

MINUTES OF THE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Vicki Schmidt at 1:00 p.m. on February 14, 2011, in Room 546-S of the Capitol.

All members were present.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes
Katherine McBride, Office of the Revisor of Statutes
Melissa Calderwood, Kansas Legislative Research Department
Iraida Orr, Kansas Legislative Research Department
Carolyn Long, Committee Assistant

Conferees appearing before the Committee:

Dr. Robert Moser, Acting Secretary, Department of Health and Environment
Peter Kimble, ND
Alicia Johnson, ND
Mehdi Khosh, ND
Lori Blankinship, ND
Sarah Lee
Robert Reeves
Jerry Slaughter, Kansas Medical Society
Bob Williams, Kansas Association of Osteopathic Medicine
Mary Blubaugh, Kansas State Board of Nursing
Sarah Tidwell, Kansas Advanced Practice Registered Nurse Task Force

Others attending:

See attached list.

The Chair opened the confirmation hearing for Dr. Robert Moser, secretary-designee for the Department of Health and Environment (Attachment #1). Dr. Moser gave a brief history of his qualifications and his commitment to a robust focus on service. He feels that the resources of KDHE could be incredibly effective when utilized prospectively to help Kansans protect and improve health and environmental outcomes (Attachment #2). After being asked if there was any indication that the Department of Health would be a separate entity from Environment and responding that there has been no conversation concerning that topic at this time, Senator Kelsey moved and Senator Steineger seconded that the committee recommend the confirmation of Robert Moser as Secretary of the Department of Health and Environment. Motion carried.

The Chair opened the hearing on **SB 88—Concerning naturopathic medicine and the prescription, recommendation, or administration of natural medicine.** This bill would allow naturopathic doctors to prescribe, recommend, or administer certain drugs or substances controlled by prescription. In addition, it would allow naturopathic doctors to administer immunizations and intramuscular, subcutaneous or intravenous vitamins, minerals, and homeopathic preparations. Finally it would eliminate both the requirement for a written protocol between the naturopathic doctor and a person licensed to practice medicine and surgery and the requirement to provide notice of this relationship to the Board of Healing Arts.

Peter Kimble, ND, spoke in favor of **SB 88** by saying that in addition to the explanation given by staff, the bill would not affect the large majority of patients who never see an alternative practitioner. Patients have a right to choose their health care provider and they would like to be able to use every tool available which would be appropriate to their education and training (Attachment #3).

Alicia Johnson, ND, also in favor of the legislation, added that naturopathic doctors have unique training that allows them to utilize bio-identical hormones to customize treatments for patients who otherwise have nowhere to turn (Attachment #4).

Also in favor of **SB 88** was Mehdi Khosh, ND, Indicated that he had been using a wide range of intravenous vitamin and mineral since 2001 with a positive clinical result without any adverse effects but stressed that IV treatments do not take the place of having a primary care doctor (Attachment #5).

CONTINUATION SHEET

The minutes of the Senate Public Health and Welfare Committee on February 14, 2011 at 1:00 p.m.

Lori Blankenship, ND, gave brief descriptions of the Association of Accredited Naturopathic Medical Colleges, the Council on Naturopathic Medical Education, the clinical education program, and the clinical requirements (Attachment #6).

Sarah Lee gave testimony on the ways in which naturopathic medicine and bio-identical hormone therapy were beneficial for her health (Attachment #7) and Robert Reeves talked about his diagnosis of Lyme disease and how his weekly regimen of intravenous vitamin C has greatly improved his overall health (Attachment #8).

Ruth Redenbaugh submitted written testimony in support of **SB 88** sharing that her experience with a naturopathic doctor was exemplary (Attachment #9).

Speaking in opposition to **SB 88**, Jerry Slaughter from the Kansas Medical Society stated that naturopaths have introduced legislation which goes well beyond what is believed their education and training would justify. This bill would allow naturopaths to prescribe what is today a “prescription-only” drug under our pharmacy laws, which blurs the distinction between truly prescription-only drugs and those that can be “prescribed” by naturopaths (Attachment #10).

Bob Williams, Kansas Association of Osteopathic Medicine (KAOM), presented testimony in opposition to this bill. The KAOM feels that by removing the required protocol with a physician, physicians are removed from the patient care loop and an important safe-guard is eliminated (Attachment #11). Carolyn Gaughan, Executive Director of the Kansas Academy of Family Physicians, presented written testimony in opposition to the bill (Attachment #12).

There being no further discussion, the hearing on **SB 88** was closed.

The hearing on **SB 134—Creating the licensure role of advanced practice registered nurse** was opened. Staff informed the committee that this legislation would amend current law regarding the Advanced Practical Nurse classification by changing the title from Advanced Registered Nurse Practitioner to Advanced Practice Registered Nurse and would require the NPRN classification to complete continuing education in advance of practicing nursing.

Mary Blubaugh, representing the Kansas State Board of Nursing, provided testimony in support of the bill stating that there were five (5) proposed changes requested in this bill. They were: (1) Title change from Advanced Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN), establishing uniformity with other states; (2) change certificate of qualification to licensure; (3) change categories of APRN to roles; (4) require a masters or higher degree in an APRN role to align Kansas with other states; and (5) continuing education in the APRN role and grandfather any ARNP who is registered to practice prior to the date of this bill (Attachment #13).

Also in favor of this legislation was Sarah Tidwell, representing the Kansas Advanced Practice Registered Nurse Task Force, stating that this bill moves Kansas toward the consistency in licensure, accreditation, certification and education of advanced practice nurses (Attachment #14).

There being no further conferees, the hearing on **SB 134** was closed.

Chairman Schmidt called for final action on **SB 134—Creating the licensure role of advanced practice registered nurse**. Senator Haley moved, Senator Kelly seconded, to recommend **SB 134**, with technical amendments, for passage. Motion carried.

The next meeting is scheduled for February 15, 2011. The meeting was adjourned at 2:21 p.m.

