

Approved: 3-30-94  
Date

## MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Chair Sandy Praeger at 10:00 a.m. on March 18, 1994 in Room 526-S of the Capitol.

All members were present except:

Committee staff present: Norman Furse, Revisor of Statutes  
William Wolff, Legislative Research Department  
Emalene Correll, Legislative Research Department  
Jo Ann Bunten, Committee Secretary

Conferees appearing before the committee:

Larry T. Buening, Jr, Executive Director, Board of Healing Arts  
Julie Newman, Kansas Physical Therapists Association  
Joan Arterburn, Physical Therapy Examining Committee of Kansas  
John R. Grace, President/CEO, Kansas Association of Homes for the Aging  
Tom Bell, Kansas Hospital Association  
Joseph F. Kroll, Kansas Department of Health and Environment  
John F. Kiefhaber, Executive Vice President, Kansas Health Care Association

Others attending: See attached list

### Hearing on HB 2787 - Qualifications for physical therapists and physical therapists assistants; penalties

Larry Buening, KBHA, appeared before the Committee and submitted written testimony in support of **HB 2787**. Mr. Buening noted that the bill makes two changes in K.S.A. 65-2906. Under the current statutes individuals who have obtained certain experience may apply for certification as a physical therapist assistance. He noted this is the only profession of the ten professions regulated by the Board of Healing Arts that is able to obtain certification and state credentialing without having some sort of formal education, and in that regard, the Board has some concerns. In trying to review those qualifications of individuals, primarily a large majority of them are coming from out-of-state, and they have obtained their work experience and training from out-of-state, and it has been difficult for the Physical Therapy Examining Committee to review those credentials and make any sort of recommendations to the Board. It was noted that both the Kansas Physical Therapy Association, the Physical Therapy Examining Committee and the Board of Healing Arts feels that it would be more appropriate if these individuals obtain formal education. A criminal violation is created for those individuals who hold themselves out as certified physical therapist assistants without being certified. A majority of people from out-of-state currently obtain certification in Kansas and then return to their home state. Attachment 1) During Committee discussion it was noted that if this bill becomes law, physical therapist assistants would be required to take the exam and no longer receive on-the-job training.

Julie Newman, Kansas Physical Therapy Association, addressed the Committee in support of the bill and explained the curriculum for physical therapist assistants that is offered at Washburn University, (Attachment 2) Written testimony was also submitted from Maleea Gitthens, a certified physical therapist assistant who received on-the-job training but had to initiate formal training in order to fully understand the theories behind the various techniques utilized in physical therapy. (Attachment 2a) In answer to a member's question, Ms. Newman noted that a student cannot "test out" on any subjects relating to physical therapy curriculum.

Ken Davis, KPTA, addressed the Committee and submitted written testimony in support of **HB 2787**, (Attachment 3), and Joan Arterburn, registered physical therapist, also expressed her support for the bill. (Attachment 4)

### Action on HB 2787 - Qualifications for physical therapists and physical therapist assistants; penalties

After Committee discussion, Senator Hardenburger made a motion **HB 2787** be recommended favorably for passage, seconded by Senator Salisbury. The motion carried.

## CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE, Room 526-S  
Statehouse, at 10:00 a.m. on March 18, 1994.

### **Action on HB 2601** - Pharmacy prescription requirements

After Committee discussion, Senator Salisbury made a motion **HB 2601** be recommended favorably for passage, seconded by Senator Langworthy. The motion carried.

### **Action on HB 2709** - Health care provider cooperation act

Staff explained technical amendment on page 3, line 32, "or" should be "of"; and on page 2, definition of health care provider in the act to include pharmacists and optometrists. After Committee discussion, Senator Walker made a motion to adopt the two amendments, seconded by Senator Papay. The motion carried.

Senator Salisbury made a motion **HB 2709 as amended** be recommended favorably for passage, seconded by Senator Papay. The motion carried.

### **Action on SB 786** - Electronic pharmacy claims management system within the department of social and rehabilitation

After Committee discussion, Senator Papay made a motion **SB 786** be recommended favorably for passage, seconded by Senator Jones.

Senator Walker made a substitute motion to amend **SB 786** by adding language that prior authorization would not occur until approved by the Drug Utilization Review Board.

There being no second to the substitute motion, back to the original motion to recommend the bill favorably for passage, the motion carried.

### **Continued hearing on Sub for HB 2581** - Establishing the client assessment, referral and evaluation

John Grace, KAHA, addressed the Committee in general support of the bill with recommendations that would change "adult care home" to "nursing facilities, define what assessment and referral services would be provided to whom and by whom prior to January 1, 1995, clarification of Sec. (e)(2) and Sec. (e)(3), as well as other recommendations as shown in his written testimony. (Attachment 5)

Tom Bell, KHA, presented testimony in support of **Sub for HB 2581** and noted that the bill is a compromise between those who would prefer to see this program completely repealed and those who want to retain the concept of preadmission screening, and supports those recommendations offered by the Department on Aging as well as those recommendations that will be offered by the Department of Health and Environment. (Attachment 6)

Joseph F. Kroll, KDHE, appeared in support of the bill but noted there are seven fundamental implementation issues that must be resolved before the bill can be successful as noted in his written testimony. (Attachment 7)

John L. Kiefhaber, KHCA, urged support for the bill and noted that the major feature of the proposed CARE program -- allowing aged and infirm Kansans who have a care choice to make that choice given reliable information about long term care services available to them -- sets the prescreening program straight. (Attachment 8)

Donna Kidd, Director of Jayhawk Area Agency on Aging, expressed support of **Sub for HB 2581** being under the Department on Aging.

