

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairperson Brenda Landwehr at 1:30 p.m. on February 11, 2010, in Room 784 of the Docking State Office Building.

All members were present except:

Representative Owen Donohoe  
Representative Mike Slattery  
Representative Valdenia Winn  
Representative Scott Schwab  
Representative Bill Otto

Committee staff present:

Norm Furse, Office of the Revisor of Statutes  
Ken Wilke, Office of the Revisor of Statutes  
Kathie Sparks, Kansas Legislative Research Department  
Debbie Bartuccio, Committee Assistant

Conferees appearing before the Committee:

Damian May, Senior Director, Vistakon (Attachment 1)  
Gary Robbins, Kansas Optometric Association (Attachment 2)  
Representative Connie O'Brien (Attachment 5)  
Kirk Miller and Bill Schwitzer, Plumbers and Pipefitters Local 441 (Attachments 6, 7, 8 & 9)  
Mark Aghakhani, President of Ancient Formulas, Inc. (Attachment 12)  
John Federico, on behalf of Kansas Naturopathic Physicians Association (Attachment 13)  
Medhi Khosh ND, Kansas Naturopathic Physicians Association (Attachment 14)  
Lori Blankenship ND (Attachment 15)  
Peter Kimble ND (Attachment 16)  
Stacey Howell (Attachment 17)  
Christy Kennedy (Attachment 18)  
Jerry Slaughter, Executive Director, Kansas Medical Society (Attachment 21)

Others attending:

See attached list.

**HB 2584 - Optometrists dispensing medication and lenses**

Chairperson Landwehr opened the hearing on **HB 2584**.

Damian May, Senior Director, Vistakon, a division of Johnson & Johnson Vision Care, Inc., provided testimony in support of the bill. He stated new technology, in the form of contact lenses that emit therapeutic pharmaceutical agents, is emerging to treat eye disorders. Under current US state optometry and pharmacy statutes, these combination contact lens/drug products would be available immediately for prescription and dispensing by vision care professionals in 42 states. Kansas is a state that requires modification of existing statutes (**65-1501 and 65-1501-a**) to enable optometry professionals to dispense this technology to their patients. (Attachment 1)

Gary Robbins, Executive Director of the Kansas Optometric Association provided testimony in support of the bill. He indicated because the FDA has classified medicated contact lenses as drugs, a minor amendment to the optometry law is needed to allow Kansas optometrists to provide this emerging technology to their patients. (Attachment 2)

Steve Kearney, Kansas Society of Eye Physicians and Surgeons, provided written testimony in support of the bill. (Attachment 3)

Dan Morin, Kansas Medical Society, provided written testimony as a neutral supporter of the bill. He said the Kansas Medical Society is not opposed to moving the bill favorably from committee with the understanding that the pharmaceutical agents contained within the medicated lenses are those which

## CONTINUATION SHEET

Minutes of the House Health and Human Services Committee at 1:30 p.m. on February 11, 2010, in Room 784 of the Docking State Office Building.

optometrists already are allowed to prescribe under the Optometric Practice Act. ([Attachment 4](#))

The Chair gave the committee members the opportunity to ask questions and when all were answered, the hearing on **HB 2584** was closed.

### **HB 2590 - Medical gas installers**

Chairperson Landwehr opened the hearing on **HB 2590**.

Representative Connie O'Brien provided testimony in support of the bill. She introduced it on behalf of Austin Stone who was injured in a medical gas accident in 2009. ([Attachment 5](#))

Kirk Miller and Bill Schwitzer, Plumbers and Pipefitters Local 441, presented testimony in support of the bill. ([Attachments 6, 7, 8 and 9](#)). The attachments include the statement from Kirk Miller, the original draft of the bill, a document with proposed changes, and a document explaining the changes.

Erik Sartorius, City of Overland Park, submitted written testimony in opposition of the bill. He stated the bill would place additional mandates on local governments with no guarantee of improvement of safety. ([Attachment 10](#))

Norm Furse, Office of the Revisor of Statutes, provided a written summary of the bill for the committee members. ([Attachment 11](#))

The Chair gave the committee members the opportunity to ask questions and when all were answered, the hearing on **HB 2590** was closed.

### **HB 2575 - H Sub for H 2575 by Committee on Health and Human Services - Naturopathic doctors licensure act**

Chairperson Landwehr opened the hearing on **HB 2575**.

Mark Aghakhani, President of Ancient Formulas, Inc., provided testimony in support of the bill. His company manufactures herbal food supplements, nutritional products and vitamins and minerals, which are recommended by the naturopath physicians when treating patients. ([Attachment 12](#))

John Federico, on behalf of Kansas Naturopathic Physicians Association, provided testimony in support of the bill. ([Attachment 13](#))

Mehdi Khosh ND, member of the Kansas Naturopathic Physicians Association, provided testimony in support of the bill. ([Attachment 14](#))

Lori Blankenship ND, provided testimony in support of the bill. She provided a document entitled "Naturopathic Medical Education Accreditation". ([Attachment 15](#))

Peter Kimble ND, provided testimony in support of the bill. ([Attachment 16](#))

Stacey Howell provided testimony in support of the bill. She shared her experiences with health problems and how she was helped by naturopathic doctors. ([Attachment 17](#))

Christy Kennedy provided testimony in support of the bill. She shared her experiences with health problems and how naturopathic doctors had changed her life with their treatment. ([Attachment 18](#))

Marla Rhoden, Director, Health Occupations Credentialing, provided written testimony in support of the bill. ([Attachment 19](#))

Connie Sanberg provided written testimony in support of the bill, sharing her story on how a naturopathic

## CONTINUATION SHEET

Minutes of the House Health and Human Services Committee at 1:30 p.m. on February 11, 2010, in Room 784 of the Docking State Office Building.

doctor had improved her health. (Attachment 20)

Jerry Slaughter, Executive Director, Kansas Medical Society, provided testimony in opposition to the bill. He stated though they have concerns about the boundaries of this particular bill, they have consistently stated over the years that they did not oppose legal recognition for naturopaths, so long as it did not include a scope of practice that was beyond their training. From their review of the available information, they do not believe their training programs contain nearly enough depth, breadth and clinical exposure to warrant the expanded scope of practice authorized in this legislation, as it was introduced. Because they only saw the legislation for the first time a few weeks ago, they haven't had enough time to schedule a meeting with physicians from their organization to meet with the proponents of the bill. They would be happy to meet with them, and would welcome the opportunity for a dialogue to help them more clearly understand what exactly it is that they are seeking through this change in law. (Attachment 21)

The Chair gave the committee members the opportunity to ask questions and when all were answered, the hearing on **HB 2575** was closed.

The next meeting is scheduled for February 15, 2010.

The meeting was adjourned at 3:15 p.m.

# HOUSE HEALTH & HUMAN SERVICES COMMITTEE

DATE: 2-11-10

NAME	REPRESENTING
Steve Irwin	KDHE
Chad Austin	KHA
Andrew Howell	<del>#</del> Public
Stacey Howell	Nat. Doctors
DENIS WITTMAN	LOCAL 441 PIPEFITTERS
RICK MILLER	PLUMBERS & PIPEFITTERS LOCAL 441
Bill Schweitzer	IAPMO
Lisa SCHUBERT	PROF. MED. STFC
John Bevers III	Air Safe
Rick Sayer	McKays Inc. Plumbers Apprenticeship
Christine Jacobs	KSNB
Jackson Lindkey	Hein Law
Bryan Diehn	Nat Doctors
<del>Jim Diehn</del>	Ks. Optometric Association
Gary Robbins	" "
<del>John Erickson</del>	<del>Ks DENTAL ASSOCIATION</del>
Mikelle Butler	Cap. Strategics
ERIK SARTORIUS	City of Overland Park
Jeff Bottoming	KFPA

**Please use black ink**



**Testimony to Support House Bill 2584 That Amends K.S.A. 2009 Supp. 65-1501 and 65-1501a to Clarify the Ability for an Optometrist to In-Office Dispense Contact Lenses That Are Classified by Any Law of The United States As a Drug**

**Submitted on behalf of Vistakon by Damian M. May – Vistakon – A Division of Johnson & Johnson Vision Care, Inc.**

New technology, in the form of contact lenses that emit therapeutic pharmaceutical agents, is emerging to treat eye disorders. Under current US state optometry and pharmacy statutes, these combination contact lens/drug products would be available immediately for prescription and dispensing by vision care professionals in 42 states. Kansas is a state that requires modification of existing statutes (65-1501 and 65-1501a) to enable optometry professionals to dispense this technology to their patients.