SENATE PUBLIC HEALTH AND WELFARE COMMITTEE GUEST LIST

DATE: Monday, February 14, 2011

[illegible]

Senate Confirmation Information Summary

Prepared and Submitted by the Office of Governor Sam Brownback

Appointee: Robert Moser

Position: Secretary of Health and Environment

Expiration Date: N/A

Term Length: POG

Statutory Authority: K.S.A. 75-301

Party Affiliation: R

- Statutory geographic representation Requirements (insert any that apply)

Congressional District: 2

County: Sedgwick

Size Requirement (if any):

Other, specify:

- Statutory party affiliation requirement: N/A
- Statutory industry or occupation requirements: N/A

Salary: 190,000

Predecessor: Roderick Bremby

Board Composition Prior to Confirmation of New Appointee:

Roderick L. Bremby, Secretary of Health and Environment

Senate Public Health and Welfare

Date 2-14-2011

Attachment 1

Curriculum Vitae
Robert P. Moser, Jr. M.D.
December 2, 2010

Current Address: Robert Moser, M.D.
13717 W Texas
Wichita, Kansas 67235
316-295-3140
rmoser@kumc.edu

316-
841-6999
(cell)



Personal Information:

Date of Birth: 06/18/1958
Place of Birth: Denver, Colorado
Married: 05/29/1982
Spouse: Dalene Moser, RRT, MLT
Place of Birth: Tribune, Kansas
Children: Annie Lauren Moser (01/11/1989)
Madison Shaw Moser (01/05/1992)

Education:

College: University of Kansas School of Pharmacy 1976-1981
Medical School: University of Kansas School of Medicine 1981-1985
Residency: Smoky Hill Family Practice Residency 1985-1988
Salina, Kansas Chief Resident: 1987-1988

"Technical Emergency Response Training" Homeland Security Training Center,
Anniston, Alabama December 2006

Certified: Basic Disaster Life Support (BDLS) – NDLS-Foundation; Annual AAFP Scientific Assembly
Washington, D.C September 2006.

Certified Instructor (Basic and Advanced Life Support) ADLS & ADLS-I- NDLS-Foundation, School of
Medicine Georgia, Augusta, Georgia November 2006

Certified Instructor (Core Disaster Life Support) AMA/NDLS-Foundation, Chicago, IL July 2010

Instructor: Greeley County Health Services Basic Disaster Life Support Training Center, Tribune, KS 2008-
2010

Board Certifications:

American Board of Family Physicians- ID # 052607 Diplomate 1988
-Recertified 1994, 2001, and 2008.

American Board of Family Physicians - Added Qualifications in Geriatrics 1994-2004

- Added Qualifications in Sports Medicine 1997-2007
o Recertified 2006-2016

American Academy of Family Physicians – Fellow 1997

Medical Licensure:

Kansas KS0421464 expires 6/30/2011

Appointments:

Chair, Kansas Primary Care Collaborative Coordinating Committee January, 2008 – 2010
Assessing primary care workforce needs and determining programs and procedures to develop legislative initiatives for Kansas Legislature to address workforce needs as well as keeping primary care as part of the strategic focus of the University of Kansas School of Medicine.

Governor's Appointee – Kansas Legislative Task Force on Postgraduate Medical Education
October, 2008 - 2009

Veteran's Affairs Rural Veterans Advisory Committee September, 2008 – present

Kansas Rural Commission - January, 2009 - present

Assistant Clinical Professor- Volunteer, University of Kansas School of Medicine-Wichita 1997-2010
Associate Clinical Professor- University of Kansas School of Medicine-Wichita 2010-present

Kansas Health Policy Authority Data Consortium Workgroup
Member - Health Professions Workforce Data 2009

United Methodist Health Ministry Fund – Children's Mental Health Advisory Committee 2009-present

Greeley County Economic Development
Board of Directors 2005-2008

Greeley County Country Club – Prairie Ridge Golf Course 1993-1996, 2007-2008
Development Committee and Board of Directors

Memberships and Offices:

American Academy of Family Physicians 1988-present
Member, Committee on Rural Health 2004-2005
Member, Commission on Government Advocacy 2006- 2008
Chair, Commission on Government Advocacy 2009
Liaison, ACOG Malpractice Committee 2006-2008
Liaison, AHA Small and Rural Hospital Section January 2008 – January 2010

Kansas Academy of Family Physicians 1988-present
District 7 Board of Director 1993-1998
Vice-President-Executive Board 1999-2000
President Elect 2000-2001
President 2001-2002
Immediate Past President 2002-2003
Alternate Delegate-AAFP Congress 2002-2003
Delegate-AAFP Congress 2003-present

American Medical Association	1988-present
The National Disaster Life Support Education Consortium	
B/CDLS Workgroup Member	2008-2010
HDLS Workgroup Member	2008-2010
Kansas Medical Society	1988-1993 and 1997-present
KMS Gleason Leadership Participant	2009 & 2010
Southwest Kansas Medical Association	1988-2010
Sedgwick County Medical Society	2010-present
American Geriatrics Society	1994-present
American Society of Sports Medicine	2005-present
National Rural Health Association	1993-present
Member Frontier Constituent Committee	1993-1994
Kansas Hartford Geriatrics Project Participant	1997-2000
Combined Medical Executive Board	1988-2010
(Tribune, Leoti, Syracuse and Lakin, KS)	
Coalition for Health Care Access, Washington, D.C.	
Member, Board of Directors	2000-2002
Kansas Practice Research Network-	
Executive board of directors	2000-2005

Employment:

1988-1997	Greeley County Family Practice Clinic- Self-employed
1997-9/2010	Employee of Greeley County Health Services, Greeley County Hospital Tribune, KS
	Medical Chief of Staff 1991-2009
	Medical Director
	Greeley County EMS 1991-2010
	Greeley County LTC 1991-2010
	Greeley County Hospital Lab 1991-present
	Greeley County Home Health 1996-2010

Greeley County Health Officer 1991-2010

September, 2010 Director Rural Health and Outreach
Department of Family and Community Medicine
University of Kansas School of Medicine-Wichita

Other Professional Positions

Chief Medical Officer, Trainer and part-owner	
Response Systems, LLC Tribune, KS	2005-2008
Consultant, Chief Medical Officer and Trainer, Response Systems, LLC Wisconsin	2009-present
Medical Director Prairie Manor Nursing Home	
Sharon Springs, Kansas	1991-1994

Hospital Privileges:

Greeley County Health Services: Consultant member
Tribune, Kansas Chief of Medical Staff 1991-2010

Hamilton County Hospital: Consultant member
Syracuse, Kansas Chief of Staff 2000-2001
Wichita County Health Center: Courtesy Staff
Leoti, Kansas
St. Catherine's Hospital: Courtesy Staff
Wesley Medical Center Provisional

Publications:

Co-contributor, AAFP Monograph - *Epilepsy* Jan. 1997

Awards/Honors:

2009 & 2010 Kansas Medical Society - Gleason Leadership Award

Elected to **Alpha Omega Alpha Honor Medical Society**, Kansas Alpha Chapter, as alumni 2008

Kansas Emergency Medical Technicians Association Medical Director Award 2007

Kansas Academy of Family Physicians Family Physician of the Year 2006

Congressional Testimony – March 22, 2001 Senate HELP Subcommittee on Public Health; *"Strengthening the Safety Net: Increasing Access to Essential Health Care Services"*

Finalist, Rainbow Awards University of Kansas School of Medicine, Student Assembly 2000.