Written testimony in support of **Sub for HB 2581** was received from Keith R. Landis, Christian Science Committee on Publication for Kansas, who requested that language be included in the bill that would affect only those seeking admission to a facility where patients "depend upon spiritual means, through prayer alone, for healing" and would not affect anyone who seeks admission to a facility which provides medically based care. (Attachment 9)

### **Approval of Minutes**

Senator Papay made a motion to approve the minutes of March 8, 9 and 10, 1994, seconded by Senator Walker. The motion carried.

The meeting was adjourned at 11:00 a.m.

The next meeting is scheduled for March 21, 1994.

# GUEST LIST

COMMITTEE: SENATE PUBLIC HEALTH & WELFARE

DATE: 3-18-94

NAME	ADDRESS	COMPANY/ORGANIZATION
Larry Johnson	Topeka	Board of Health
Lawrence J. Bunning Jr.	"	"
Kathryn LeMosy	"	JAAA
Chuck Klusener	"	BC/BSKs
Joseph Kroce	Topeka	KARK
Wanna J. Kidd	Topeka	JAAA
Ellen Elliston	Wichita Reg. Med Ctr.	
Tom Hitchcock	Topeka	Bd. of Pharmacy
Patricia Maber	Topeka	KDHE
Lesley Strand	Lawrence	KINH
K2 SPS	Topeka	SPS
Joyce Segura	DSOB	DMS/SPS
Julie Neuman	Oskaloosa	Washburn University
Keneth D. Duns	Kansas City	Kansas Physical Therapy Assn.
STEVE KEANEY	TOPEKA	KPTA
Rick Guthrie	HC	Health Midwest
Roger Trande	Topeka	Ks Gov. Consultant
John Brown	"	KAMA
Tom Hoyt	"	SAS



# KANSAS BOARD OF HEALING ARTS

JOAN FINNEY  
Governor

LAWRENCE T. BUENING, JR.  
Executive Director



235 S. Topeka Blvd.  
Topeka, KS 66603-3068  
(913) 296-7413  
FAX # (913) 296-0852

## M E M O R A N D U M

TO: Senate Committee on Public Health and Welfare

FROM: Lawrence T. Buening, Jr.  
Executive Director

DATE: March 15, 1994

RE: HOUSE BILL 2787  
PHYSICAL THERAPISTS AND PHYSICAL THERAPIST ASSISTANTS

Thank you very much for the opportunity to appear before you in support of this bill. This bill was requested by the State Board of Healing Arts and passed the House 124-0.

This bill makes some technical changes to K.S.A. 65-2906 and also makes one substantive change to the qualifications for individuals to become certified as physical therapist assistants. In addition, a criminal violation is created for those individuals who hold themselves out as certified physical therapist assistants without being certified.

Currently, under K.S.A. 65-2906(c)(3), individuals may be certified as physical therapist assistants if it is determined by the State Board of Healing Arts that those individuals possess equivalent qualifications based on training and experience rather than successful completion of a program in a school for physical therapist assistants approved by the Board. Provisions to modify this have been included in several other bills relating to physical therapy over the last several Legislative Sessions. However, since those bills included other provisions that were of a somewhat more controversial nature, those bills failed to be enacted by the Legislature. The Board, with the support of the Examining Committee for Physical Therapy and the Kansas Physical Therapy Association, strongly urges your consideration in deleting the "work experience" ability to be certified as a physical therapist assistant in Kansas. Based upon our information and research,

### MEMBERS OF BOARD

DONALD B. BLETZ, M.D., PRESIDENT  
OVERLAND PARK  
JOHN P. WHITE, D.O., VICE-PRESIDENT  
PITTSBURG

SERGIO DELGADO, M.D., TOPEKA  
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JOHN P. GRAVINO, D.O., LAWRENCE  
HAROLD W. GULDNER, SYRACUSE  
MARK J. HATESOHL, D.C., MANHATTAN

GRACIELA A. MARION, EUDORA  
JOHN D. PETERSEN, OVERLAND PARK  
RONALD N. WHITMER, D.O., ELLSWORTH  
ANNE WIGGLESWORTH, M.D., MANHATTAN  
REX A. WRIGHT, D.C., TOPEKA  
DONALD D. YODER, D.P.M., WICHITA  
RONALD J. ZOELLER, D.C., TOPEKA

*Senated File  
Attachment #1  
3-18-94*

Kansas may be the only State other than perhaps California which regulates physical therapist assistants and allows state credentialing without formal educational requirements. Further, physical therapist assistants is the only one of 10 professions regulated by the State Board of Healing Arts that has the ability to be credentialed without having successfully completed some sort of formal educational program. The Board and the Physical Therapy Examining Committee have had a great deal of difficulty over the last several years in determining the quality of the training and experience which applicants by this method have obtained. Since most of these individuals obtain such training out-of-state, it has made it very difficult to closely examine exactly what experiences and training the individuals have and thereby render an informed decision as to their equivalent qualifications to a two-year formal program of education as is offered by Colby Community College and Washburn University.

