organizations, professional associations, health foundations, dental insurers as well as private dentists, dental hygienists and other clinicians.

As you are all well aware, access to dental care presents a major challenge to many Kansans, especially those living in rural areas of our state. In January 2005, Kansas Health Institute (KHI) released a report entitled *The Declining Supply of Dental Services: Implications for Access and Options for Reform*. The report clearly showed that many poor and rural Kansans lag significantly behind an accepted standard for dental care and oral health—the gaps in services caused in part by a limited supply of dentists, especially in rural areas of the state.

It is clear that rural areas face significant challenges to providing dental care to their residents, including recruiting dentists to practice in rural Kansas. In fact, according to a recent Office of Oral Health workforce survey, there are currently 14 counties in Kansas that do not have a full-time practicing dentist, including the following: Barber, Chase, Clark, Comanche (an Oklahoma dentist provides care one day per week in Coldwater), Elk, Greeley, Haskell, Hodgeman, Kiowa, Lane, Ness, Rawlins, Trego and Wabaunsee.

Over the last several months, at least three Kansas counties have encountered barriers as they have tried to develop dental care service

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models for their communities. These counties include Rawlins, Wallace/Greeley and Scott Counties, all in the most western part of our state. In each of these instances, the communities had overcome the most difficult barrier, which was recruiting a dentist. After finding a dentist, however, each of these counties could not follow through with their plans due to barriers presented in the dental practice act. Unfortunately, two of these counties lost their dentist and were forced to abandon their immediate plans.

The bill before you today would allow some flexibility for these and other rural communities. Without the added burden of having to be in the actual practice, a dentist owner would be able to send an associate to practice in one of these rural areas or could split his/her time in each of the practice locations, thereby allowing the community some options as it explores ways to create access to dental care services.

I would be happy to stand for questions.

Respectfully submitted,
Teresa Schwab, LMSW
Executive Director

KANSAS

KANSAS DENTAL BOARD

KATHLEEN SEBELIUS, GOVERNOR

Testimony re: **HB 2702**
Senate Public Health and Welfare Committee
Presented by Betty Wright
March 13, 2008

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.

The Kansas Dental Board has proposed two changes to the dental practices act for this session.

KSA 65-1423 – This revision would allow dental hygienists who are licensed out of the state to provide clinical education “hands-on teaching” at dental organization meetings. This educational opportunity is available for dentists KSA 65-1423 (5)(a). The insertion of or licensed dental hygienist would allow this practice for hygienists.

.....

KSA 65-1434- This revision is designed to insure that applicants who are seeking licenses from other states by credentials will have the same requirement for continuing education as Kansas licensees. It increased the requirement from 12 months of continuing education (30 hours for dentists or 15 hours for hygienists) to 24 months of continuing education for licensure (60 hours for dentists and 30 hours for hygienists). The change would place the same requirements for continuing education for current licensees on applicants from other states. The requirement will raise the standards for licensing dental professionals from other states in to Kansas.

I will be glad to address your questions.

Sincerely,



Betty Wright
Executive Director
Kansas State Dental Board.

To: Kansas State Senate Public Health and Welfare Committee

From: Brad Parry, MS, LAT, ATC, President Kansas Athletic Trainers Society

RE: House Bill 2695

Date: March 10, 2008

The Athletic Training subcommittee of the Board of Healing Arts met a little over a year ago. They brought to our attention that the educational requirements listed in our current bill do not match the current requirements of the Board of Certification. We feel we need to update the current requirements in our statutes to bring them more in line with standards being set by the Board of Certification. In this letter I will discuss the certification process for athletic trainers, and where we were educationally when our bill was first passed. That will be followed by a letter from David Carr, PhD, LAT, ATC. Dr. Carr is the director of the University of Kansas Athletic Training Curriculum Program, and is currently serving on the Board of Healing Arts Athletic Training subcommittee. . He will discuss the current educational standards for athletic trainers, and the proposed changes we feel need to be made in our bill.

Certified Athletic Trainers, as defined by the National Athletic Trainers Association, are health care professionals who specialize in preventing, recognizing, managing, and rehabilitating injuries that result from physical activity. Historically Athletic Trainers have been employed by professional teams, university and colleges, and high schools to provide health care for their athletes. In recent years that role has expanded. You can now find Athletic Trainers working in sports medicine clinics, hospitals, industrial settings, and with the military.