National Health Services Corps Director's Award 1998.

LECTURES:

Kansas Academy of Family Physicians Annual Scientific Assembly 2001
"Miss Daisy Driving: Evaluating the Older Driver"

Kansas Academy of Family Physicians "Practice Management" Wichita 2003
"Quality Assessment and Improvement for Family Physicians"

National Rural Health Association Annual Meeting 2004 San Diego
"Integrating Behavioral Health Services into the Primary Practice Setting"

First Annual Women's Health and Community Wellness Conference October 2005 Tribune
"Making Sense of Nonsense; Herbs and Supplements in Cardiovascular Disease"

American Academy of Family Physicians, Multi-state Meeting, February 2006 Denver

"Recruiting and Retaining Rural Family Physicians"

National Rural Health Association Annual Meeting 2006 Reno, NV

"Improving Community Health in Frontier Areas"

Second Annual Women's Health and Community Wellness Conference October 2006

"Evidence Based Lifestyle changes for preventing and treating Cardiovascular Disease"

Emergency Nurses Association Annual Meeting, February 2007 Boston, MA

"HICS or Just Hassles? Implementing HICS"

Hospital Incident Command System Train-the-Trainers Course

Speaker for Response Systems, LLC for July and August 2007 for the following facilities:

Eastern Carolina AHEC Greenville, NC; Wilkesboro Regional Medical Center, Wilkesboro, NC; Millis AHEC High Point, NC; Triad AHEC Winston-Salem, NC and AHEC Boone, NC.

Greeley County Health Services Full Scale Tornado Disaster Drill – Exercise Design and Implementation
April 11, 2008

Exercise designed to test coordination between community responders, particularly with mass casualties, hazardous materials considerations and mass prophylaxis. Including establishing Point of Distribution Site for mass prophylaxis and running 20 patients through system.

Emergency Preparedness for the Family Physician

Kansas Academy of Family Physicians Annual Meeting and Scientific Session June 2008

Implementing HICS and Utilizing the HICS Forms and Documents

Co-Speaker with Derek Rowan

May 12, 2008

Veterans Integrated Service Network (VISN)-21 – Sierra Nevada VA Health Services Network, Reno, Nevada

June 20, 2008 and February 11-12th, 2009

VISN-21 – Palo Alto VA Health Services Network, Palo Alto, California

August 8, 2008 and August 20, 2008

VISN-21 – Northern California VA Health Services Network, Sacramento, CA

Pediatric Basic Disaster Life Support Class

Co-Speaker with Dr. Dan Faguybi, M.D. and Randy Cardonell RHIA, EMT-I/D, IC, CM

January 23, 2009 Northeast Kansas Emergency Preparedness Region, St. Francis Regional Hospital
Topeka, Kansas



Kansas Senate

CONFIRMATION OVERSIGHT COMMITTEE

APPOINTMENT QUESTIONNAIRE

Full Name: Robert Paul Moser, Jr., M.D.

(please include title and middle name along with any names previously used)

Home Address: 13717 West Texas

(Street Address)

Wichita, Kansas 67235

(City, State, Zip)

Driver's License Number: [REDACTED]

Social Security Number: [REDACTED]

Position to which Appointed: Secretary, Kansas Department of Health and Environment

Appointing Authority: Governor

* Information on this page will not be made public but is used by the KBI and Department of Revenue.

(for Committee use only)

KBI Check: N/A ☐ In-Process ☐ Complete ☐

DOR Check: N/A ☐ In-Process ☐ Complete ☐

This Questionnaire is to be fully completed by each appointee appearing before the Senate Confirmation Oversight Committee (Committee) and returned to the Committee Chairman's Office. A meeting of the Committee to consider an appointee will not be scheduled until a completed questionnaire and other forms are received by the Chairman. Please answer each question completely to the best of your knowledge. Should a question not be applicable, please so state. Hand-written responses are strongly discouraged. If filling out this form electronically, "☐" should be replaced with "X" by the appropriate response on the form. Please contact your appointing authority if you have questions when completing the form.

Full Name: Robert Paul Moser, Jr., M.D.

(please include title and middle name along with any names previously used)

Position to which Appointed: Secretary, Kansas Department of Health and Environment

Appointing Authority: Governor

Home Address: 13717 West Texas

Wichita, Kansas 67235

(Street Address)

(City, State, Zip)

Business Name: University of Kansas School of Medicine-Wichita Department of Family and Community Medicine

Business Address: 1010 N Kansas

Wichita, Kansas 67235

(Street Address)

(City, State, Zip)

Position Title: Director Rural Health and Outreach

Home Phone: (316) 295-3140

Business Phone: (316) 293-2607

Cell Phone: (316) 841-6999

Fax Number: (316) 293-2696

E-Mail Address: rmoser@kumc.edu

Kansas resident? ☒ Yes / ☐ No

Date of Birth: 06/18/1958

Place of Birth: Denver, Colorado

Registered Voter? Yes

Party Affiliation: Republican

Congressional District: 4 Kansas Senate District: 26 Kansas Representative District: 94

Do you have the legal right to live and work in the United States? ☒ Yes / ☐ No

Please answer the following questions numbered 1 – 43. Each question **MUST BE ANSWERED ON THIS ORIGINAL FORM.** If the answers the question are provided on your resume, please state "See Resume" or if you supply additional attachment(s) with answers, please state "See Attachment(s)" on this form.

1. What is your educational background? See C.V.
2. Describe your employment experience. Include any expertise related to the position to which you were appointed. See C.V.

3. List any professional licenses that you have obtained and include the number for each license.
See C. V.
4. Why do you feel you are a good candidate for the position to which you have been appointed?
See C.V.
5. What do you see as the purpose or mission of the role to which you have been appointed?
See C.V.
6. **Military Service:** List rank, date and type of discharge from active service.
☒None
7. **Government Experience:** List any experience or association with local, state or federal government (exclusive of elective public office but including advisory, consulting, honorary, appointed or other part-time service or positions) and include dates of service.
☐None See C.V.
8. **Elective Public Office:** List all elective public offices sought and/or held with dates of service.
☒None
9. **Campaigns:** Have you ever played a role or held a position in a political campaign? If so, please identify the candidate(s), the dates of the campaign and describe your involvement.
☒No ☐Yes
10. **Honors and Awards:** List all scholarships, fellowships, honorary degrees, honorary society memberships and any other special recognition for outstanding service or achievements.
☐None See C.V.
11. **Organization Affiliations:** List all civic, cultural, educational, charitable, or work-related organizations that you have been associated with in the past ten years. Include any position held in the organization and the dates of service.
☐None See C.V.
12. **Organization Restrictions:** To your knowledge, is any organization listed above restricted on the basis of race, color, religion, sex, national origin, disability, marital status or veteran status? If so, please describe.
☒No ☐Yes
13. **Issues:** Have you ever been publicly identified, in person or by organizational membership, with a particularly controversial national or local issue? If so, please describe.
☒No ☐Yes
14. **Submission of Views:** Have you ever submitted oral or written views to any governmental authority, whether executive or legislative, or to the news media on any particularly controversial issue other than in an official governmental capacity? If so, please describe.
☐No ☒Yes Listed on C.V. - Testimony 2001 to Congressional Senate H.E.L.P. committee on strengthening the health care safety net care.
15. **Associations:** Have you ever had any association with any person, group or business venture that could be used, even unfairly, to impugn or attack your character and qualifications for the position to which you seek to be appointed? If so, please describe.
☒No ☐Yes