- This issue is about an emerging technology, not a single product. The technology is described as using a contact lens as a drug delivery device. This device will provide therapeutic pharmaceutical agent directly into the eye.
- Optometrists, where the majority of patients seek vision care, would not be able to dispense these products to their patients under current law.
- Optometrists can currently prescribe and dispense contact lenses in their practice.
- Optometrists, as per statute, are able to prescribe therapeutic pharmaceutical agents for their patients.
- Pharmacies in the State of Kansas are not explicitly prohibited from dispensing contact lenses, however most pharmacies elect not to for various reasons. Nothing in this language would prohibit pharmacy from dispensing this type of product if they chose to do so.
- It is important to note that this language change affects only those ophthalmic lenses with pharmaceutical agents that are within existing scope of practice. Nothing in this legislation alters the scope of practice of the profession.
- If no language change is enacted in the statute, patients will have greatly limited options to have these contact lenses dispensed. This will create a great barrier to patients seeking eye care.
- Nothing in this law circumvents the authority of the FDA and its approval of drug products. This law is intended to ensure that these products are available to the people of Kansas once approved by the FDA.
- The first of these products combines a vision correction device (Acuvue Contact Lens) with an over-the-counter anti-allergy pharmaceutical agent (ketotifen). When combined together, there is a restricted ability for patients to access this technology through their eye doctor.
- With no change to the statute, optometrists would still be able to prescribe (while not dispense) this technology.
- This language change strictly addresses the issue of dispensing (and sale) of these products. The issues of prescriptive authority and in-office administration are addressed elsewhere in the statute.

I would like to thank Representative Landwehr, Representative Crum and The Committee for allowing Johnson & Johnson this opportunity to voice our support for House Bill 2584.

Respectfully Submitted,  
Damian M. May – Senior Director  
Vistakon, A Division of Johnson & Johnson Vision Care Inc.

HEALTH AND HUMAN SERVICES  
DATE: 2-11-10  
ATTACHMENT: 1 - 1

# KANSAS OPTOMETRIC ASSOCIATION

1266 SW Topeka Blvd. • Topeka, KS 66612  
(785) 232-0225 • (785) 232-6151 (FAX)  
www.kansasoptometric.org

**House Health and Human Services Committee  
House Bill 2584  
February 10, 2010**

I am Gary Robbins, Executive Director of the Kansas Optometric Association. Thank you for the opportunity to appear in support of House Bill 2584 proposed by Johnson and Johnson. It might be helpful for the Committee if I provide some brief background about optometry. After completing their undergraduate degree, optometrists must complete a four-year doctoral program that emphasizes the science of ocular pathology and pharmacology necessary for the diagnosis and treatment eye disease and ocular emergencies, and includes the fundamentals of optics necessary to prescribe contact lenses and glasses. Kansas optometrists have the authority to prescribe topical and oral medications for ocular conditions and also can prescribe and dispense contact lenses. Because the FDA has classified medicated contact lenses as drugs, we need a minor amendment to the optometry law to allow Kansas optometrists to provide this emerging technology to their patients. Specifically, our law indicates that an optometrist can only dispense a 24 hour or minimal supply of a drug. Typically, an optometrist will see an ocular emergency at night or on a weekend and provide a 24 hour or minimal supply until the patient can get to a pharmacy to fill their prescription. Johnson & Johnson is seeking an amendment to exempt medicated contact lens from the dispensing limitation. We are supportive of this bill. We would appreciate your support for H.B. 2584.

# KSEPS

Kansas Society of Eye Physicians & Surgeons  
(800) 838-3627 ♦ Email: RichardPaul@dls.net  
Internet: www.KansasEyeMD.org

To: Members of the Kansas State Legislature  
Date: February 6, 2010  
Re: Dispensing of "medicated" contact lens by optometrists  
SB 467 and HB 2584

## Background

Johnson & Johnson (Vistakon, Inc.) currently is developing a contact lens that would allow a time-release of ophthalmic medications directly to the eye. In most states, including Kansas, although physicians can dispense medicines, optometrists have restrictions. Kansas law currently limits the prescription medicine that optometrists can dispense to a 24-hour supply. The concern with the new medicated contact lens is that although optometrists can write a prescription for a particular drug and they can sell a regular contact lens, they would not be able to dispense the medicated contact lens without changes to the current law.

Physicians in Kansas already are permitted to dispense medications, and therefore also would be allowed to dispense medicated contact lenses.

## Pending Proposal

SB 467 and HB 2584 essentially lift the 24-hour limitation on dispensing by optometrists of prescription medications with respect to lenses classified as drugs, such as those that are impregnated with a pharmaceutical agent. This change would permit optometrists to dispense (sell) the new medicated contact lens if/when it receives FDA approval.

## KSEPS Position

The leadership of the Kansas Society of Eye Physicians & Surgeons (KSEPS) is not opposed to SB 467 and HB 2584 as originally introduced. We believe it is reasonable that optometrists be permitted to dispense medicated contact lenses as long as the pharmaceutical agents involved are those which optometrists already are allowed to prescribe under the Optometric Practice Act.

## CONTACT INFORMATION:

Ken Frank, MD, *KSEPS president* – 785-242-4242  
Susan Mosier, MD, *KSEPS Legislative Chair* – 785-565-0200; mosiereye@aol.com  
Richard Paul, *KSEPS executive director* – 800-838-3627; RichardPaul@dls.net  
Steve Kearney, *KSEPS lobbyist* – 785-234-5859; skearney@kearneyandassociates.com

HEALTH AND HUMAN SERVICES

DATE: 2-11-10

ATTACHMENT:

3-1



**To:** House Committee on Health & Human Services

**From:** Dan Morin  
Director of Government Affairs

**Date:** February 11, 2010

**Subject:** HB 2584 - Optometrists dispensing medication and lenses

The Kansas Medical Society appreciates the opportunity to appear today as you consider HB 2584.

Pharmaceutical companies have recently developed a contact lens that can deliver eye medication evenly over long periods of time (e.g., a 30-day period). Licensed optometrists in Kansas are currently permitted to prescribe and dispense contact lenses, and prescribe however, their ability to “dispense” oral and topical drugs is restricted to a 24 hour supply, or minimal quantity until a script can be filled by a licensed pharmacist. HB 2584 would allow optometrists to dispense timed, or extended, release medicated contact lenses beyond a 24-hour time frame.

We are not opposed to moving the bill favorably from committee with the understanding that the pharmaceutical agents contained within the medicated lenses are those which optometrists already are allowed to prescribe under the Optometric Practice Act.

The Kansas Medical Society would like to compliment the Kansas Optometric Association for their initiative and cooperation in discussing the issue with our members well in advance of the legislative session. Thank you for your time and attention to our comments.

HEALTH AND HUMAN SERVICES  
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ATTACHMENT: 4-1



State of Kansas  
House of Representatives

State Capitol  
Topeka, Kansas 66612  
(785) 296-7682  
connie.obrien@house.ks.gov



Connie O'Brien  
Representative, 42nd District

P.O. Box 61  
Tonganoxie, Kansas 66086  
(913) 369-2933

HEALTH AND HUMAN SERVICES COMMITTEE

TESTIMONY BY  
REP. CONNIE O'BRIEN

HB 2590

Representative Brenda Landwehr, Committee Chair and Members of the Committee, thank you for the opportunity to speak on HB2590.

I have introduced HB2590 on behalf of Austin Stone. Austin was injured in a medical gas accident last year. Austin had gone to the dentist to have his wisdom teeth removed and the accident occurred at that time. The accident has left Austin legally blind and with other health-related problems. The bill will require that when medical gas is installed, repaired, improved, maintained, or inspected it should be done by someone who is licensed in this area. This bill establishes qualifications and requirements for certification of medical gas installers.

Thank you

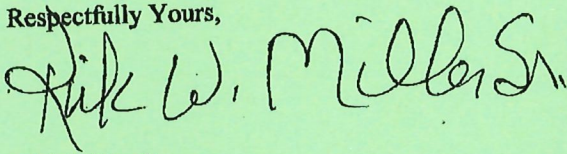
HEALTH AND HUMAN SERVICES  
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HB 2590

With the submitted changes we would like to support House Bill 2590.