Statistics would reflect that many out-of-state individuals have utilized Kansas certification as some sort of conduit for obtaining registration or certification in their state of residence. At the present time, we presently have 616 active physical therapist assistants. Yet, only 361 of these show a Kansas address. Of the 15 individuals initially certified in 1993 based on "work experience" qualifications, only 5 of these individuals were from Kansas. Of the last 61 individuals certified in the State of Kansas based on "work experience", 30 were from out-of-state.

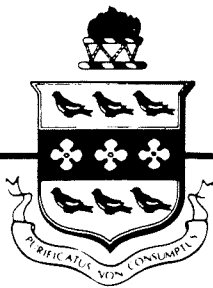
Requiring that certification as a physical therapist assistant can only be obtained following successful completion of an approved educational program provides greater consistency and assurance that the individual possesses adequate skills and training to perform the functions as a PTA in the State of Kansas.

Section 2 of the Bill would make it a Class B non-person misdemeanor for anyone to hold themselves out or represent themselves to be a physical therapist assistant in the State of Kansas without being certified by the Kansas Board of Healing Arts. At present, it is a Class B misdemeanor for individuals to hold themselves out as a physical therapist without being registered as such. Further, K.S.A. 65-2913(b) presently states that a person who meets the requirements of K.S.A. 65-2906(c) may refer to themselves as a physical therapist assistant. However, it does not require that such individual be certified by the Board. Also, there is no prohibition or penalty for individuals to represent themselves as physical therapist assistants without any qualifications whatsoever. The changes made to subsection (b) of K.S.A. 65-2913 would make it a Class B misdemeanor for an individual to hold themselves out as a physical therapist assistant without having a valid certificate issued by the Board.

1-2

On page 2 of the bill, you will note that the House Committee made amendments at lines 5 and 6, 8 and 9 and 27-30. These amendments clarified the language as to the type of examination which must be passed and insured that PTAs previously certified based on training and experience could continue. The board supports these amendments and would ask for favorable consideration of the bill in its present form.

Again, thank you for your courtesy in allowing me to appear before you today. I would be happy to respond to whatever questions you might have.



# WASHBURN UNIVERSITY

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School of Applied Studies  
Topeka, Kansas 66621  
Phone 913-231-1010, Ext. 1619

TO: Senate Public Health & Welfare Committee Members  
FROM: Julie Newman, CPTA  
DATE: March 18, 1994  
RE: Testimony for House Bill No. 2787

*Senate PH&W  
Attachment #2  
3-18-94*

Good Morning,

I am Julie Newman, a Certified Physical Therapist Assistant, a faculty member of Washburn University's Physical Therapist Assistant Program and a representative of the Kansas Physical Therapy Association.

I stand before you as a proponent of this bill. Passage of this bill will require all individuals seeking credentialing as a physical therapist assistant to have successfully completed an educational program approved by the Board of Healing Arts and hopefully accredited by the American Physical Therapy Association.

I would like to briefly explain the curriculum and competency assessments that a Washburn Physical Therapist Assistant student is expected to complete in order to graduate from this accredited educational program.

In the packet of handouts you received there is a page titled "Schedule of Student Curriculum" this is a list of courses taken each semester. In the course of two years and a summer session the physical therapist assistant student is expected to complete over 70 credit hours. These include general education requirements of six hours each in the natural sciences, social sciences and humanities, an english composition course and two hours of physical education activities. These requirements are similar to other Associate of Science degrees.



In addition, human science courses are required and include Biology, Anatomy, Physiology, a course in Pathology, Kinesiology and Exercise Physiology. These courses are the building blocks to a better understanding of the complex manner in which the human body functions.

Then there are 30 hours of courses specific to the practice of physical therapy. These courses cover all aspects of patient care, modalities, procedures, techniques and ethics as related to physical therapy practice. A page listing a brief description of these courses is included in your handout.

For a student to receive a passing mark and for the assessment of student's to be objective and consistent, out-come based competencies have been developed for physical therapy techniques and procedures. A copy of one such competency assessment is also included in your handout.

Students must pass all competencies prior to graduation. These competencies are evaluated in numerous practical examinations throughout the program. The competencies cover all aspects of patient care, ie. preparatory procedures, reviewing the physician's order and physical therapy evaluation, preparing the patient for the treatment including assessing the patient's current condition, performing the treatment, re-assessment of the patient's tolerance to the treatment and documentation of the treatment. As you can see, these competencies are very thorough and comprehensive.

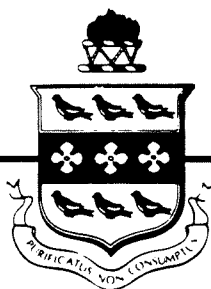
Students are also evaluated in the clinical setting. Each student will complete over 650 hours of supervised internships at different physical therapy departments. These internships allow the student, first hand, to observe different patient types, to transfer the didactic knowledge to actual application of procedures and the development of professional conduct.

Currently, the two physical therapist assistant programs in Kansas are producing 51 graduates per year. This will increase to 78 as Colby Community College has just received accreditation to expand its program. Washburn University is investigating the possibilities of developing a distant learning program that will directly benefit hospitals that have openings for physical therapist assistants.