Athletic Trainers are certified nationally by the Board of Certification. Their sole mission as stated on their website is to certify Athletic Trainers and to identify for the public, quality healthcare professionals through a system of certification, adjudication, standards of practice, and continuing education programs. The first bill registering Athletic Trainers went into effect in Kansas in 1996. It was decided at that time to follow the standards set forth by the Board of Certification for registration of Athletic Trainers in Kansas. An Athletic Trainer would be granted registration in Kansas if he had met the educational standards, and had passed the certification exam administered by the Board of Certification. This essentially enables Kansas to stay out of the business of testing Athletic Trainers.

In 1996 the Board of Certification allowed prospective Athletic Trainers two separate educational pathways to be able to sit for their certification exam. The first path was referred to as the Internship Program. The student in this program had to take list of specific classes, but would not receive a degree in athletic training. They also had to document that they had a minimum of 1200 hours in the college or universities athletic training facility under the supervision of their athletic training staff. The second path was an approved Curriculum Program. College and universities that furnished a Curriculum Program would offer a degree in athletic training. There would be more specific course work designed for the athletic training student. Since there was more course work the hour requirement was lowered from 1200 to 800 hours of supervision in the athletic training facility. Once a student had completed their degree through an Internship or Curriculum Program, and had meet the hour requirement they could sit for the exam. Our registration bill that went into law in 1996 reflects the educational standards as discussed above.

In 2000 the Board of Certification made the decision to eliminate the Internship Program. By 2004 all athletic training students would have to have gone through an accredited Curriculum Program to be able to take the certification exam. In Dr. Carr's letter he will address educational changes that have occurred, and the proposed changes in our bill to bring it more in line with the current Board of Certification standards. Thank you for your time and consideration.

Sincerely Yours,
Brad Parry, MS, LAT, ATC

To: Kansas Senate Committee for Public Health and Welfare

From: W. David Carr, PhD, LAT, ATC, Director of the Athletic Training Education Program at the University of Kansas

RE: House Bill 2695

The purpose of this letter is to outline the educational standards for Athletic Training Education Programs (ATEPs) and address the proposed changes in our bill. As discussed in the letter from our association president, Mr. Parry, the National Athletic Trainers' Association Board of Certification (BOC) has changed the requirements for exam eligibility since our bill was first introduced in 1996.

A task force was created in 1995 by the National Athletic Trainers' Association (NATA) Board of Directors to study the issue of education reform and make recommendations. After lengthy discussion and review it was decided that effective January 2004 anyone sitting for the National Athletic Trainers' Association Board of Certification (BOC) exam must graduate from an accredited curriculum program.

Accredited curriculum programs must teach a prescribed set of competency and proficiency content as dictated by the Commission of Accreditation of Athletic Training Education (CAATE). The minimum clinical hour requirements have been removed as the philosophical change is towards a competency based approach to education. However, clinical education is still an integral part of our education programs.

Proposed changes and rationale are as follows:

Section 2. K.S.A. 2007 Supp. 65-6905

~~(d) An individual holding a valid registration as an athletic trainer under the athletic trainers registration act on June 30, 2004, shall be deemed to be licensed as an athletic trainer under the athletic trainers licensure act, and such individual shall not be required to file an original application for licensure under the athletic trainers licensure act.~~

Removing grandfather clause as no longer needed

Section 3. K.S.A. 2007 Supp. 65-6906

~~(A) Meets the educational requirements set forth in this act and has completed the clinical experience approved by the board on or before July 1, 1996;~~

Clinical experience hours no longer required – competency based approach

~~(B) meets the educational requirements set forth in this act and on the effective date of this act has been actively engaged as an athletic trainer for at least two years of the four years immediately preceding July 1, 1996; or~~

Removing grandfather clause as no longer needed

~~(C) is certified by a national certifying organization for athletic trainers, approved by the board on the effective date of this act and on the effective date of this act has been actively engaged as an athletic trainer for at least three years of the five years immediately preceding July 1, 1996.~~

Removing grandfather clause as no longer needed

~~(d) For the purpose of subsection (c), a person is actively engaged as an athletic trainer if such person performs the functions and duties of an athletic trainer. has, at the time of application, a current valid certificate by the national athletic trainers' association board of certification, inc. or other recognized national voluntary credentialing body which the board finds was issued on the basis of an examination which meets standards at least as stringent as those established by the board.~~

Reflective of one route to certification

~~(g) (e) The board may issue a temporary permit to an applicant for licensure as an athletic trainer who applies for a temporary permit on a form provided by the board, who meets the requirements for licensure as an athletic trainer as required by~~

K.S.A. 65-6907, and amendments thereto, or who meets all the requirements for licensure except examination and who pays to the board the temporary permit fee as required under K.S.A. 65-6910, and amendments thereto. Such temporary permit shall expire six months from the date of issue or on the date that the board approves or denies the application for licensure, whichever occurs first. No more than one such temporary permit shall be granted to any one person.