In Lawrence, Kansas after a dental office remodel the first patient put to sleep with the medical gas, never came back conscience in the dental office. After a coma, a long rehab at Madonna in Lincoln, Nebraska, this nineteen year old youth was able to return home but, he was blind and deaf. One of the main links in the chain of events was a cross connection in the medical gas. There was no third party inspection report to be found for this job. Since 2000 there has been over a hundred reported deaths due to improper installation of medical gas. The vacuum line in the medical gas system is a perfect storm waiting to happen. Contents going through vacuum lines are hepattis A, B and C, cancers, streps, staff infection, bacterial and viral infections in one huge cocktail by the end of the day. To go into an un-inspected medical office in just buyer beware. I have brought expert witnesses, Rick Schaffer( third party inspector 816-830-3369) Rick Saylor ( med gas instructor and project manager for McElroy's 785-633-2666) Bill Schwitzer ( Uniform code writer, inspector and instructor 785-554-0137).

Respectfully Yours,



Kirk Miller Sr.  
Business Rep.  
Plumbers and Pipefitters Local 441  
Topeka Area 785-207-0471

HEALTH AND HUMAN SERVICES  
DATE: 2-11-10  
ATTACHMENT: 6-1

## HOUSE BILL No. 2590

By Committee on Health and Human Services

2-1

9 AN ACT providing for certification of medical gas installers in certain  
10 counties and cities; defining terms; amending K.S.A. 2009 Supp. 12-  
11 1509 and repealing the existing section.

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

14 Section 1. K.S.A. 2009 Supp. 12-1509 is hereby amended to read as  
15 follows: 12-1509. (a) Any county or city requiring the licensure of plumb-  
16 ers practicing within the county or city may conduct examinations des-  
17 ignated by K.S.A. 12-1508, and amendments thereto, for the purpose of  
18 determining the competency of applicants for such licensure and shall  
19 not be allowed to ask further questions not designated on such exami-  
20 nation. The board of county commissioners of such county or the gov-  
21 erning body of such city shall adopt rules and regulations: (1) Governing  
22 the conduct and grading of such examinations; (2) prescribing a minimum  
23 score of 75% for passage of examinations; (3) fixing a uniform fee to be  
24 charged all applicants taking each such examination; and (4) requiring all  
25 persons receiving such license annually to obtain not less than 12 hours  
26 biennially or six hours annually of continuing education approved by such  
27 local governing body. Not less than six hours biennially or three hours  
28 annually shall consist of code education. Continuing education may be  
29 provided by the local governing body, a nationally recognized trade as-  
30 sociation, community college, technical school, technical college or other  
31 provider approved by the local governing body. All hours of education  
32 shall consist of training relative to construction, maintenance and code  
33 update training. Neither the county commission nor the governing body  
34 of such city shall impose any restriction on the number of providers of  
35 such continuing education.

36 (b) The certificate of competency received by any person who suc-  
37 cessfully passes an examination designated by K.S.A. 12-1508, and  
38 amendments thereto, shall be valid proof of competency for licensure,  
39 without additional examination, in any county or city of the state which  
40 requires licensure of plumbers practicing within such county or city. The  
41 county or city shall issue the appropriate license to any applicant therefor  
42 who presents such a certificate of competency. The county or city shall  
43 fix a uniform fee to be charged all such applicants for licensure.

1 (c) All new licenses issued by a county or city upon the basis of suc-  
2 cessful passage of an examination designated by K.S.A. 12-1508, and  
3 amendments thereto, shall bear a distinctive notation identifying the test-  
4 ing agency and the specific test by name. All such licenses renewed upon  
5 the basis of completed continuing education as provided by subsection  
6 (a) shall bear a distinctive notation to verify such completion. All such  
7 licenses shall be valid in any other county or city which requires exami-  
8 nation and licensure of plumbers for practice in such county or city.

9 (d) No person who was certified or licensed prior to July 1, 1989,  
10 upon the basis of passage of a standard examination designated as such  
11 under the provisions of article 15 of chapter 12 of Kansas Statutes An-  
12 notated, and whose certificate or license was issued by a political subdivi-  
13 sion which prescribed a minimum score of not less than 70% for passage  
14 of such examination, shall be required to be reexamined for renewal of  
15 certification or licensure.

16 (e) Before sitting for the standard examination designated by K.S.A.  
17 12-1508, and amendments thereto, an applicant for a journeyman certif-  
18 icate shall demonstrate documented proof of a minimum of two years  
19 field experience. "Field experience" means working under the direct su-  
20 pervision of a person having a valid journeyman certificate or master  
21 certificate or attending trade related schooling. No more than one year  
22 of the requirement may be satisfied by trade related schooling. Schooling  
23 shall consist of a minimum of 240 hours classroom training.

24 (f) Before sitting for the standard examination designated by K.S.A.  
25 12-1508, and amendments thereto, an applicant for a master certificate  
26 shall demonstrate documented proof of having a valid journeyman cer-  
27 tificate for a minimum of two years or having field experience for a min-  
28 imum of four years.

29 (g) (1) *On and after January 1, 2011, no person shall install, improve,*  
30 *repair, maintain or inspect a medical gas piping system within a county*  
31 *or city which requires the licensure of plumbers practicing within the*  
32 *county or city unless such person: (A) Is licensed as a master plumber or*  
33 *journeyman plumber under the provisions of 12-1508 et seq., and amend-*  
34 *ments thereto; and (B) is certified by the county or city as a medical gas*  
35 *installer based on qualifications and requirements adopted by the county*  
36 *or city in accordance with this subsection (g). The qualifications adopted*  
37 *by the county or city for certification as a medical gas installer shall*  
38 *include, but not be limited to, the qualifications for certification by the*  
39 *American medical gas institute (AMGI) or an equivalent authority as*  
40 *determined by the county or city, with a minimum of 32 hours of training*  
41 *with eight of such hours in brazing. In establishing qualifications and*  
42 *requirements for certification as a medical gas installer, a county or city*  
43 *may set fees for training, certification, certificate renewal and any other*

1 *necessary fees in an amount sufficient to pay the cost to the county or city*  
2 *of the administration of the certification of the medical gas installer pro-*  
3 *gram under this subsection (g); may require reasonable continuing edu-*  
4 *cation or additional training, or both, for certified medical gas installers;*  
5 *and may take such other actions as necessary to implement the certifi-*  
6 *cation of the medical gas installer program under this subsection (g).*

7 (2) *As used in this subsection (g):*

8 (A) *"Certified medical gas installer" means a person who is certified*  
9 *by the county or city as successfully meeting the qualifications and*  
10 *requirements established for certification as a medical gas installer by the*  
11 *county or city; and*

12 (B) *"medical gas piping" means the piping used solely to transport*  
13 *gasses used for medical purposes at a health care facility or the place of*  
14 *business of a health care provider.*

15 Sec. 2. K.S.A. 2009 Supp. 12-1509 is hereby repealed.

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

29 (g) (1) On and after January 1, 2011, no person shall install, improve,  
30 repair, maintain ~~or inspect~~ a medical gas piping system within a county  
31 or city which does or does not requires the licensure of plumbers practicing  
within the  
32 county or city unless such person obtains a proper permit from the county or  
city for which the medical gas is being installed; All inspections shall be done by a  
third party inspection party and all documation of the inspections, and  
certifications of installers shall be provided to the city or county prior to an  
occupancy permit be issued: (A) Is licensed as a master plumber or  
33 journeyman plumber under the provisions of 12-1508 et seq., and amend-  
34 ments thereto; and (B) is certified ~~by the county or city as a medical gas~~  
35 ~~installer based on qualifications and requirements adopted by the county~~  
36 ~~or city in accordance with this subsection~~ in medical gas and shall meet the  
requirements of ASSE Standard 6010, Professional Qualification Standard for  
Medical Gas and Vacuum Systems Installers. (g). The qualifications adopted  
37 by the county or city for certification as a medical gas installer shall  
38 include, but not be limited to, the qualifications for certification by the  
39 American medical gas institute (AMGI) or an equivalent authority as

40 determined by the county or city, with a minimum of 32 hours of training  
41 with eight of such hours in brazing. In establishing qualifications and  
42 requirements for certification as a medical gas installer, a county or city  
43 may set fees for training, certification, certificate renewal and any other

*necessary fees in an amount sufficient to pay the cost to the county or city of the administration of the certification of the medical gas installer program under this subsection (g); may require reasonable continuing education or additional training, or both, for certified medical gas installers; and may take such other actions as necessary to implement the certification of the medical gas installer program under this subsection (g).*

*(2) As used in this subsection (g):*

*(A) "Certified medical gas installer" means a person who is certified by ~~the county or city~~ as successfully meeting the qualifications of ASSE Standard 6010 Professional Qualification Standard for Medical Gas Installers.*

*requirements established for certification as a medical gas installer by the county or city; and*

*(B) "medical gas piping" means the piping used solely to transport gasses used for medical purposes at a health care facility or the place of business of a health care provider.*

Sec. 2. K.S.A. 2009 Supp. 12-1509 is hereby repealed.