16. **Opposition:** Do you know of any person or group who might take overt or covert steps to attack, even unfairly, your appointment? If so, please identify and explain the basis for the potential attack.
☒No ☐Yes
17. **Miscellaneous:** List any factors, other than the information provided above, which particularly qualifies you or is relevant to the position to which you are seeking appointment? Include any special skills.
☒None
18. **Relationship to Governmental Employees:** Are you or your spouse or other close family members related to any state governmental official or employee? If so, please provide details.
☒No ☐Yes
19. **Compensation:** During the past five years, have you or your spouse or other close family members received any compensation or been involved in any financial transaction with the State of Kansas? If so, please explain.
☐No ☒Yes Prior to employment with the University of Kansas School of Medicine, I worked for Response Systems, LLC to provide emergency preparedness instruction for hospitals and responders in 2007 and 2008.
20. **Business Relationships:** Describe any business relationship, dealing or financial transaction which you have had during the last five years, whether for yourself, on behalf of a client or acting as an agent, which you believe may constitute an appearance of impropriety or result in a potential conflict of interest in the position to which you want to be appointed. If none, please so state.
☒None
21. **Transactions with Officials:** During the past five years, have you or your spouse or other close family members received any compensation or been involved in any financial transaction with any state government official? If so, please explain.
☒No ☐Yes
22. **Spouse or Other Family Members:** If the nature of employment for your spouse or other close family member is related in any way to the position to which you have been appointed, please indicate the employer, the position and the length of time it has been held. If not, please so state.
☒No ☐Yes
23. **Lobbying Activities:** Describe any lobbying activity during the past ten years in which you and/or your spouse have engaged for the purpose of influencing the passage, defeat or modification of any legislative or administrative action. Lobbying activity includes any activity performed as an individual or agent of another individual, or of any organization that involves direct communication with an official in the executive branch of state government or any official of the legislative branch. If none, please so state.
☐None As member of the Kansas Academy of Family Physicians, and senior delegate to the American Academy of Family Physicians, I often discussed issues of interest for these organizations with elected officials.
24. **Regulated Activities:** Describe any interest that you, your spouse or other close family member may have (whether as an officer, owner, director, trustee, or partner) in any corporation, firm, partnership or other business enterprise and any non-profit organization or other institution that is regulated by or receives direct financial benefits from any department or agency of the State of Kansas. If none, please so state.
☒None

25. **Other:** Please describe any other matter in which you are involved that is or may be incompatible or in conflict with the discharge of the duties of the position to which you have been appointed or which may impair or tend to impair your independence of judgment or action in the performance of the duties of that position. If none, please so state.
☒None
26. **Conflict of Interest:** How would you resolve any potential conflicts of interest that, while maybe unforeseen at this point in time, could arise?
Discuss with state appointed counselor responsible for assessing these concerns and adhering to their suggestions
27. **Citations:** Have you ever been cited for a breach of ethics for unprofessional conduct, or been named in a complaint to any court, administrative agency, professional association, disciplinary committee, or other professional group? If so, please provide details.
☒No ☐Yes
28. **Convictions:** Have you ever been convicted of or entered a plea of guilty or nolo contendere or forfeited collateral for any criminal violation other than a traffic infraction? (Please include any offenses of driving under the influence, operating while impaired, reckless driving, or the equivalent offenses in other states.) If so, please explain.
☒No ☐Yes
29. **U.S. Military Convictions:** Have you ever been convicted by any military court? If so, please provide details.
☐No ☐Yes Not applicable
30. **Imprisonment:** Have you ever been imprisoned, been on probation or been on parole? If so, please provide details.
☒No ☐Yes
31. **Agency Proceedings/Civil Litigation:** Are you presently, or have you ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If so, please provide details.
☒No ☐Yes
32. **Agency Proceedings and Civil Litigation of Affiliates and Family:** a.) Is your spouse or other close family member currently, or ever been, a party in interest in any administrative agency proceeding or civil litigation that is related in any way to the position to which you are seeking appointment? If so, please provide details.
☒No ☐Yes
- b.) Has any business in which you, your spouse, close family member or business associate are or were an officer, director or partner been a party to any administrative agency proceeding or civil litigation relevant to the position to which you are seeking appointment? If so, please provide details. (With respect to this question, you need only consider proceedings and litigation that occurred while you, your spouse, close family member, or business associate were an officer of that business.)
☒No ☐Yes

33. **Other Litigation:** a.) Other than the litigation described in question 32, have you or any business in which you are or were an officer, director, or partner been a plaintiff or a defendant in a civil lawsuit? If so, please describe.
☒No ☐Yes
b.) Are you aware of any pending or anticipated litigation against you or any business in which you are an officer, director, or partner? If so, please describe.
☒No ☐Yes
34. **Drivers License:** Has your driver's license ever been suspended or revoked? If so, please describe.
☒No ☐Yes
35. **Parking Tickets:** Do you have outstanding parking tickets from any jurisdiction that have remained unpaid for more than 60 days? If so, please explain.
☒No ☐Yes
36. **Security Clearance Denial:** Have you ever been denied a military or other governmental clearance? If so, please explain.
☒No ☐Yes
37. **Firings:** a.) During the past ten years, have you been fired from a job for any reason? If so, please explain.
☒No ☐Yes
b.) During the past ten years, have you quit a job after being told that you would be fired? If so, please explain.
☒No ☐Yes
c.) During the past ten years, did you leave a job by mutual agreement because of specific problems? If so, please explain.
☒No ☐Yes
38. **Alimony and Child Support:** Are you now, or have you ever been, delinquent in the payment of alimony or child support? If so, please explain
☒No ☐Yes
39. **Consumption of Alcohol:** Have you ever or are you currently abusing alcohol? If so, please explain.
☒No ☐Yes
40. **Controlled Substances:** Have you ever or are you currently engaged in the illegal use of a controlled substance or abusing the use of a prescribed controlled substance? If so, please explain.
☒No ☐Yes
41. **Physical Examination:** If you receive a conditional offer of appointment or employment, would you be willing to take a physical examination, which may include a drug test?
☐No ☒Yes

42. **Governmental Delinquencies:** Are you delinquent in the payment of any obligation owed to the federal or state government or any political or taxing subdivision or any instrumentality thereof? (Include delinquencies in the payment of: Income, property, or other taxes; exactions, fees or special assessments; loans, including any defaults, on or under loans which are or were made by, guaranteed, insured or subsidized by any unit of government or instrumentality thereof; overpayment of benefits; required payments into or under governmental programs; payments under a diversion arrangement or other repayment schedule.) If applicable, please state whether such delinquency is under formal appeal.