I hope I have given you some insight to an accredited physical therapist assistant program. I encourage you to support this bill that will close the loop-hole which allows the credentialing of individuals as a physical therapist assistant, who are seeking to by-pass the academic rigors of accredited physical therapist assistant programs. This bill will substantially strengthen the credentialing process that is currently in place and assure the citizens of Kansas that the individuals who represent themselves as physical therapist assistants, are indeed properly trained to provide physical therapy services as their title represents.

Respectfully Submitted,

  
Julie Newman, PTA



# WASHBURN UNIVERSITY

School of Applied Studies  
Topeka, Kansas 66621  
Phone 913-231-1010, Ext. 1619

## PHYSICAL THERAPIST ASSISTANT PROGRAM

### SCHEDULE OF STUDENT CURRICULUM

FIRST SEMESTER		HOURS
PT 100	Introduction to Physical Therapy	3
BI 100	Introduction to Biology	3
BI 101	Introduction to Biology Lab	2
EN 101	Freshman Composition	3
Social Science		3
Humanities		3
		<hr/> 17
SECOND SEMESTER		HOURS
PT 160	Procedures I and Lab	3
AL 220	Introduction to Disease	3
BI 255	Human Physiology and Lab	4
BI 275	Human Anatomy and Lab	4
Natural Science		3
		<hr/> 17
SUMMER SESSION		HOURS
PT 180	Procedures II and Lab	4
PT 250	Clinical I	1
Humanities		3
		<hr/> 8
THIRD SEMESTER		HOURS
PT 251	Clinical II	3
PT 270	Procedures III	4
PE 321	Kinesiology	3
PE 326	Physiology of Exercise	3
Social Science		3
PE Elective		2
		<hr/> 18
FOURTH SEMESTER		HOURS
PT 252	Clinical III	5
PT 285	Issues in Physical Medicine	1
PT 275	Procedures V	3
PT 280	Procedures IV	3
		<hr/> 12

E. COURSE DESCRIPTIONS

PT 100 Introduction to Physical Therapy 3 hours

A brief history of Physical Therapy and the scope of physical medicine and rehabilitation which includes ancillary professionals, specific disorders, treatment overview and preventive medicine.

PT 160 Physical Therapy Procedures I 3 hours

Features the development of skills and understanding of basic physical therapy procedures. Includes topics such as bed positioning, range of motion, transfer techniques, ambulation, vital signs and massage. Prerequisite: Admission into the Physical Therapist Assistant Program.

PT 180 Physical Therapy Procedures II 4 hours

Continuation of Physical Therapy Procedures I with emphasis on various modalities of heat, cold, electrical stimulation, ultraviolet, traction, hydrotherapy, diathermy, etc. Prerequisite: Physical Therapy Procedures I and satisfactory completion of year one.

PT 250 Physical Therapy Clinical I \* 1 hour

Observation of various types of patients and practicum of skills and techniques learned in preceding courses at local health care facilities. Prerequisite: Physical Therapy Procedures I and satisfactory completion of year one.

PT 251 Physical Therapy Clinical II \* 3 hours

Direct assistance of patient care under supervision in local health care facilities. Prerequisite: Satisfactory completion of summer session.

PT 252 Physical Therapy Clinical III 5 hours

Continuation of practicum. Advanced applications to patient care with indirect supervision in health care facilities outside the Topeka area. Prerequisite: Satisfactory completion of year two.

PT 270 Physical Therapy Procedures III 4 hours

This course emphasizes measuring and testing joints, exercise, prosthetics, orthotics, gait and physical therapy treatment programs for various rehabilitation patients. Prerequisite: Satisfactory completion of PT 180.

PT 275 Physical Therapy Procedures V 3 hours

This course is a continuation of PT 270 Physical Therapy Procedures III and follows with emphasis on therapeutic exercise and physical therapy treatment programs for various rehabilitation patients. Prerequisite: Satisfactory completion of PT 270.

PT 280 Physical Therapy Procedures IV 3 hours

This course emphasizes time management, working relationships, ethics, employment, reimbursement, legalities and additional responsibilities and considerations of the Physical Therapist Assistant. Prerequisite: Satisfactory completion of PT 270.

\* Clinical Lab - Clinical Lab is a didactic session in which clinical problem solving is stressed.

PT 285 Issues in Physical Medicine 1 hour

Individual projects related to current issues in physical medicine. May include intensive reading and the preparation of patient educational materials related to the assigned project. Prerequisite: PT 270

PT 290 Special Topics in Physical Therapy 1 - 3 hours

Selected topics related to Physical Therapy which vary from semester to semester. Announced in advance.