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

# Explanation of Deleted and Added Language for HB 2590

Page 2:

Line 30: **Removed** *"or inspect"* an inspector for the county or city does not need to be certified. The 3<sup>rd</sup> Party Inspection Party inspectors will be certified and shall be responsible for the inspections of Medical Gas.

Line 31: **Added the language** *"does or does not"*, the only way to have the medical gas is to require this language so all counties and cities are covered. If they have codes adopted the Uniform Plumbing Code will cover the inspections but the International Plumbing Code only requires it to be installed according to NFPA 99C. The NFPA 99C only requires the inspection reports to be given to the owner or builder and not involve the county or city.

Line 32: **Added language**, *"obtains a proper permit from the county or city for which the medical gas is being installed; all inspections shall be done by a third party inspection party and all documentation of the inspections and certifications of installer shall be provided to the city or county prior to an occupancy permit is issued."*

Line 34: **removed language** *"by the county or city as a medical gas installed based on qualifications and requirements adopted by the county or city in accordance with this subsection"* **replaced language with** *"in medical gas and shall meet the requirements of ASSE Standard 6010 Professional Qualification Standard for Medical Gas and Vacuum Systems Installers."* This was changed to match what is in the NFPA 99C for their requirements for a medical gas installer.

Page 3

Line 9: **Removed language**; *"the county or city"* they are not responsible for certifying medical gas installer but are responsible for insuring the work to be done is installed by according to ASSE or AMGI requirements. **Added language:**

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*ASSE Standard 6010 Professional Qualification Standard for Medical Gas Installers.*

**Line 10: continuation of new language: "requirements established for certifications as a medical gas installer for the county or city;"**



ABOVE AND BEYOND. BY DESIGN.

8500 Santa Fe Drive  
Overland Park, Kansas 66212  
913-895-6000 | www.opkansas.org

Testimony Before The  
House Health & Human Services Committee  
Regarding House Bill 2590  
By Erik Sartorius

February 11, 2010

The City of Overland Park appreciates the opportunity to present testimony in opposition to House Bill 2590. This bill would place additional mandates on local governments with no guarantee of improvement of safety.

Safe medical gas installation, like any other residential or commercial utility, is important to local governments. Dangerous installation of equipment can threaten not only the immediate users, but for some utilities adjacent residents or businesses can also be in harm's way.

The City of Overland Park objects strenuously to the mandate on local governments contained in House Bill 2590. Specifically, the bill would require the municipal employee who is inspecting medical gas systems to be a licensed medical gas installer. In most jurisdictions in Kansas, including Overland Park, the inspectors of these systems already inspect these systems under a mechanical inspector certification issued by the International Code Council (ICC).

Adding a duplicative licensure requirement to city and county inspectors would not improve safety. Further, adding such a requirement at a time when local governments are working to maintain services with fewer resources would be an inefficient misallocation of those resources.

The City of Overland Park does not believe this legislation will promote the health, safety, or welfare of its residents or persons who do business in the City, or the safety of Kansas citizens across the state. We ask that the committee not report this legislation favorably for passage.

HEALTH AND HUMAN SERVICES

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ATTACHMENT:

10-1

SUMMARY OF HB 2590  
(medical gas installers)

- This bill provides for the certification of medical gas installers in certain counties and cities. It authorizes counties or cities to establish the qualifications and requirements for the program and to charge fees to cover the expenses of the program.
- A medical gas installer is a person who installs medical gas piping which is used solely to transport gasses used for medical purposes at a health care facility or the place of business of a health care provider.
- The bill provides that on and after January 1, 2011, no person may install, improve, repair, maintain or inspect a medical gas piping system within a county or city which requires the licensure of plumbers practicing within the county or city, unless such person: Is licensed as a master plumber or journeyman plumber and is certified by the county or city as a medical gas installer based on qualifications and requirements adopted by the county or city.
- The qualifications adopted by the county or city for certification as a medical gas installer include the qualifications for certification by the American medical gas institute (AMGI) or an equivalent authority as determined by the county or city, with a minimum of 32 hours of training with eight of such hours in brazing (soldering metals).
- In establishing qualifications and requirements for certification as a medical gas installer, a county or city may set fees for training, certification, certificate renewal and any other necessary fees in an amount sufficient to pay the cost to the county or city of the administration of the program, may require reasonable continuing education or additional training, or both, for certified medical gas installers; and may take such other actions as necessary to implement the certification of the medical gas installer program.

Summary prepared by Norm Furse

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## Debbie Bartuccio

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**From:** Mark Aghakhani [Ancient@onemain.com]  
**Sent:** Wednesday, February 10, 2010 12:27 PM  
**To:** Brenda Landwehr; dave.crum@house.ks.gov; Geraldine Flaharty; Owen Donohoe; Lana Gordon; Phil Hermanson; Aaron Jack; Peggy Mast; Jim Morrison; Bill Otto; Jill Quigley; Marc Rhoades; Don Schroeder; Scott Schwab; Clark Shultz; Gail Finney; Dolores Furtado; Ann Mah; Cindy Neighbor; mike.slattery@hou  
**Subject:** Fw: testimony House Bill 2575

**Sent:** Wednesday, February 10, 2010 11:27 AM

**Subject:** testimony

My name is Mark Aghakhani and I am President of Ancient Formulas, Inc., a family owned business in Wichita, Kansas. We have been manufacturing herbal food supplements, nutritional products and vitamins and minerals for the past 26 years. I would encourage you to pass the House Bill 2575 for many reasons. The Naturopath physicians are absolutely necessary in the whole health care system. They have their own special place in preventative health and treating diseases because they go to the root of the problem and try to solve the cause of diseases instead of treating the symptoms. By all means, I am not against the allopathic physicians; they are critical for diagnosing and emergency surgery, etc. In my opinion, if we have more Naturopathic physicians, it would help decrease the cost of health care due to preventative measures and life style changes that they recommend. They are much more educated and trained in nutrition and non invasive approaches. Today, 80% of the world population is using nature medicine including herbs, vitamins and minerals and food as a treatment. The impact of the Naturopaths in our business is tremendous. The majority of our customers are either Naturopaths or the physicians that use alternative methods of treating their patients. The result of the increased number of Naturopaths and alternative physicians has drastically increased the number of small and very large manufacturers of herbal supplements, including the domestic production and growing of native herbs on a larger scale. Granting the license to Naturopaths in the State of Kansas would benefit the economy and the health of the general population in many ways. This approach costs less for the patient overall and also prevents future expensive treatment of diseases. It would encourage the organic growers and associations such as the one at Kansas State to increase the production and growing of medicinal herbs, which in comparison to growing traditional crops, is more lucrative for the farmer and less invasive to the land while helping to improve the quality of the land. If we have more Naturopaths practicing in Kansas, our manufacturing production will increase, therefore, we would create more jobs to employ more people and in the future we can process the raw material purchased from farmers directly. Licensing the Naturopath doctors would allow them to be able to obtain grants from NIH or other private foundations to improve and research the natural remedies which in turn employ more people in all levels of expertise. We have, for ourselves, a few herbal supplements that, although used by alternative physicians, including Naturopaths with great results, we need to substantiate the results scientifically through research which needs a licensed Naturopath to guide and direct the research and further development of the products. Overall, granting the licenses to Naturopathic physicians in the State of Kansas not only improves our business, but it would be adjunctive and complimentary side to mainstream medicine and by no means is not in competition with allopathic doctors. They would work together for the betterment of people's health.

Thank you very much for your time. I would be more than happy to answer any questions about my business.

Best Regards,

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Mark Aghakhani, President  
Ancient Formulas, Inc.



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## **Testimony In SUPPORT of HB2575**

**Offered by: John J. Federico**

**On Behalf of: Kansas Naturopathic Physicians Assn**

**House Health & Human Services Committee**

**February 11, 2010**

I am pleased to stand before you today on behalf of the Kansas Naturopathic Physicians Association (KNPA) in strong support of HB 2575.

I worked with these folks during the 2002 Session and came to appreciate who they were and what they did. During that time, two things became clear to me: 1) that the legislature should ensure that there are a variety of medical care options for consumers who desire such care, and 2) that there is a clear distinction and designation between properly-educated naturopathic doctors and those who merely hold themselves out as such.

