



To: Senate Public Health and Welfare Committee

From: Rachelle Colombo; Executive Director

Date: February 19, 2024

Subject: SB 433; Institutional Licenses Issued by the Healing Arts Board

The Kansas Medical Society (KMS) appreciates the opportunity to offer comments on SB 433 which amends a provision in the Healing Arts Act relating to institutional licenses.

An institutional license is a category of physician licensure that was first established over four decades ago as a “fellowship” license. The term was changed to “institutional” license by the 1985 legislature. The category was originally created to provide a pathway to a limited, state-institution specific practice opportunity for physicians who had graduated from foreign medical schools and had not been able to meet all of the requirements for traditional licensure. In the beginning, the state institutions operated by the old state department of social welfare were the facilities that these licensees were employed by. The law has been amended over the years, and now institutional licensees can be employed more broadly, by facilities operated by KDADS, the Department of Corrections, community mental health centers, psychiatric and other hospitals. In any such employment situation, an institutional physician’s license is limited to providing services solely on behalf of the employer, or providing mental health services pursuant to a written protocol with a person who holds an unrestricted license to practice medicine and surgery. Of the roughly 15,000 physicians licensed by the Healing Arts Board this year, only 22 hold institutional licenses. The numbers of physicians holding these licenses has remained very small, and is not likely to get much larger in the coming years.

KMS believes that there should be one standard of education and training for physicians, and that an unlimited, unrestricted license to practice medicine and surgery should only be granted to those who have met the full academic, examination and postgraduate training required of all other physicians. However, because of the demonstrable need, particularly in state mental health facilities, KMS has not opposed the concept of institutional licensure as it has evolved over the years, because it has included safeguards such as designated practice locations and practice protocols with fully licensed physicians.

We are uncertain of the effect of the change in Section 1 of the bill, on line 24, which allows an institutional license holder to practice and be employed by a “third party” that contracts with KDADS as well as the Department of Corrections. This change may be purely for administrative or operational simplicity and not substantive in nature, and if so, we do not have objections to it. If, however, it could be interpreted to grant institutional license-holders what amounts to an unrestricted license to practice medicine anywhere within the state we would oppose the bill.