



To: House Health and Human Services Committee

From: Jerry Slaughter
Executive Director

Date: March 9, 2015

Subject: HB 2362; concerning the Healing Arts and Physician Assistant Licensure Acts

The Kansas Medical Society appreciates the opportunity to submit the following comments in support of HB 2362, which amends the Healing Arts and Physician Assistant Licensure Acts. This bill is non-controversial and contains some necessary additional changes to provisions that were amended last year when the comprehensive Healing Arts Act modernization bill, HB 2673, was enacted. That bill was the result of numerous meetings over several months involving all of the affected professions, and it was largely intended to make uniform the administrative and regulatory structures for the thirteen professions licensed by the Board.

HB 2362 includes a provision for a “resident active license,” (at New Section 7) which is being created to address changes in postgraduate, or “residency training” requirements. Today’s physician residency training programs are from three to seven years in length, depending on specialty and subspecialty interests of the physician. This new licensure category would be available to physicians who have completed the first year of a fulltime graduate medical education (residency) program, to obtain additional clinical experiences working as a “*locum tenens*” (temporary) physician, in rural hospitals and clinics, so long as they have the approval of their supervising residency program director.

In addition to the other changes in the bill, we would like to propose an amendment to HB 2362 which addresses a growing problem brought on by the growth in medical school class sizes, including here in Kansas. The number of 1st year positions in accredited residency programs has not kept pace with the growth in medical school graduates. In 2014 there were 26,678 first year U.S. residency positions offered for medical school graduates, but 40,394 applicants. The applicant pool includes graduates of U.S. medical schools as well as foreign-trained physicians that want to complete their training in a U.S. based residency program. In each of the past two years KU Medical School has had five graduating senior medical students out of a graduating class of 190 who did not secure a first year position in a residency, even though they were very qualified, competitive candidates. Although the number is relatively small now, it is expected to grow as medical school class sizes continue to expand faster than available residency positions.

A number of states are beginning to look at ways to provide a supervised clinical experience for these medical school graduates while they await placement in a residency program. Missouri was the first state to enact such a law. It allows a medical school graduate who is unable to enter a residency program to practice in a medically underserved area under the supervision of a licensed physician. After conferring with officials at KU Medical School, we drafted an amendment to the Healing Arts Act which would create a similar supervised clinical practice opportunity in Kansas.

In our research on this issue we found that the 1978 legislature enacted a provision that created a "special permit" for those medical students who graduated mid-year, or "out-of-phase", and were forced to wait several months before beginning their residency program. Although that provision was created to address a slightly different problem, the "out-of-phase" permit, with some minor changes, will work very nicely to address the problem discussed here. We have attached a balloon amendment to that provision (KSA 65-2811a) to our testimony.

Our amendment would provide that a graduate of the KU School of Medicine who has not yet been accepted into an accredited residency program could obtain a special permit to practice under the supervision of a licensed physician in a medically underserved area of the state for a period of up to two years. The permit holder would be able to prescribe drugs under supervision, except controlled substances.

We believe this approach benefits both the medical student awaiting residency, as well as the state of Kansas. It will allow these students to obtain valuable clinical experience in a supervised environment, and make additional medical manpower available to our rural and underserved areas of the state. We would urge you to amend HB 2362 with the addition of this amendment.

Thank you for the opportunity to offer these comments.

Amending KSA 65-2811a: allowing KU Medical School graduates awaiting admission to a postgraduate residency training program to practice for up to two years in a Kansas medically underserved area under the supervision of a licensed physician.

65-2811a. Special permits; issuance; conditions and qualifications; limitations on practice; expiration of permit. (a) The state board of healing arts may issue a special permit to practice ~~the appropriate branch of the healing arts~~ medicine and surgery, under the supervision of a person licensed to practice ~~such branch of the healing arts~~ medicine and surgery, to any person who has completed undergraduate training ~~in a branch of the healing arts at the university of Kansas school of medicine~~ and who has not engaged in a full-time approved postgraduate training program.

(b) Such special permit shall be issued only to a person who: (1) Has made proper application for such special permit upon forms approved by the state board of healing arts;

(2) meets all qualifications of licensure except examinations and postgraduate training, as required by the Kansas healing arts act;

(3) is not yet but will be engaged in a full-time, approved postgraduate training program in Kansas;

(4) has obtained the sponsorship of a person licensed to practice ~~the branch of the healing arts in which the applicant is training~~ medicine and surgery, which sponsor practices in an area of Kansas which is determined under K.S.A. 76-375 and amendments thereto to be medically underserved; and

(5) has paid the prescribed fees as established by the state board of healing arts for the application for and granting of such special permit.

(c) The special permit, when issued, shall authorize the person to whom the special permit is issued to practice ~~the branch of the healing arts in which such person is training~~ medicine and surgery under the supervision of the person licensed to practice ~~that branch of the healing arts~~ medicine and surgery who has agreed to sponsor and accept responsibility for the services rendered by such special permit holder. A special permit holder may prescribe drugs, but may not prescribe controlled substances. The special permit shall not authorize the person holding the special permit to engage in the private practice of ~~the healing arts~~ medicine and surgery. The holder of a special permit under this section shall not charge patients a fee for services rendered but may be compensated directly by the person under whose supervision and sponsorship the permit holder is practicing. A special permit holder shall clearly identify himself or herself to patients as a physician in training, and may use the term "doctor" or "Dr." The special permit shall expire on the day the person holding the special permit becomes engaged in a full-time, approved postgraduate training program or ~~one year~~ two years from its date of issuance, whichever occurs first.

(d) For the purposes of this section, "supervision" means that the supervising licensee is physically present within the healthcare facility or other site of patient care, and is immediately available to the special permit holder. ~~This section shall be part of and supplemental to the Kansas healing arts act.~~