In short, there IS a place for this type of medicine, and as such, the public should be protected against those who don't meet the credentialing standards.

In 2002, at the recommendation of the KDHE Credentialing Committee, the KNPA came to the legislature to seek licensure and to codify their scope of practice. Similar to this year's effort, the 2002 "turf battle" was heavily negotiated with the Senate passing a bill recommending Licensure for naturopathic doctors, and the House merely Registration. In summary, the result of the 2002 effort was registration over licensure, and a limited scope of practice.

Disappointed, the KNPA accepted the sentiments offered by some that... "you all have to walk before you run."

Naturopathic doctors have practiced in a severely limited fashion in Kansas since 2002. They have been "good players" in following the law, and have provided excellent care to thousands of Kansas consumers who sought their care with few, if any incidents.

After 8 years of patience, they are back before the legislature and through HB2575 are respectfully asking that the Kansas Legislature recognize their valuable place within the medical

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care community and provide for full licensure, and that they be allowed a reasonable expansion of their current scope of practice.

Other, more qualified people will speak to the specifics of the bill. I did want to pass along that the KNPA did meet with the Kansas Medical Society to discuss the bill. It was a cordial meeting and several issues were raised. In a conciliatory gesture, and with some reluctance, the KNPA decided to concede on a major point and offer amendatory language on what was believed to be ambiguous language by the KMS. (specifics)

We urge your support for this bill and am happy to stand for any questions.

Mehdi Khosh, ND  
Kansas Naturopathic Physicians Association  
4935 Research Park Way  
Lawrence, KS 66049  
(785) 749-2255

## **Naturopathic Medicine Licensing and the Public Interest**

The Kansas Naturopathic Physicians Association (KNPA) appeared before the credentialing committee of the Kansas Department of Health and Environment (KDHE) over a four-month period in 2001. The committee approved Naturopathic doctors for licensure. KDHE Secretary Graeber concurred with this recommendation. A licensure bill was reviewed and passed by the senate and sent to the house. Then Licensure bill was amended in the House to read registration and naturopaths were told to return later for licensing.

“ If the committee determines that a Professional group of health care personnel has met the Criteria, the committee makes a recommendation to the Secretary of KDHE regarding the appropriate level of Credentialing consistent with the policy that the least Regulatory means of assuring the protection of the public is preferred.” Attorney General opinion

There is no national precedent for the registration of naturopathic doctors who have attended regionally accredited graduate level schools, passed national board exams, and are eligible for licensure in seventeen other states, Puerto Rico, and Virgin Islands.

Naturopathic doctors are the only doctoral level health care providers who are registered and not licensed.

Licensing naturopathic doctors would clarify our status with malpractice insurance providers and with NIH funding to naturopathic doctors involved in research in Kansas □

Licensing of naturopathic doctors is in the best interest of the consuming public for many reasons.

Natural medicine health care consumers deserve the same regulation of their health care professionals as their counterparts in the mainstream medical community.

Licensing of naturopathic doctors protects the public by establishing educational, training, testing and accountability standards and procedures.

The integration of naturopathic doctors into the established medical system is proceeding rapidly; licensing will properly establish the scope of practice for naturopathic doctors while providing the public with alternatives.

Licensing naturopathic physicians is consistent with the laws and identification of the profession on state and federal levels.

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Historically, state licensure of health care professionals (MDs, Dos, DCs, etc.) has been designed to regulate the education, training and practice of providers. People seeking natural health care must have the same assurances that a naturopathic doctor has met the highest standards available and that their practices are run according to state law. In light of the growing use of natural medicine and increased application of natural remedies, citizens are better served by holding *anyone* who addresses their concerns accountable for their credentials and actions. Without public accountability, the consumer has no assurance of the education, training, or observance of public safety regulations by a health practitioner.

Without standardizing licensing laws, people lack the basic freedom of health care of their choice. Despite the fact that conventional treatments are often ineffective, simply mask symptoms and are subject to troubling side effects, Americans who seek better and more effective health care must struggle to win the right of open access to complementary practitioners and treatments.

### **Naturopathic Medicine lowers health care costs**

In a recent study conducted by Green Mountain Wellness Solutions for the Vermont Automobile Dealers Association in 2005-2006, 848 employees were examined and advised by naturopathic physicians for one year. The organization **saved \$1.5 million** in direct and indirect medical costs the first year. Further, the drastic reduction in health risk factors has resulted in a decrease in insurance premiums for each year the program has been in place. Licensure of naturopathic doctors will lower health care costs for Kansans.

### **Naturopathic medicine is extremely safe**

Naturopathic Physicians have a phenomenal safety record. In states that license and insure NDs, coverage costs, reports and claims are significantly lower than those found in conventional medicine.

## Naturopathic Medical Education Accreditation

**Length of study - 4 -5 years**

**4,100 total clock hours (similar to MD and DO in basic and clinical science)**

**Q: What is the accreditation system for naturopathic medical programs and schools?**

**A:** The AANMC (American Association of Naturopathic Medical Colleges) recognizes the following accrediting institutions:

- **College accreditation is issued by the US Department of Education (ED).**  
All US AANMC member *schools* have been accredited – or are in candidate status for accreditation – by an ED-approved regional accrediting agency.
- **Programmatic accreditation is issued by the Council on Naturopathic Medical Education (CNME).**  
In addition, each of the individual naturopathic medicine *programs* of the member schools have been accredited – or are candidates for accreditation – by the CNME (College of Naturopathic Medical Examiners) the recognized accrediting body for naturopathic medical programs in North America.
- **Doctor licensure is granted by North American Board of Naturopathic Examiners (NABNE).**  
Students graduating from the naturopathic programs of AANMC member schools are then eligible to sit for the Naturopathic Physicians Licensing Examinations (NPLEX), administered by NABNE. Passing the NPLEX is required before a doctor of naturopathic medicine can be licensed by a state or provincial jurisdiction as a primary care general practice physician.
  - **Board Exams** – Basic Science – 1 day / Clinical Science – 3 days

**Q: What is the AANMC?**

**A:** The Association of Accredited Naturopathic Medical Colleges (AANMC) was established in February of 2001 to propel and foster the naturopathic medical profession by actively supporting the academic efforts of accredited and recognized schools of naturopathic medicine in North America. The AANMC is a non-profit association.

**Q: What are AANMC membership requirements?**

**A:** To earn and maintain AANMC membership, an ND school must be accredited – or in candidate status for accreditation – by a regional accrediting agency approved by the US Department of Education (ED). Furthermore, the school's ND program itself must be accredited – or in candidate status – by the Council on Naturopathic Medical Education (CNME).

**Q: Does the AANMC accredit its member schools?**

**A:** No, the AANMC simply offers membership to represent the accredited schools, however proper accreditation is a requirement for all member schools.

## Naturopathic Medical Education

### *Excerpts from Council on Naturopathic Medical Education*

#### *Handbook of Accreditation 2007 Edition (pages 45 – 48)*

#### B. Length of Study

1. The program of study for students in a naturopathic medicine program is typically presented over a period of 12 quarters (10-12 weeks per quarter).
2. Including clinical education, a naturopathic medicine program requires a minimum of 4,100 total clock hours devoted to the study of naturopathic medicine.

#### Core Curriculum

1. A naturopathic medicine program develops and clearly states the core competencies and learning objectives necessary for a student to graduate as a competent doctor of naturopathic medicine.
2. Within the context of the following Basic Science and Clinical Science curriculum, the program establishes measurable competencies and objectives for the naturopathic medicine program as a whole, as well as for each individual subject. The naturopathic medicine program's core curriculum:
  - a. Supports students in becoming empowered primary-care physicians, with a well-developed sense of personal wellness, knowledge of their unique skills as healers, knowledge of the scope of the practice and its limitations, responsibility in finance and business, and clinical competence and confidence.
  - b. Supports students in becoming providers of excellent and consistent patient care, with the ability to carry out a systematic approach to naturopathic medical diagnosis and treatment.
  - c. Teaches students the importance of being an integral member of the health care profession and an active participant in the community.
  - d. Prepares students to practice the Principles of Naturopathic Medicine, as adopted by the American Association of Naturopathic Physicians: "Promote the healing power of nature. Do no harm. Treat the whole person. Address the cause of illness. Practice preventive medicine. Promote wellness. Provide health care that holds to each patient's best interest."
3. The Basic Sciences portion of the curriculum provides an in-depth study of the human body, using both lecture and lab. These subjects are taught in the Basic Sciences curriculum:
  - a. Anatomy (includes gross anatomy, dissection and/or prosection, neuroanatomy, embryology, histology)
  - b. Physiology Lecture and lab)
  - c. Pathology
  - d. Biochemistry
  - e. Environmental/Public Health (includes public health, environmental health, immunology, infectious diseases)
  - f. Pharmacology and Pharmacognosy
4. Courses in the history, philosophy, and principles of naturopathic medicine are offered in the

curriculum.