☒ No ☐ Yes

43. **Other:** Please provide any additional information, favorable or unfavorable, which you feel should be considered in connection with your appointment. If none, please so state.

☒ None

Please include resume and completed Statement of Substantial Interest not more than twelve months old.

REFERENCES

Name: Dr. Rick Kellerman, MD Knows you how?: Chair, Dept. of Family and Community Medicine

Address: 1010 N Kansas Wichita, KS 67214
(City, State, Zip)

Home Phone: (316) 213-6028 Business Phone: (316) 293-3517

Name: Jerry Slaughter Knows you how?: Professional Society activity

Address: Kansas Medical Society 623 SW 10th Avenue Topeka, Kansas 66612-
(City, State, Zip)

Home Phone: 785-224-0841 Business Phone: (785) 235-2383

Name: Carolyn Gaughan Knows you how?: Specialty Society activity

Address: Kansas Academy of Family Physicians 7570 W. 21st St. N., Bldg. 104 Wichita, KS 67205
(City, State, Zip)

Home Phone: (316) 729-7278 Business Phone: (316) 721-9005

Name: Chrysanne Gund Knows you how?: Co-worker, Project Director

Address: Greeley County Health Services, Tribune, Kansas 67879
(City, State, Zip)

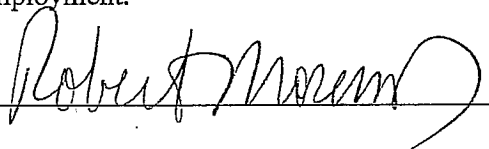
Home Phone: (785) 821-1104 Business Phone: (785) 825-4320

AUTHORIZATION AND CERTIFICATION:

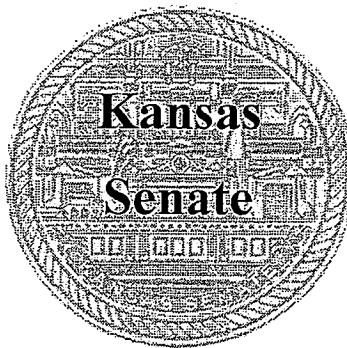
The facts set forth in my application are true and complete. False statements, answers, or omissions on this application shall be sufficient cause for nonconsideration or for dismissal after appointment or employment. I also recognize that my selection is based on receipt of satisfactory information from former employers and references, and upon my ability to perform the essential elements, with or without reasonable accommodations, for the position for which I am applying. I herein authorize investigation, without liability, of the information supplied by me in this application for employment or appointment including academic, occupational, health, law enforcement, and government records. I also authorize listed employers and references, without liability, to make full response to any inquiries in connection with this application for appointment or employment. I understand and agree that the terms, conditions, compensation, benefits, hours, schedule, and duration of my appointment or employment may be determined, changed, or modified from time to time at the will of the appointing authority or designee without limitation or condition. I FURTHER CERTIFY THAT I HAVE READ THE FOREGOING PARAGRAPH AND KNOWINGLY MAKE THIS AUTHORIZATION BY SETTING FORTH MY SIGNATURE.

I understand that if I am required to be registered, licensed, or certified by federal or state law or regulation for the position I seek, I will notify the appointing authority immediately if any investigation, limitation, or cancellation of my registration, licensure, or certification occurs. If any investigation, probation, limitation, or cancellation occurs, I understand that my failure to notify my appointing authority as described above will result in the termination of my appointment or employment.

Signature



Date 12/20/2010



CONFIRMATION OVERSIGHT COMMITTEE

Acknowledgment of Release of Tax and Criminal Records Information Form

I, Robert Paul Moser, Jr., M.D. acknowledge that as part of the
(print name)

Senate Confirmation Oversight Committee process I will:

- be subject to a criminal records background investigation by the Kansas Bureau of Investigation; and
- have my tax records released by the Kansas Department of Revenue.

Such information will not be released to the general public, but will be made available for review at the appropriate time by:

- Myself;
- My appointing authority;
- Chairperson of the Senate Confirmation Oversight Committee; and
- The Vice Chair of the Senate Confirmations Oversight Committee.

By signing the "Authorization and Certification" section (on page 8) of the Senate Confirmation Oversight Committee questionnaire, the Kansas Department of Revenue will be authorized to release my tax information and the Kansas Bureau of Investigation will be authorized to conduct a criminal background investigation on me and provide that information to the appropriate individuals.

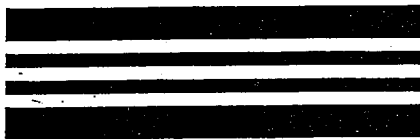
Signature

Robert Moser, Jr.

Date

12/20/2010

Form 08/08



STATE OF KANSAS



Sec. of St. bar code

KANSAS GOVERNMENTAL ETHICS COMMISSION

STATEMENT OF SUBSTANTIAL INTERESTS FORM

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by individuals who are required to do so by law. Any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 785-296-4219.

A. **IDENTIFICATION:**

PLEASE TYPE OR PRINT

Moser, Jr.

Robert

P

Last Name

First Name

MI

Dalene

Spouse's Name

504 W Greeley Ave PO Box 658

Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

Tribune, KS 67879

City, State, Zip Code

(316) 295-3140

(316) 295-2607

Home Phone Number (include area code)

Business Phone Number (include area code)

B. **THIS FORM IS REQUIRED TO BE FILED BECAUSE YOU ARE:**

(check one or more of the following)

- ☐ 1. State Elected Official (Governor, Lt. Governor, Attorney General, Commissioner of Insurance, State Treasurer, Secretary of State, State Senator, State Representative, Member of State Board of Education, or District Attorney);
- ☐ 2. Appointed Member of a State Board, Council, Commission or Authority;
- ☒ 3. Appointed State Position is Subject to Senate Confirmation;
- ☐ 4. Employee of a State Agency or University;
- ☐ 5. General Counsel for State Office;
- ☐ 6. Candidate for State Office;
- ☐ 7. Other (Contractor / Member of Compact).