## PT 180 Physical Therapy Procedures II

### Fluidotherapy

**Objective:** Be able to demonstrate competency in providing a fluidotherapy treatment.

**Task:** Administer fluidotherapy treatment to a designated body part.

**Performance Guide:**

1. Review physician's orders and PT's evaluation and treatment plan.
2. Assemble needed supplies (gown, towels, timer, call system chair, etc).
3. Wash hands.
4. Check unit and make sure functioning properly. Place towel over vents to prevent dust from escaping when unit is turned on.
5. Preheat unit to prescribed temperature.
6. Greet patient, identify self and verify patient's condition.
7. Visit with patient about the condition.
8. Rule out contraindications.
9. Explain procedure to the patient:
  - A. What you are going to do.
  - B. What to expect.
  - C. What you expect of them.
10. Have patient remove all clothing and jewelry from the area to be treated. Provide with sheet and gown if indicated.
11. Wash part and inspect it for temperature sensation, sensation in general, and skin integrity.
12. Cover any open wounds with an airtight dressing.
13. Position patient comfortably near the fluidotherapy unit.
14. Turn fluidotherapy unit off and check temperature.
15. Teach patient any exercises to be performed while in the fluidotherapy unit.
16. Position part to be treated in the fluidotherapy unit and secure sleeve around the part.
17. Set time, start treatment, and adjust air flow.
18. Give patient call system and reiterate to call if questions, discomfort, etc.
19. Set timer for 5 minutes to recheck on patient.
20. Remain nearby to make necessary adjustments as indicated.
21. Once unit timer goes off the fluidotherapy unit shuts off, and you should remove treated part from the unit and secure sleeve closed with velcro closures.
22. Assess patient's response to treatment.
23. Perform all post-treatment assessments.
24. Schedule follow-up appointment.
25. Clean up treatment area.
26. Document treatment given.

## PT 180 Physical Therapy Procedures II

### Practical 2 Evaluation Sheet

Dx: Right wrist sprain 2 weeks ago.

Rx: Fluidotherapy Rx to right wrist for 20 minutes, temperature 115 F.

AROM to right wrist during fluidotherapy treatment

AROM to right wrist for flexion and extension, ulnar and radial deviation and supination.

- \_\_\_\_\_ Review physician's orders and PT's evaluation and treatment plan.
- \_\_\_\_\_ Assemble needed supplies (gown, towels, timer, call system chair, etc).
- \_\_\_\_\_ Wash hands.
- \_\_\_\_\_ Check unit and make sure functioning properly. Place towel over vents to prevent dust from escaping when unit is turned on.
- \_\_\_\_\_ Preheat unit to prescribed temperature.
- \_\_\_\_\_ Greet patient, identify self and verify patient's condition.
- \_\_\_\_\_ Visit with patient about the condition.
- \_\_\_\_\_ Rule out contraindications.
- \_\_\_\_\_ Explain procedure to the patient:
- \_\_\_\_\_ Have patient remove all clothing and jewelry from the area to be treated. Provide with sheet and gown if indicated.
- \_\_\_\_\_ Wash part and inspect it for temperature sensation, sensation in general, and skin integrity.
- \_\_\_\_\_ Cover any open wounds with an airtight dressing.
- \_\_\_\_\_ Position patient comfortably near the fluidotherapy unit.
- \_\_\_\_\_ Turn fluidotherapy unit off and check temperature.
- \_\_\_\_\_ Teach patient any exercises to be performed while in the fluidotherapy unit.
- \_\_\_\_\_ Position part to be treated in the fluidotherapy unit and secure sleeve around the part.
- \_\_\_\_\_ Set time, start treatment, and adjust air flow.
- \_\_\_\_\_ Give patient call system and reiterate to call if questions, discomfort, etc.
- \_\_\_\_\_ Set timer for 5 minutes to recheck on patient.
- \_\_\_\_\_ Remain nearby to make necessary adjustments as indicated.
- \_\_\_\_\_ Once unit timer goes off the fluidotherapy unit shuts off, and you should remove treated part from the unit and secure sleeve closed with velcro closures.
- \_\_\_\_\_ Perform AROM measurements for right wrist flexion and extension, ulnar and radial deviation and supination.
- \_\_\_\_\_ Assess patient's response to treatment.
- \_\_\_\_\_ Perform all post-treatment assessments.
- \_\_\_\_\_ Schedule follow-up appointment.
- \_\_\_\_\_ Clean up treatment area.
- \_\_\_\_\_ Document treatment given.

Comments:

\_\_\_\_\_ passed \_\_\_\_\_ retake Evaluator \_\_\_\_\_ Date \_\_\_\_\_

2-8



March 18, 1994

Members of the Senate Public Health and Welfare Committee,

My name is Maleea Gitthens, and I am a Certified Physical Therapist Assistant (CPTA). I was allowed to sit for the certification exam in Kansas based on 8 years of work experience and no formal college education. I passed the examine and became certified in the state of Kansas as a physical therapist assistant.

After getting my certification I started working as a CPTA and found that I didn't have the knowledge base to understand the physical therapy treatments I was performing. I came to realize that secondary to my lack of a formal education in physical therapy, that I was not able to explain fully why I was doing particular treatments and the effect they could have on the patient.

Based on my lack of understanding of the effects of physical therapy techniques I choose to apply for acceptance into an Accredited Physical Therapist Assistant Program. I was accepted into the Physical Therapist Assistant (PTA) Program at Washburn University and graduated from it in May of 1993.

From the PTA Program I gained the knowledge base required to understand the theories behind the various techniques utilized in Physical Therapy. Completing this educational program allows me to more effectively treat and educate the patients entrusted into my care.

In conclusion: An Accredited Physical Therapist Assistant Program teaches the theory, ethics, skills, and techniques required in all settings that a CPTA may be employed. An individual that has not completed an accredited educational program most likely will not be exposed to the theory, ethics, skills, and techniques required in the various settings in which a CPTA may be employed.