Modification to application process to reflect practical need of newly hired Athletic Trainers awaiting completion of the national certification exam

Section 4. K.S.A. 2007 Supp. 65-6907

(b) ~~completed clinical experience of at least 800 hours over a minimum of two years as approved by the board; and~~

Proof of clinical experience hours no longer required for certification exam

Section 5. K.S.A. 2007 Supp. 65-6909

(c) At least ~~30~~ 60 days before the expiration of the license of an athletic trainer, the board shall notify the licensee of the expiration by mail, addressed to the licensee's last mailing address, as noted upon the board's records. If the licensee fails to pay the renewal fee and submit an application by at least 30 days prior to the date of expiration of the license, the licensee shall be given a second notice that the licensee's license ~~has expired~~ will expire and the license may be renewed only if the renewal fee and ~~the late~~ an additional renewal fee are received by the board within the 30-day period following the date of expiration and that if both fees are not received ~~within the 30-day period~~ by the date of expiration the license shall be canceled for failure to renew and shall be reissued only after the athletic trainer has been reinstated under subsection (d).

(d) Any licensee who allows the licensee's license to be canceled by failing to renew as herein provided may be reinstated upon payment of the ~~renewal fee, the~~ reinstatement fee, filing an updated practice protocol and upon submitting evidence of satisfactory completion of any applicable continuing education requirements established by the board. The board shall adopt rules and regulations for reinstatement of persons whose licenses have been canceled for failure to renew. Renewal of canceled licenses or reinstatement of licenses may include additional testing, training or education as the board deems necessary to establish the person's present ability to perform the functions or duties of an athletic trainer.

Section 6. K.S.A. 2007 Supp. 65-6910

Application and license fee based upon certificate of prior examination, not more than.....	\$80
Annual renewal fee, not more than.....	\$70
Late <i>Additional</i> renewal fee, not more than.....	\$75
Reinstatement fee, not more than.....	\$80
Certified copy of license, not more than.....	\$15
Temporary permit.....	\$25

Modification to application timing, fees, and renewal process



KATHLEEN SEBELIUS
GOVERNOR

STATE BOARD OF HEALING ARTS

LAWRENCE T. BUENING, JR.
EXECUTIVE DIRECTOR

TO: Senate Committee on Public Health and Welfare

FROM: Lawrence T. Buening, Jr.
Executive Director

DATE: March 10, 2004

RE: Testimony on House Bill No. 2695

Thank you for the opportunity to appear before you and provide testimony on behalf of the Kansas State Board of Healing Arts in support of House Bill No. 2695, as amended by House Committee. The bill was reviewed and recommended by the Athletic Trainers Council and approved by the Board as a whole.

Section 2(d) on page 1 line 40 through page 2, line 1 deletes the savings clause that was added when the credentialing of athletic trainers was changed from registration to licensure by the 2004 Legislature. This clause is no longer needed.

Section 3 of the bill deletes current subsection (c) and (d) of K.S.A. 65-6906 which contain the grandfather provisions that were included when athletic trainers were first credentialed in 1995. The language added by the House Health and Human Services Committee allows the Board to issue an athletic trainer's license to an individual if they are licensed in another state or if they have engaged in practice in another state and passed an examination administered by the National Athletic Trainers' Association Board of Certification, Inc. or comparable examination. The other amendment to K.S.A. 65-6906 deletes the requirement for a separate form in order to request a temporary permit and allows the Board to issue a temporary to individuals who meet all requirements for licensure except examination.

Section 4 deletes the requirement for clinical experience in addition to a baccalaureate or post-baccalaureate degree as clinical education is part of the education requirements for a degree from approved athletic trainer programs.

Section 5 changes the language regarding the expiration date to eliminate the 30-day grace period between expiration and cancellation of license. This would eliminate uncertainty as to the status of a license for those individuals who, in the past, have renewed their license following the date of expiration but before it was cancelled.

The Board requests the support of the Committee for H.B. No. 2695. Thank you and I would be happy to respond to any questions.

BOARD MEMBERS: BETTY McBRIDE, Public Member, PRESIDENT, Columbus - VINTON K. ARNETT, D.C., VICE PRESIDENT, Hays - MICHAEL J. BEEZLEY, M.D., Lenexa
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