List Name of Agency, Board, University or Elected Position (You may use abbreviations but not acronyms)

KS Dept Health & Environ

KDHE

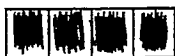
Secretary

Agency

Division if applicable (May use acronyms)

Position

* The last four digits of your social security number will aid in identifying you from others with the same name on the computer list. This information is optional.



Rev. 3/2006

- C. **OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income, and specific stocks, mutual funds or retirement accounts in which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "C", check here ☐.

	BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	PERCENT OF OWNERSHIP INTERESTS	HELD BY WHOM
1.	B&D LLC	Rental Homes	4 single family homes for rent	100%	Spouse & Self
2.	ING Retirement Plan - R Moser, Jr	pension	shares of pension plan	100%	Spouse Living trust
3.	GCHS, Inc Pension Plan-D Moser	pension	shares of pension plan	100%	Spouse trust
4.					
5.					
6.					
7.					
8.					
9.					
10.					

- D. **GIFTS OR HONORARIA:** List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

If you have nothing to report in Section "D", check here ☒.

	NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY:
1.			
2.			
3.			

- E. RECEIPT OF COMPENSATION:** List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE ☐.
If you have nothing to report in Section "E"1, check here ☐.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Greeley County Health Services, Inc	503 3rd Street, Tribune, KS 67879	Hospital System
2.	University of Kansas School of Medicine-Wichita	1010 N Kansas Wichita, KS 67214	University

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.
If you have nothing to report in Section "E"2, check here ☐.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Greeley County Health Services, Inc	503 3rd Street, Tribune, KS 67879	Hospital System
2.			

- F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS:** List any organization or business in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional page if necessary to complete this section.
If you have nothing to report in Section "F", check here ☒.

	BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
1.	B&D Ventures, LLC	managing partner	spouse, Dalene Moser
2.			
3.			
4.			
5.			
6.			
7.			
8.			

- G. RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. The phrase "client or customer" relates only to businesses or combination of businesses. In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "G", check here ☐.

	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.	Rental Property	621 Glick, Tribune, KS	Dalene Moser
2.	Rental Property	508 Peters, Tribune, KS	Dalene Moser
3.	Rental Property	513 Third St., Tribune, KS	Dalene Moser
4.	Rental Property	507 2nd St. Tribune, KS	Dalene Moser
5.	Rental Property	503 2nd St. Tribune, KS	Dalene Moser
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

H. DECLARATION:

I, Robert P Moser, Jr., declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

12/21/2010

Date

Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES 0

Return your completed statement to the Secretary of State, Elections Division, Memorial Hall, First Floor, 120 SW 10th, Topeka, Kansas 66612-1594.

Print Form

Reset Form



Robert Moser, MD, Acting Secretary

Department of Health & Environment

Sam Brownback, Governor

**Introductory Remarks
To
Senate Ways and Means Subcommittee on Health and Environment**

**Presented by Robert Moser, MD
Acting Secretary, Kansas Department of Health and Environment**

February 14, 2011

Introduction

Chair Schmidt and members of the Senate Ways and Means Subcommittee on Health and Environment: Good afternoon, and thank you for the opportunity to present the Fiscal Year 2012 budget for the Kansas Department of Health and Environment.

As you have heard a staff overview of the agency budget request, I hope to use our time today to highlight key themes and discuss how the budget request aligns with the vision and values of this agency and administration.

To accurately reflect the new structure defined by the Governor's Executive Reorganization Order, I am presenting the consolidated KDHE budget request, which includes the budget for the new Division of Health Care Finance. As you know, this new division will assume the current functions of the Kansas Health Policy Authority. The reorganized Kansas Department of Health and Environment will be comprised of one operations section and three divisions: Public Health, Health Care Finance, and Environment.

There are nine Bureaus within the Public Health Division, and I am serving as the State Health Officer overseeing the operations of the Health Division, in addition to my role as Secretary. The new Health Care Finance Division will have two Bureaus – Medicaid/HealthWave, and the State Employees Health Plan. The Division of Environment has five Bureaus and the Kansas Health and Environmental Laboratories.

We will walk through some budget handouts in a moment, but I want to highlight themes I hope will help place this budget request in the broader context of our vision moving forward.

A Robust Focus on Service

I am committed to a robust focus on service. The Kansas Department of Health and Environment has an impressive collection of experience and expertise, and those resources can be incredibly effective when utilized prospectively to help Kansans protect and improve health and environmental outcomes.

Please let me provide you a few examples of how KDHE has affected health and environmental outcomes using technical assistance and education:

- Last year, the Centers for Medicare and Medicaid Services (CMS) issued new infection control requirements for ambulatory surgery centers. KDHE responded quickly, visiting with the centers and their state association and offering to provide training on the new requirements. Statewide training was presented on three occasions. This affirmative training resulted in such a high level of compliance by Kansas facilities that CMS questioned the low incidence of violations compared to other states.
- The Kansas Healthy Homes program in the Bureau of Environmental Health administers lead-based paint regulations in Kansas. In 2010, new work practice and training requirements for contractors designed to protect families became effective. KDHE received authority from the EPA to administer the regulations in Kansas. Staff traveled to host seminars and assist contractors in effectively and efficiently complying with the new work practice requirements. Unfortunately, mistakes do occur, and a Topeka contractor was facing a \$4,000 fine for failing to properly protect a Kansas family during renovation work on a home. KDHE worked with the contractor, who agreed to send all of the company's staff to training in lieu of the fine. As a result, more Kansas workers learned the correct processes to protect people from heavy metal poisoning. If the EPA had enforced this law in Kansas, the fines could have been as high as \$32,500. The amount that the business owner will invest in training is less than \$1,000.

I could describe many other examples like this, and I am convinced we can do even more with the expertise within the Department. We want to prove the thesis that effective technical assistance and education can be more effective and less costly to taxpayers than punitive enforcement and remediation.

Closely related to service is the added value of partnerships and collaborations. As I have discussed with some of your colleagues earlier this session, Public Health at the local level is more than just the county health department nurse and staff. There are many groups within a single community who are important to the local public health system and population health, yet we haven't been very effective in the past capitalizing on related efforts by sharing resources across interests. KDHE has the opportunity to connect those resources to achieve a common purpose.

That is a good segue to discuss the next theme I want to highlight.

The Value of Consolidating Health Functions

Under the Executive Reorganization Order issued by the Governor on February 4, the consolidation of the new Division of Health Care Finance's services and programs into KDHE in fiscal Year 2012 provides us with great opportunities for efficiency and program improvement.