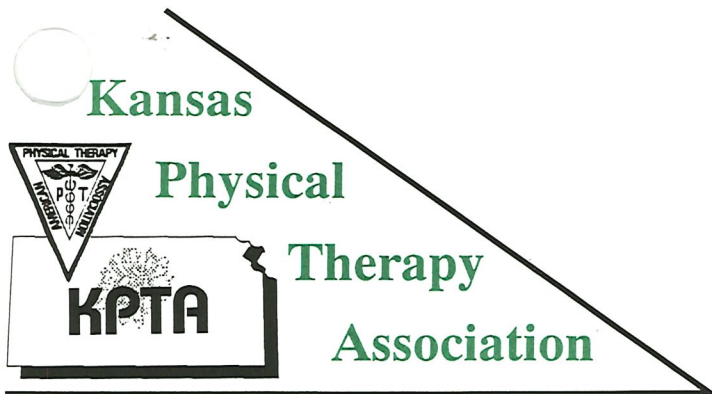
I ask that you please support House Bill 2787.

Sincerely,

Maleea Gitthens, CPTA

Maleea Gitthens, CPTA

Senate PH&W  
attachment #2a  
3-18-94



March 18, 1994

Honorable Senators  
Public Health & Welfare Committee  
Kansas State Senate

Good Morning,

I am Ken Davis, a licensed physical therapist, legislative chairman for the Kansas Physical Therapy Association and Assistant Administrator - Operations at Mid-America Rehabilitation Hospital in Overland Park, KS.

On behalf of the Kansas Physical Therapy Association and its nearly 800 members, I urge you to vote in favor of HB #2787 concerning the registration of physical therapist assistants. Physical therapist assistants have been certified by the State of Kansas since 1963. However, the current credentialing statute has allowed a loophole for individuals who are not properly trained to challenge the licensure exam.

This has created a growing influx of individuals, who lack the bonafide academic credentials, entering from out-of-state to challenge the exam in Kansas. These individuals are failing the exam and returning to make repeated attempts. Furthermore, many of these individuals are not remaining in the state, they are simply attempting to circumvent the academic requirements, which a legitimate physical therapist assistant must fulfill.

This phenomenon in Kansas deviates from the standard credentialing procedures of other states that regulate this category of physical therapy practitioner. This also deviates from the Federal conditions for participation under the Medicare program, which refers to physical therapist assistants as graduates from an accredited academic program.

The passage of this bill would not preclude the employment of the on-the-job-trained physical therapy aides or technicians, who are currently providing routine support services in physical therapy departments.

*Senate PH&W*  
*Attachment #3*  
*3-18-94*

Kansas Physical Therapy Association (Cont'd)

These amendments to KSA 65-2906 and KSA 65-2913 will assure that the public is not misled and will establish the legitimate recognition for individuals, who represent themselves as "physical therapist assistants," acknowledging that they have met the academic requirements of an accredited associate of arts degree program, such as those at Washburn University, Colby Community College, and Penn Valley Community College.

The physical therapy community hereby registers its active support for this measure, as proposed by the Kansas Board of Healing Arts.

I wish to take this opportunity to thank the honorable senators, members of the Senate Public Health & Welfare Committee, for your consideration of this matter.

Sincerely,



Ken Davis, PT  
Chairman, Legislative Committee  
Kansas Physical Therapy Association

/kd

To the members of the Public Health and Welfare Committee of the Senate:

My name is Joan Arterburn, a registered Physical Therapist in Kansas. I am here today representing the Physical Therapy Examining Committee of Kansas, of which I am a member. I have practiced in Kansas for thirty-seven years and am a graduate of the University of Kansas.

We as a committee have several concerns about our current law, which allows aides to take the Physical Therapist Assistant exam with work experience. Kansas and California are the only states that allow this practice, and California has an educational requirement that is consistent with that of the associate-degreed assistant. Kansas is the only state that requires only a work-experience component--an aide can work in a physical therapy department for five years, then apply to take the exam. This work experience is to be directly under the supervision of a registered physical therapist. We have had a very difficult time actually verifying the work experience (with no idea about the quality) and the supervision. Often the therapist that signed the original application form no longer works at that facility, or the therapist does not understand that they must verify that this experience must be directly supervised. Office staff members work many extra hours trying to get the correct information from the applicant, with many telephone calls to Committee members with comments about how unreasonable these requests are. We have grave concerns about the accuracy of the information that we get.

Our Committee is a member of the Federation of State Boards of Physical Therapy. We have been encouraged by other states' board members to actively campaign to get our practice act changed to reflect the upgrading of our profession to include an associate-degreed level assistant. It is very frustrating for other states that their practice acts reflect the changes in educational level, yet their aides can come to Kansas to take the test and be considered a "Physical Therapist Assistant". Needless to say, this practice does not create a favorable impression of Kansas. Although many of these states do not recognize the work-experienced assistant, the facility many choose to use these employees as assistants instead of aides, despite the lack of formal education.

In the past, one argument for keeping this law in Kansas was our lack of associate-degree programs. We now have two programs in Kansas that have been in operation for at least five years, and our supply of assistants is getting relatively plentiful. Sixty-one of the current work-experienced PTA's have been registered--thirty-one of these practice in Kansas, thirty out of the state. Of the fifteen that passed the examination in November, five practice in Kansas, ten out of state. This does not seem to be a valid concern at this point, and it is time for Kansas to march in step with the rest of the country.