- a. The Clinical Sciences portion of the core curriculum thoroughly prepares students to diagnose the causes of disease and to treat effectively patients who have diseases, using naturopathic therapeutics. Laboratory and clinical demonstrations are utilized to assist development of practical skills. These subjects are taught in the.
  - b. Diagnostic courses-physical, clinical, laboratory, diagnostic imaging, and differential diagnosis.
  - c. Therapeutic Courses-botanical medicine, homeopathy, emergency and legend drugs, nutrition, physical medicine (includes naturopathic, osseous and soft tissue manipulative therapy, physiotherapy, sports medicine, therapeutic exercise and hydrotherapy), psychological counseling, nature cure, acupuncture and Oriental medicine, medical procedures/emergencies, and minor surgery.
1. Specialty courses-organ systems (includes cardiology, dermatology, endocrinology, EENT, gastroenterology, genitourinary system, gynecology, neurology, orthopedics, pulmonary), natural childbirth/ obstetrics, pediatrics, geriatrics, rheumatology, oncology, jurisprudence, marketing principles, and practice management

## VII. CLINICAL EDUCATION

The Standard on Clinical Education is a guideline each naturopathic medicine program follows in developing and improving the clinical education component of its curriculum. It is driven by the naturopathic medicine program's mission statement and is guided by objectives that clearly define the educational goals. Each program's clinical education curriculum is designed to equip naturopathic medical students with the practical knowledge, clinical skills, core values, attitudes, and behaviors necessary for successful clinical practice. It is not the intent of the Council to provide an exact description, but rather to provide appropriate standards.

### A. Clinical Education Program Design and Evaluation

1. The clinical education program develops and publishes standards, policies and procedures. The program's educational quality is periodically evaluated using multiple outcome measurements, such as student and faculty evaluations, the performance and academic progress of students, completion rates, postdoctoral performance, performance on licensing examinations, and the percentage of graduates who become licensed. The medical director is actively involved in the development of the standards, policies and procedures.
2. The clinical education program establishes and publishes policies on ethical behavior for students, clinical faculty, administrators and staff, including a conflict-of-interest policy that applies to clinical faculty. The program also establishes and publishes a quality assurance policy and a conflict-of-interest policy for the dispensary.
3. The clinical education program establishes and publishes standards and methods for evaluating the performance of clinical faculty. Clinical faculty members have appropriate credentials, clinical experience, teaching skills, suitable dispositions for teaching, expertise in their fields of instruction, and knowledge of the program's standards, policies and procedures, with the willingness to administer them. All clinical faculty have an understanding of naturopathic principles at a level appropriate for their credentials and field of expertise. The clinical education program provides opportunities for faculty member' ongoing professional development in these areas.

### B. Administration, Resources, Facilities

1. The administrator of the clinical education program exercises full academic oversight over the program, including training at any affiliated external teaching clinics. The clinical education program has adequate financial resources to achieve its educational goals and objectives. All student clinicians have comparable educational experiences.
2. Under the direction of the medical director, the clinical education program's administrator, faculty, and staff implement the program's standards, policies and procedures with impartiality and equability toward all students and across all clinical teaching sites.
3. The clinical facilities are adequate in size and resources to provide experience in all

aspects of naturopathic diagnosis and treatment. Administrative staffing is adequate, patient-care rooms are fully equipped, physical medicine facilities and equipment are adequate, the clinical laboratory is fully equipped, and a naturopathic dispensary fully serves the needs of patients, faculty and students.

### C. Clinical Requirements

1. The clinical education program provides at least 1,200 clock hours of clinical education. All students complete the clinical education program's prerequisites before beginning the clinical component of their education. Prior to beginning their formal clinical education, students may participate in observations and rotations through clinical posts, such as the dispensary, laboratory, and physical medicine facilities, but the time they spend in these observations and rotations may not exceed 20 percent of the program's required number of clock hours.
2. Preceptorship experience in practicing physician' offices is included in the program's required number of clock hours. Hospital rotations and clerkships, if available, are also included. The program distinguishes between clinical education based on observation, such as observing with a preceptor or in a hospital rotation, and supervised hands-on direct patient care in a naturopathic clinic or clerkship where clinical competencies are to be evaluated and satisfied. At least 60 percent of the clinical education program's required number of minimum hours are in patient care. Hours in clinical posts are credited when the post has specific clinical competencies that students must satisfy.
3. The level of clinical responsibility accorded student clinicians is gradually increased with the level of training they receive. The program's student achievement standards, policies, and evaluation procedures clearly delineate the steps of ascending responsibility.
4. A naturopathic medicine program establishes a minimum for a required number of separately scheduled patient interactions where students perform an assessment and/ or treatment, under supervision, as the primary student clinician. By graduation, a student has had at least the minimum number of patient contacts.
5. Clinical faculty have the training, experience, and licenses necessary to provide suitable educational experiences for students and health care for patients. At least 70 percent of the program's required number of clock hours are under clinical faculty who are licensed naturopathic physicians. Clinical faculty have a minimum of two years of clinical experience, unless they are residents at the program's teaching clinic or have completed a residency program certified by the Council. The supervision and student-to-faculty ratio are appropriate for achieving both high-quality clinical training and high-quality patient care.
6. The clinical education program provides each student with:
  - a. The medical skills, knowledge, experience, and critical judgment ability necessary for the diagnosis, treatment, management, and referral-making appropriate for safe and effective practice as a primary care naturopathic physician;
  - b. A clinical experience that integrates naturopathic principles into every clinical interaction;
  - c. The attitudes and behaviors necessary to establish effective professional relationships with patients, faculty, colleagues, other professionals and the public;
  - d. The opportunity to treat patients of all ages, and to treat a wide variety of conditions;
  - e. Group forums designed to provide discussion between clinical faculty and students on a variety of clinical subjects and case analyses, with the inclusion of naturopathic principles in all aspects of the forum;
  - f. A firm understanding of medical ethics, cultural and gender sensitivity issues, and the medical consequences of common societal problems;
  - g. A thorough knowledge of charting and patient record maintenance, including legal requirements (e.g., in the U.S., regulations adopted by the Occupational Safety and Health Administration); and
  - h. A thorough knowledge of practice management principles.

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

RE: HB2575

Peter Kimble, ND

Naturopathic services are not needed or requested by everyone. There is a significant minority that needs and even demands our services and who would perhaps refuse conventional care if that were their only choice. This bill is for those people and the naturopathic doctors that provide these services.

This bill would provide licensing in place of registration for the reasons that Dr. Khosh has already stated. This is reflected throughout the bill.

Page one beginning line 32 would add prescriptive rights for vitamins and minerals which either by route of administration such as intramuscular injections or being in proprietary forms such as extended release niacin make them legend drugs. It also adds prescription rights for bioidentical hormones such as estrogens and progesterone.

People with gastrointestinal disorders such as pernicious anemia, celiac, or inflammatory bowel disease are unable to properly absorb some nutrients, especially vitamins, and intramuscular injection often is often the most efficient method of normalizing their levels. Vitamins and minerals for intramuscular injection are on our current formulary for use with a written protocol. Our bill would give naturopathic doctors independent decision on their appropriate use. The conditions for intravenous injections remain the same except for a time limit for communication with a physician which is more in line with regulations for physicians assistants. (pg 10 beginning line 1)

Some bioidentical hormones are now available in over the counter products. When specific amounts of hormones are given orally or in transdermal applications then they become prescription items. As testosterone is a bioidentical hormone and also a controlled substance, the wording to allow testosterone only is included. (pg 3 beginning line 5)

Regarding safety of naturopathic doctors using prescription drugs, I will quote two reports. The first is an excerpt from a report of the California Bureau of Naturopathic Medicine dated January 2007

In preparation for this report, the Bureau contacted the licensing agencies for each of the states that allow NDs to prescribe. None of the states reported any patient harm or disciplinary action due to ND prescribing. In addition, the states were not aware of any civil actions against NDs for prescribing.

The Bureau also contacted NCMIC Insurance Company. NCMIC insures NDs in all of the licensing states and also insures the naturopathic medical schools. In a letter to the Bureau dated June 7, 2006, NCMIC stated: "In the five years that NCMIC has been insuring Naturopathic Physicians and the colleges, we have never opened a claim against a Naturopathic Physician involving prescription medications."