To put it simply, the reorganization is good health policy and good budget policy.

As the Governor has described, the reorganization will result in combined administrative savings of \$3 million in all funds and include immediate opportunities for programmatic improvements. The budget process has forced us to look very closely at where we can find efficiencies and leverage existing resources to eliminate redundancies. We are committed to achieving the consolidation in a way that ensures:

- Effective purchasing and administration of health care;
- Improved coordination through KDHE programs, other agencies, and partners, including a focus on healthcare workforce development;

- Health promotion and disease prevention-oriented public health strategies based on continuing state and community health assessments;
- Disease management based on provider-led evidence-based guideline development and implementation; and
- Development and implementation of a robust health information exchange network to support providers, improve patient safety and care, and, in time, reduce costs. The goal is evidence-based policy making, and the key to accomplish this is through centralized data collection and analysis.

But reorganization is not just good budget policy. The marriage of the health care finance agency and the agency charged with ensuring public health, including prevention and quality, will produce new opportunities for innovation at a critical time.

A Commitment to Innovation

In a changing and uncertain health care environment, innovation demands close collaboration. KDHE and KHPA are active participants on the Medicaid Subcabinet, chaired by the Lieutenant Governor. Medicaid caseloads are fully funded in the budget request, but we have been tasked with improving the quality of care for Medicaid beneficiaries while cutting costs to taxpayers in the long term.

Innovation of the scale demanded of us will not happen unless a wide range of stakeholders are engaged – including primary care and specialty physicians, hospitals, safety net clinics, local health departments, pharmacists, home health and hospice providers – all of which regularly interact with KDHE and KHPA.

Fortunately, many of the programs in KDHE and those that will be added to KDHE as part of the reorganization will be leveraged as we work together to redesign how the health care system works in Kansas.

With that, please let me walk you through the budget handouts that present the numbers backing up the vision.

KDHE Budget Overview SFY12

Robert Moser, MD, Acting Secretary
Kansas Department of Health & Environment
February 9, 2011

Our Vision – Healthy Kansans living in safe and sustainable environments



The Kansas Department of Health and Environment

Our Vision

Healthy Kansans living in safe and sustainable environments

Our Mission

To protect the health and environment of all Kansans by promoting responsible choices