We are requesting that you give this bill your utmost attention and recognize that we would like to practice physical therapy at the highest level possible in the state of Kansas. Our citizens deserve the best trained personnel possible and we feel this bill will help to insure good care.

*Senate PH&W*  
*Attachment #4*  
*3-18-94*



40  
Years of Service

"Remembering Yesterday,  
Investing Today,  
Creating Tomorrow"

MEMORANDUM

TO: The Senate Public Health and Welfare Committee  
Senator Sandy Praeger, Chair

FROM: John R. Grace, Presiden/CEO

RE: Support of Substitute for House Bill 2581

DATE: March 16, 1994

=====

Thank you for the opportunity to provide testimony regarding Substitute for House Bill 2581, which proposes major modification to the current Pre-Admission Assessment and Referral Program.

The Kansas Association of Homes for the Aging is a trade association representing over 140 not-for-profit retirement and nursing facilities throughout Kansas.

We support Substitute for HB 2581 which addresses many of these issues by:

1. Transferring the program to the Kansas Department on Aging,
2. Eliminating third party involvement,
3. Increasing the involvement of the Area Agencies on Aging, the organizations with direct ties to the communities and individuals they serve, and
4. Re-focusing efforts on information and referral services and identifying needed community services.

There are, however, several areas that could benefit from additional clarification by your Committee:

*Senate PH&W*  
*Attachment #5*  
*3-18-94*

1. References to "adult care homes" should be changed to "nursing facilities."
2. What assessment and referral services will be provided, to whom, and by whom, prior to January 1, 1995?
3. Federal law requires only PASARR screens prior to admission to a nursing facility. If the intent of Section (e)(2) is to require CARE services for medicaid recipients prior to admission from January 1, 1995-July 1, 1995, this section should be clarified.
4. If the intent of Section (e)(3) is to require CARE services for all individuals prior to admission to a medicaid certified facility, this section should also be clarified.

We also request that the Committee consider the following two minor changes to the CARE program:

1. Exempt individuals seeking short-term (less than 30 days) placement in a nursing facility from CARE services. This would allow AAAs to target their assessment resources to those individuals most likely to utilize community services for an extended period of time. This would also eliminate assessments being provided for individuals who may have already returned home.
2. If the intent of the Committee is to require the AAAs to provide PASARR screens for all individuals seeking nursing facility placement in order to maximize federal dollars, we suggest that nursing facilities be given specific authorization to also provide PASARR screenings, particularly for individuals seeking short-term placement, if they are exempted from CARE services.

Thank you again for the opportunity to provide testimony.

HB2581.3





## Memorandum

**Donald A. Wilson**  
President

March 16, 1994

**TO:** Senate Public Health and Welfare Committee  
**FROM:** Kansas Hospital Association  
**RE:** **SUB. HOUSE BILL 2581**

The Kansas Hospital Association supports the provisions of Sub. for HB 2581. Many legislators have previously heard of the problems related to nursing facility preadmission screening in Kansas. There is certainly no need to reiterate those difficulties now. What is important at this point is that Sub. HB 2581 has the potential for improving the program.

We support Sub. HB 2581 for the following reasons:

- Sub. HB 2581 changes the focus of the program and should help improve the efficiency of preadmission screening;
- Hospital discharge planners will be allowed to do their jobs without undue interference from outside agencies;
- The new one page form should dramatically reduce the paperwork hassle created by the current program;
- Patients will still receive assessments and necessary information; and
- Sub. HB 2581 is a good compromise between the alternatives of continuing the current program and totally repealing preadmission screening.

Thank you for your consideration of our comments.

/cdc

*Senate PH&W*  
*Attachment #6*  
*3-18-94*

State of Kansas

Joan Finney, Governor



Department of Health and Environment

Robert C. Harder, Secretary

TESTIMONY PRESENTED TO  
THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

BY

THE KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

SUBSTITUTE FOR HOUSE BILL 2581

Substitute for HB 2581 was developed by a HPHW subcommittee as an alternative to HB 2581, which would have repealed K.S.A. 39-966, the nursing home pre-assessment and referral program established by the 1992 Legislature.

This pre-assessment and referral program is an affirmative attempt to address the need to change the focus of Kansas long term care. There is general consensus that Kansas is too reliant on institutional long term care and that non-institutional, or home-like services, should become the focus of long term care in Kansas. KDHE acknowledges that since implementation, the existing pre-screening component has encountered considerable difficulty. This substitute bill attempts to resolve these difficulties so the important concept of pre-admission assessment and referral becomes an integral part of our long term care system.

This substitute bill achieves many of the objectives of KDHE, such as specifying the data collection and referral purposes of the pre-assessment instrument, the establishment of an oversight committee, increased involvement by the secretary on Aging, and involvement by the Health Care Data Governing Board. However, as written, the bill raises several fundamental implementation issues we believe must be resolved for the bill to be successful. We therefore support substitute HB 2581, but ask that the following issues be resolved or clarified.