Our bill also proposes that naturopathic doctors be added to the list of professions allowed to form a professional corporation. (pg 11 line 28)

Due to the fact that many of our patients tend to bring their whole family to see a naturopathic doctor, they also request that we perform the children's school health assessment and that wording is included in our bill. (pg18 line 9)

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**HB 2575**

My name is Stacey Howell. I'm married to former State Representative Andrew Howell, which is where this story finds its beginning.

Shortly after our marriage in 2001, I began to have several health problems. I started experiencing depression, unexplained crying, and fatigue. None of this made sense, since I was happy in my job and my new marriage. I went to see my M.D., and he prescribed Prozac. Andrew asked that before I took an antidepressant I consider seeing a naturopathic doctor. I agreed to go, but reluctantly. I'd had no experience with or confidence in naturopathic medicine, and I wanted my health problems gone immediately.

We went to see Dr. Peter Kimble. After a basic exam and thorough lifestyle questioning, he ran some blood tests. It turned out that I was low in several basic vitamins and minerals, and that my iron levels were low. His recommendation included specific vitamin and iron supplementation. I followed his recommendations, and to my surprise, within two weeks all of my health problems were gone. Needless to say, I never took the antidepressants.

Fast forward to 2009. After the birth of our second child and turning 40, I started to have problems again with depression. I made sure I was taking my vitamins, and was trying to eat right, but over several months things got increasingly worse. My depression got quite severe, and I was experiencing high levels of anxiety. I was physically exhausted most of the time, short-tempered, irritable, and my thinking was foggy. I found it hard to recall things and frequently lost my train of thought mid-sentence.

I felt like I was falling apart, and found it almost impossible to accomplish the basic tasks necessary to keep house and take care of the children. I had withdrawn completely from family and friends, and spent much of my time in bed, depressed, agonizing over the horrible wife and mother I'd become, and yet feeling hopeless to change things.

Once again in desperation, I contemplated getting a prescription for antidepressants. Though I had never taken them, the severity of my situation seemed in my mind far beyond what a few vitamins and minerals could fix. And once again, Andrew encouraged me to try a naturopathic doctor first.

I went back to see Dr. Kimble. After discussing my symptoms, Dr. Kimble once again ran some blood tests, but in addition to the basics he also ran a test to check my amino acid levels. I didn't even know what amino acids were, but soon found out that they are essential to nearly every function of the human body, and that I was significantly low in all but one of the 20 amino acids tested. In addition, I was significantly low in vitamin D, and iron.

Dr. Kimble recommended taking amino acids, iron, and additional vitamins, and in about a month the dark depression was gone. I was still having problems with anxiety and exhaustion, so Dr. Kimble did additional testing and found that several of my hormone levels were low, especially my cortisol levels. Once we worked on balancing my hormones, my energy levels started to increase, and my anxiety levels began to decrease.

Finally, we ran some blood tests to help identify possible food allergies. This is another area that I didn't think much of. But, having had such amazing success so far, I decided to take action based on what the tests showed, and cut out all dairy. I did this in conjunction with getting all of the junk food out of my diet, and focusing on eating lean meats, vegetables, and fruits. (All things Dr. Kimble discusses in a whole body approach to health.) Again, within three weeks a significant piece of the puzzle fell into place as my thinking became clear and sharp once again, and an unexpected bonus, my sinuses cleared up (I regularly used Nasacort and Singulair in the past.)

All of this to say, that working with Dr. Kimble has given me my life back. I can once again be the wife and mother I want to be. I have energy to be involved again with friends and family and feel hopeful about the future. I could never have found my way without Dr. Kimble's guidance, testing, and genuine concern. I have learned now that when something is wrong with my body, like depression (since that almost seems to be an epidemic these days), it's not just that I "have depression." I see these health problems as a warning light—like in a car—my body is trying to let me know that something is wrong and because of it systems are starting to fail. Working with Dr. Kimble helps me to identify what's wrong so that I can give my body what it needs, whether it's vitamins, minerals, more water, more sleep or healthy food.

I urge you to support HB2575 for licensure and enhanced scope of practice for Naturopathic Doctors.

Stacey Howell  
201 SE 44th Pkwy.  
Topeka, KS 66609  
(785) 266-2255

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HB 2575

Good afternoon ,

Thank you for the opportunity to tell my story.

I was a sickly child, often home from school because of allergies and respiratory infections. I was seen by doctors frequently and given all kinds of medicine. During my 20s I started having frequent migraines, chronic sinus infections and skin problems, mysterious muscle pain and a string of heartbreaking and unexplained miscarriages. I eventually had four children, and during those years I started having anxiety, insomnia, and mysterious episodes of fatigue. By 40 I was having relentless and frequently debilitating gastrointestinal symptoms. At my worst, each week included two, two- to three-day migraines, and round the clock misery so exhausting that for a while I didn't know which was worse, night or day, I became chemically sensitive, stopped being able to digest most foods, and despite a healthy diet, moderate exercise, vitamins, supplements and a constant search for answers, I was prematurely menopausal, routinely anemic, had rapidly thinning bones, was always sick, weak, tired, miserable and was losing weight.

I once tried to tell a doctor I had seen for years—and I meant it—that I had been so sick for so long that I truly didn't know if I could go on. Her reply on her way out the door was, "Of course you're tired, you have four kids." This was a smart and talented woman who had saved the day for us on a number of occasions. But because my health problems fell outside of what she had been taught in med school, she was unable to help me any farther.

All this illness derailed my life. I quit a job I loved and started working part time at home because of the unpredictable nature of how often I was too sick to leave the house.

My true nature? I am an energetic, motivated and happy person. I'm a problem solver with not have a lot of patience. I'm not a complainer. I loved working, I love being a mother, I'm a gardener, a runner, and I have a tendency to do a lot of volunteer work. Year after year, I took good care of myself but got worse and worse. I was offered one prescription after another but never any answers or solutions.

Despite all this, I am still a fan of Western medicine. Everyone in my house is alive today because of it and three of my brothers-in-law are doctors, one of whom directed me to a doctor at KU Med, who was very helpful and who recommended I see Dr. Farhang Khosh, a naturopath in Lawrence where I live.

During my first visit with Dr. Khosh he had a startlingly good understanding of what was wrong with me. He suggested certain blood tests and outlined a smart approach to what we would do and in what order to get me back in good health. His method takes the whole person and all systems into account—what's functioning, what's not, and more importantly, WHY, plus how your physiology affects your life and how your life affects your physiology—and the whole idea is to find the cause of the problem, fix or eliminate it, and then assist and allow the body to heal itself and return to normal functioning. And the whole time, he explains the science behind it.

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With a thorough understanding of different healing traditions, both Drs. Khosh offer the best combination of innovative, safe, sometimes very simple and effective treatments. The first time Dr. Medhi saw me he could tell just from looking at me that I was hypoglycemic. Dr. Farhang treated my son for what we think was a brown recluse bite and turned a red-hot, swollen hard and abscessed mass the size of a fist into all normal tissue with a scab the size of a pencil eraser. Time doesn't begin to allow me to tell all that they have done for us.

It turns out that what ails me primarily is a genetic intolerance of gluten, the protein found in wheat, barley, rye and oats, and the basic treatment is a gluten-free diet. This is a common and well-documented but grossly misunderstood and under diagnosed condition. The average time from onset of symptoms to proper diagnosis is 12 years. While undiagnosed and not on a gluten-free diet, a patient can suffer from a wide array of seemingly unrelated symptoms and secondary ailments, worsening as the years go by, and that's what happened to me.

This is an inheritable condition and my children were all much sicker much earlier than I was. With Dr. Khosh's help they have taken charge of their health, are well informed, and have become resources for their friends. My mother, who suffered for much longer, is now at age 78, healthier and more mobile and active than she was a few years ago. Everyone I know who has seen either Dr. Khosh has been surprised, grateful and truly helped in a significant manner.

When my husband fell off a ladder we took him to the emergency room. We see our regular doctor for annual exams (but to tell you the truth, I spend more time telling her what Dr. Khosh is doing for us, and she's sending more of her patients to him all the time). But for everything else in that huge gray area so ill understood by western medicine even though most of it is based on chemistry and genetics, all that determines energy, mood, and how you feel every day — all that so often shapes the course of your life — for that, we turn to Dr. Khosh.

