

March 3, 2022

Written and Oral Neutral Testimony in the House Committee on Health and Human Services regarding SB 440

Dear Chair and Honorable Committee Members:

The Kansas State Board of Healing Arts (“Board”) submits this testimony to assist legislators in evaluating SB 440. I am Susan Gile, Acting Executive Director of the Board. Courtney Cyzman, General Counsel of the Board, will be presenting oral testimony. The Board is the executive body tasked with licensing and regulating 16 healthcare professions in Kansas, including occupational therapists. *See* K.S.A. 65-2801; K.S.A. 65-5401 *et seq.* The Board is composed of 15 members, 12 of whom are licensed healthcare professionals from various professions, including eight licensed physicians. The Occupational Therapist Council was established by the Kansas legislature to help advise the board in carrying out provisions of its practice act. K.S.A. 65-5404. The statutory mission of the Board is patient protection. *See* K.S.A. 65-2801.

At the outset, the Board wants to acknowledge, and appreciates the collaborative approach the Kansas Occupational Therapy Association (“KOTA”) has taken with respect to this bill. There are aspects of the bill that the Board supports, however there are certain components of patient safety concern that the Board believes it is duty-bound to advise the legislature of. The Board respectfully suggests the legislature amend the bill in a manner that protects Kansas patients.

The Board’s concerns with SB 440 are as follows:

New Section 1(a)(1)(A)

As written, the bill indicates what to do when a patient is *not progressing*. However, the Board requests clarification as to what happens when the patient *is progressing*. Additionally, the Board request clarification in language as to who is making the determination that the patient is not progressing toward documented treatment goals.

New Section 1(a)(1)(B)

The Board is concerned that if a patient returns at all to an occupational therapist following initial treatment, seeking treatment for the same condition or injury, there may be something more medically occurring requiring evaluation from a healthcare practitioner. The one-year time limit is certainly a step towards patient safety in this respect, however the Board requests that anytime a patient returns to OT following initial treatment, for the same condition or injury, a referral be required.

Define “Wound Care Management”

As written, an OT can perform wound care management services only after approval by a person licensed to practice medicine and surgery. “Wound care management” is not defined. For the purposes of the patient, the physician approving the OT to perform wound care management, and the occupational therapist, a definition of what wound care management is, would be helpful. It is important physicians know exactly what it is they are approving another healthcare professional to perform. Also, it is important for the occupational therapist to know when such wound care treatment they are providing falls outside of the approval and must be performed by a healthcare practitioner as defined in this bill.

Include Primary Care Provider Notification Requirement

For purposes of continuity of care, the Board requests a requirement that a patient’s primary care provider is notified when a patient presents to and engages in occupational therapy services under a self-referral.

I welcome any comments, questions, or further dialogue with members of the committee. Please feel free to contact me at (785) 296-3680 or at any time via email at susan.gile@ks.gov.

Sincerely,



Susan Gile
Acting Executive Director