1. With repeal of K.S.A. 39-966, it appears that between July 1, 1994 and January 1, 1995, there will be no assessment other than the federally prescribed pre-admission screening and annual review (PASARR). The Department on Aging has proposed an amendment to New Section 1, (e) (1), which would clarify pre-assessment for state referral purposes would continue for Medicaid recipients, which seems to be the intent of this section.
2. The purposes of the CARE Program, as set forth in New Section 1 (a), the definition of assessment services in subsection (b) (1), and the purposes of the CARE forms, set forth in subsection (d) are not in concert. We believe there needs to be a consistent definition and purpose for the pre-assessment and referral program throughout the statute. New Section 1 (a) states that the purposes of the CARE Program is for data collection and individual assessment and referral. Subsection (b) (1) defines assessment services as an evaluation of an individual's health and functional status to determine the need for long term care, which implies a more comprehensive clinical evaluation. And finally, subsection (d) limits the CARE data form to one page in length and requires inclusion of PASARR components. There is consensus among all agencies involved that these four mandates cannot be meaningfully accomplished on one page.
3. The term "adult care home" is used throughout the act, which would apply the program to all classes of adult care homes, including personal care, boarding care, and one to five bed facilities. The term "nursing facility" should be substituted wherever the term adult care home is used in the act.

*Senate PH&W  
Attachment #1*

*3-18-94*

4. The 10 day grace period provided in Section 2 (e) (3) will be in violation of federal PASARR requirements. New Section 1 (d) requires the PASARR components to be part of the CARE assessment program, and therefore the 10 day grace period would put the state in violation of federal law.
5. The penalty provisions provided in Section 2 (b) (5) may not be equitable because the facility may not be responsible for any failure of the assessment to take place within the time prescribed. We suggest the penalty provision simply state that the adult care home license may be subject to suspension or revocation should they willfully admit a person to a nursing facility in violation of this act. This will help assure the nursing facility incurs no penalty for something beyond their control.
6. KDHE supports the addition of a representative of Home and Community Based Services to the advisory council. This important component of our long term care system should be represented on this council.
7. Testimony by the Department of Social and Rehabilitation Services will identify additional concerns with combining the federally prescribed PASARR requirements with the CARE process prescribed by this act. Essentially, the prescribed PASARR requirement cannot be met utilizing only one page. Issues raised by limiting the Kansas pre-assessment program to one page, yet mandating PASARR's inclusion must be resolved in order for SRS to be in compliance with federal requirements and to protect federal funding issues.

To date, KDHE has had little involvement in the pre-assessment and referral program. However, an effective, meaningful, and practical pre-assessment and referral program benefits all Kansans and agencies concerned with long term care. We support the continuation of a pre-assessment and referral program and support Substitute for House Bill 2581 if the issues identified in this testimony can be resolved.

Presented by: Joseph F. Kroll, Director  
Bureau of Adult and Child Care  
Kansas Department of Health and Environment  
March 16, 1994



# KHCA

Member of  
**ahca**

## Kansas Health Care Association

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### TESTIMONY

before the

### SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

by

John L. Kiefhaber, Exec. Vice President

KANSAS HEALTH CARE ASSOCIATION

Substitute for House Bill 2581

"AN ACT establishing the client assessment, referral and evaluation program..."

Chairperson Praeger and members of the Committee:

The Kansas Health Care Association, representing over 200 professional nursing facilities throughout the State, appreciates the opportunity to speak in support of passage of Substitute for H. B. 2581. This bill, as put together through much effort by the House Public Health and Welfare Committee and its subcommittee on the bill, represents a reasonable approach to informing the public about options in long term care.

➤ We believe that the major feature of the proposed CARE program -- allowing aged and infirm Kansans who have a care choice to make that choice given reliable information about long term care services available to them -- sets the Prescreening program straight. Members of the Legislature -- especially members of the Senate -- never did want a screening and information referral program for nursing care that prohibited the patient and family from making a choice. And we should not have a program that pays a contractor to carry out a function that hospitals and nurses were already doing as part of the patient care process. ➤

The Kansas Health Care Association urges the Committee to report Substitute for H. B. 2581 favorably for passage.

*Senate PH&W*

3/16/94

Ask Us .... About Our Care

*Attachment #8*  
*3-18-94*

# Christian Science Committee on Publication For Kansas

820 Quincy Suite K  
Topeka, Kansas 66612

Office Phone  
913/233-7483

March 16, 1994

To: Senate Committee on Public Health and Welfare

Re: Substitute for House Bill No. 2581

K.S.A. 39-966, which will be repealed by passage of this bill, allows some persons to be admitted to an adult care home without receiving assessment and referral services. Among those persons are:

"(5) individuals entering an adult care home conducted by and for the adherents of a recognized church or religious denomination for the purpose of providing care and services for those who depend upon spiritual means, through prayer alone, for healing."

It is our request that this bill be amended to include appropriate language to carry forward this provision from existing law.

This amendment would affect only those seeking admission to a facility where patients "depend upon spiritual means, through prayer alone, for healing" and would not affect anyone who seeks admission to a facility which provides medically based care.

We do not have any care facilities in Kansas at the present time; however, interest in locating a facility in this state has been expressed. The proposed amendment would be helpful if that should occur.



Keith R. Landis  
Committee on Publication  
for Kansas

*Senate PH&W  
Attachment #9  
3-18-94*