We are unbelievably lucky for the twists of fate that landed the Drs. Khosh here in Kansas. Every now and then I wonder what shape we'd be in otherwise and I shudder at the thought. So I strongly support anything that makes Kansas more amenable to them since they are responsible for our current good health and that of the many many others in their care.

Sincerely,

Christy Kennedy



Mark Parkinson, Governor  
Roderick L. Bremby, Secretary

DEPARTMENT OF HEALTH  
AND ENVIRONMENT

[www.kdheks.gov](http://www.kdheks.gov)

February 11, 2010

The Honorable Brenda Landwehr, Chairperson  
House Committee on Health and Human Services  
State Capitol, Room 151-S  
Topeka, Kansas 66612  
BUILDING MAIL

Dear Chairperson Landwehr:

I am writing on behalf of the Kansas Department of Health and Environment in regard to HB 2575, concerning naturopathic doctors. HB 2575 raises the level of credentialing for naturopathic doctors from registration to licensure.

The Kansas Department of Health and Environment administers the Health Occupations Credentialing Act, KSA 65-5001 *et seq.* In accordance with the Act, in 2001 naturopathic doctors applied for a credentialing review seeking licensure. The review was completed in 2002, and the technical committee recommended licensure. The secretary of KDHE at that time, Clyde Graeber, concurred with the committee's recommendation in his report to the Legislature. The 2002 Legislature passed HB 2315, which established registration as the level of credentialing for naturopathic doctors.

The language in 2010 HB 2575 establishing licensure as the level of credentialing for naturopathic doctors is consistent with the findings of the 2001 credentialing review.

If you have questions or need further information, please feel free to contact me. I can be reached at 296-1281 or by e-mail at [mrhoden@kdheks.gov](mailto:mrhoden@kdheks.gov).

Sincerely,

Marla Rhoden, Director  
Health Occupations Credentialing

c: Susan Kang  
Jason Eberhart-Phillips  
Joseph F. Kroll

BUREAU OF CHILD CARE AND HEALTH FACILITIES  
CURTIS STATE OFFICE BUILDING, 1000 SW JACKSON ST., STE. 200, TOPEKA, KS 66612  
Voice 785-296-1281 Fax 785-296-3075

HEALTH AND HUMAN SERVICES  
DATE: 2-11-10  
ATTACHMENT: 19-1

H.B. 2575 Committee on Health and Human Services

I began seeing Dr. Kimble, a Topeka naturopathic doctor in August of 2008. Since 2002 I had been in declining health with weight loss, muscle weakness, indigestion, lack of concentration, back pain, insomnia, low blood pressure and many other symptoms. I had no improvement with conventional medical care.

Since starting naturopathic medical care with Dr. Kimble, I have made significant improvement and can maintain my independence without a caregiver. I urge you to support H.B. 2575, full licensure for naturopathic doctors and improved scope of practice so that I can continue to regain my health.

Connie Sanberg  
4900 SW Huntoon  
#714  
Topeka, KS 66604

HEALTH AND HUMAN SERVICES

DATE: 2-11-10

ATTACHMENT:

20-1



**To:** House Health and Human Services Committee

**From:** Jerry Slaughter  
Executive Director

**Date:** February 11, 2010

**Subject:** HB 2575; Concerning naturopathy

The Kansas Medical Society appreciates the opportunity to appear to today on HB 2575, which would make several amendments to the statutes which govern the registration of naturopaths in Kansas. HB 2575 would:

- Change the regulation of naturopaths from registration to licensure;
- Authorize naturopaths to prescribe prescription-only drugs, including controlled substances; and
- Authorize naturopaths to conduct the required school health assessments on children entering public schools for the first time.

The provision of health care in this country involves a wide array of professionals, and often requires the inter-professional cooperation and collaboration between physicians and professionals from many other disciplines. Many professionals bring unique approaches and skills to patient care, and we respect that diversity. With appropriate education, training and regulation, many different health care professionals can and do provide safe and essential patient care as long as they function within the bounds of their preparation and competency.

The public policy question of whether, and to what extent, to regulate a professional group is not a decision without consequences for safe patient care. Government has an obligation to act with the utmost care with regard to the licensing of health care professions. State recognition through licensure tends to legitimize the scope of practice of the regulated profession, and grant the state's "seal of approval" of the group's philosophy of care and competency to practice. If the scope of practice of the profession is not based in science, it undermines public trust and confidence in evidence-based, scientific health care, and sends a mixed message to the public. Regulation, and in particular, licensure implies that government assures the validity of the methods and the claims made by the licensed profession, so such approval should be carefully considered before granted.

Naturopaths were first regulated by the state of Kansas in 2002, when they were granted registration status after a lengthy and detailed legislative process. Though they sought licensure, the legislature instead chose registration as the preferred method of regulation. The Healing Arts Board is charged with the responsibility of regulating naturopaths, and as December 2009, there were 19 naturopaths registered to practice in our state. Kansas is one of only fourteen states, plus the District of Columbia, that authorizes the practice of naturopathy.

Much as they did in 2002, the naturopaths have introduced legislation this year which goes well beyond what we believe their education and training would justify. Traditional naturopathy is a system of treatment that repudiates drug therapy and surgery, and relies on the use of natural agents, and some physical modalities, to diagnose and treat disease, as well as emphasizing prevention. Common naturopathic treatment often includes the use of botanical medicine and herbology, nutritional counseling, homeopathy, acupuncture, , massage and manipulative bodywork, and sometimes physical modalities such as hydrotherapy, ozone therapy, air and light therapy, and ultraviolet therapy. Yet, although there are some contradictions in the bill's language, the legislation before you would appear to allow naturopaths to prescribe prescription drugs, including controlled substances, which in addition to being beyond their training, would also seem to be inconsistent with their system beliefs.

The bill, as introduced, would also allow naturopaths to perform the statutorily required school health assessments on children, even though studies have shown that few naturopaths have any formal pediatric training, often lack the ability to recognize potentially serious illnesses in children, and moreover, traditional naturopathic philosophy rejects the validity of immunizations. We understand that the naturopaths have since agreed to drop school health assessments and the prescribing of controlled substances from the bill, but in the two times they have approached the legislature their proposals have included prescribing of prescription-only drugs. That may not be what they intend, but a clear reading of the two bills they have introduced in recent memory is unambiguous on that point, and would seem to signal their true intentions.

The bill would also change their regulation from registration to licensure. It may seem like a change without consequences, but it is significant. First, elevating their regulation to licensure does what we suggest above, in that it implies that the state has evaluated the group's system of care, and basically approved or validated it. Secondly – and we don't know if this is intentional or not – it would likely result in a statutory obligation on the part of health insurers to provide payment for the services offered by naturopaths. KSA 40-2,101 provides that “...*whenever such*

*policy, contract, plan or agreement provides for reimbursement or indemnity for any service which is within the lawful scope of practice of any practitioner licensed under the Kansas healing arts act, reimbursement or indemnification under such policy contract, plan or agreement shall not be denied when such service is rendered by any such licensed practitioner within the lawful scope of his license."* Given all the current attention to the problem of health care costs, adding another mandated provider that will compel insurers to pay for their services is a point that deserves careful discussion.

The proponents of this bill probably think we are reading something into the language of this bill that is not intended. Our answer to that is to be specific and clear about what is, and is not authorized. Since naturopathy is still a slowly emerging profession in our state, with fewer than two dozen practitioners, we believe the legislature should not be rushed into expanding their scope of practice without carefully evaluating whether the change is justified by their training, an assessment of the public need for the services, and the probable consequences of the change. There is a tendency to think that all things "natural" are safe. That is simply not the case. Many "natural" substances and therapies can represent a significant potential for harm if not properly utilized. Our concern with this bill is that it contains a scope of practice that goes well beyond "natural" therapies, and into prescribing a range of "prescription-only" drugs and substances.

Though we have concerns about the boundaries of this particular bill, we have consistently stated over the years that we did not oppose legal recognition for naturopaths, so long as it did not include a scope of practice that was beyond their training. From our review of the available information, we do not believe their training programs contain nearly enough depth, breadth and clinical exposure to warrant the expanded scope of practice authorized in this legislation, as it was introduced. Because we only saw the legislation for the first time a few weeks ago, we haven't had enough time to schedule a meeting with physicians from our organization to meet with the proponents of the bill. We would be happy to meet with them, and would welcome the opportunity for a dialogue to help us more clearly understand what exactly it is that they are seeking through this change in law.

Until we have that opportunity, we cannot support this legislation, and we would urge that you not recommend it favorably for passage. Thank you for considering our comments.