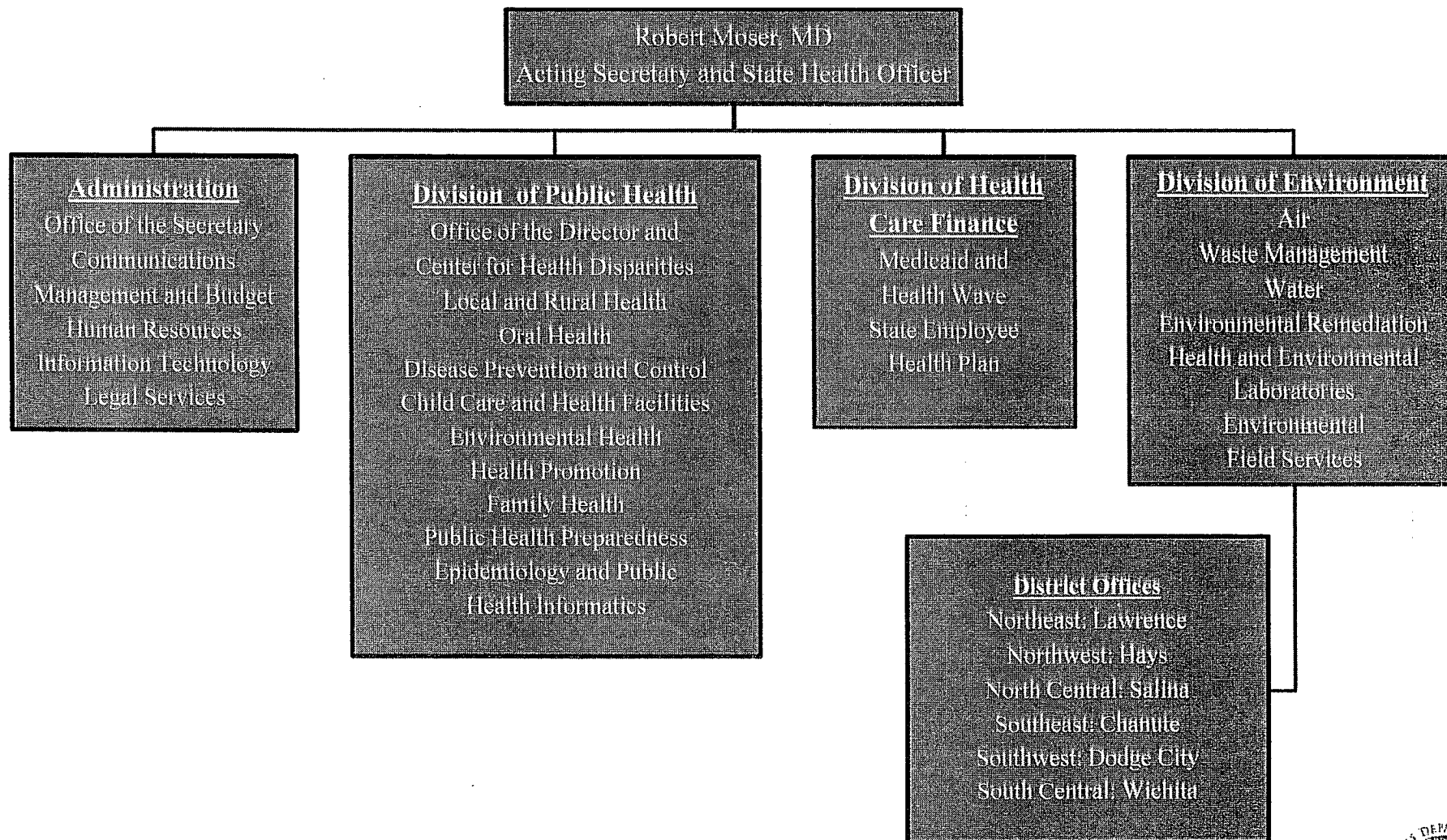
Our Values

- Leadership
- Accountability
- Communication
- Integrity
- Teamwork

Our Vision – Healthy Kansans living in safe and sustainable environments



KDHE Organization Chart

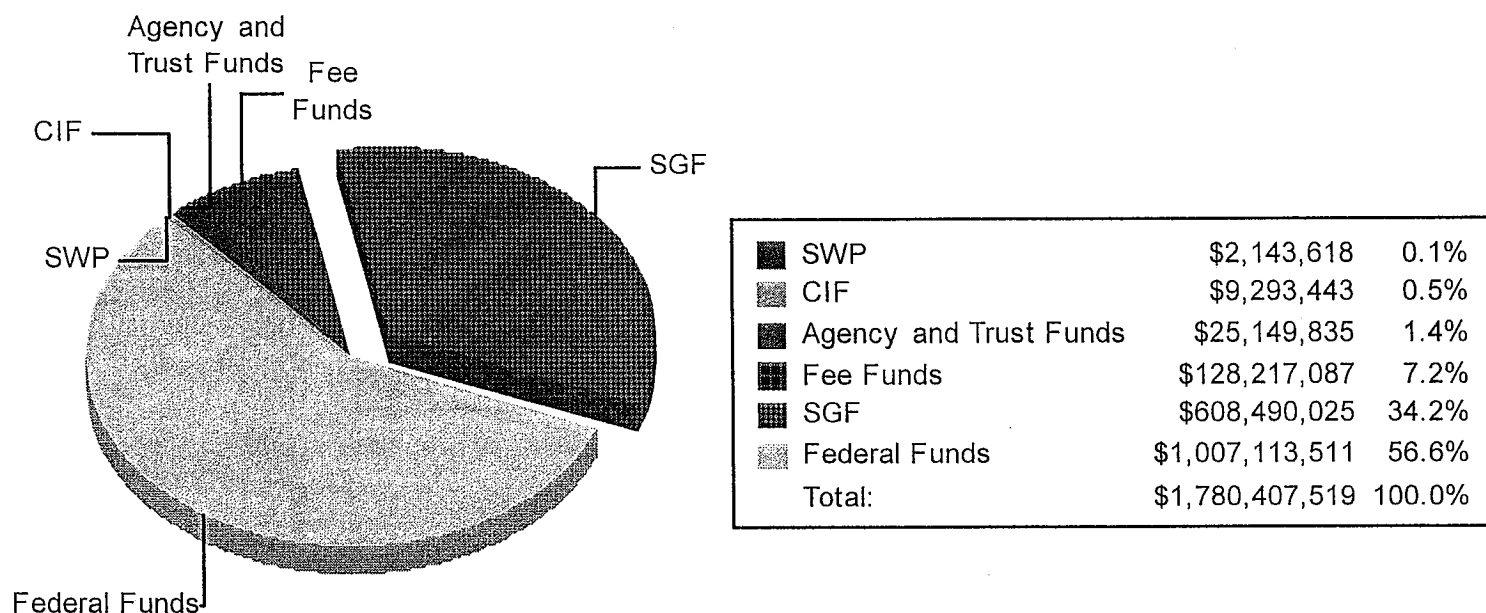


Our Vision – Healthy Kansans living in safe and sustainable environments



Agency Budget: 2012 Governor's Recommendations

Budget by Fund Classification



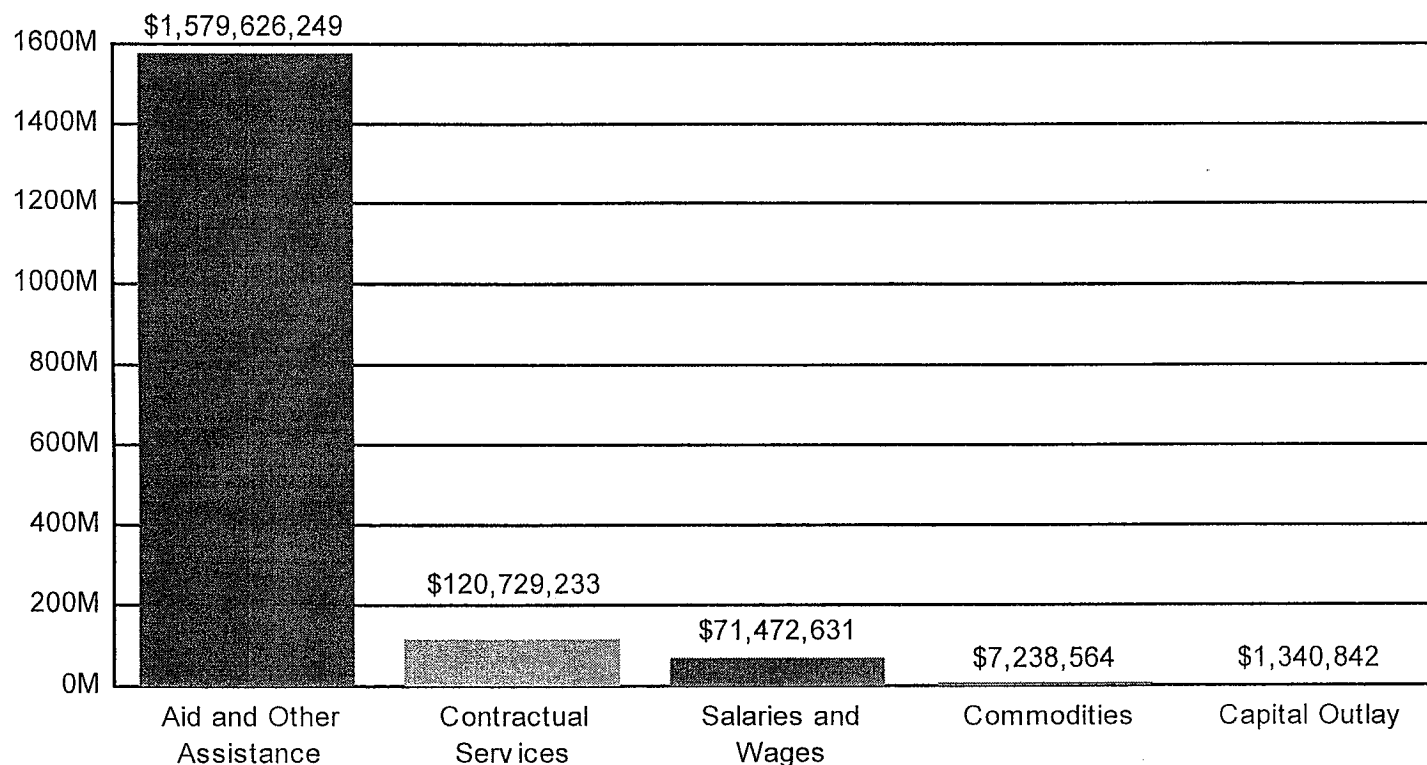
Total Agency Budget: \$1,780,407,519

Our Vision – Healthy Kansans living in safe and sustainable environments



Agency Budget: 2012 Governor's Recommendations

Budget by Expenditure Type



Total Agency Budget: \$1,780,407,519

Our Vision – Healthy Kansans living in safe and sustainable environments



Budget:

2012 Governor's Recommendations

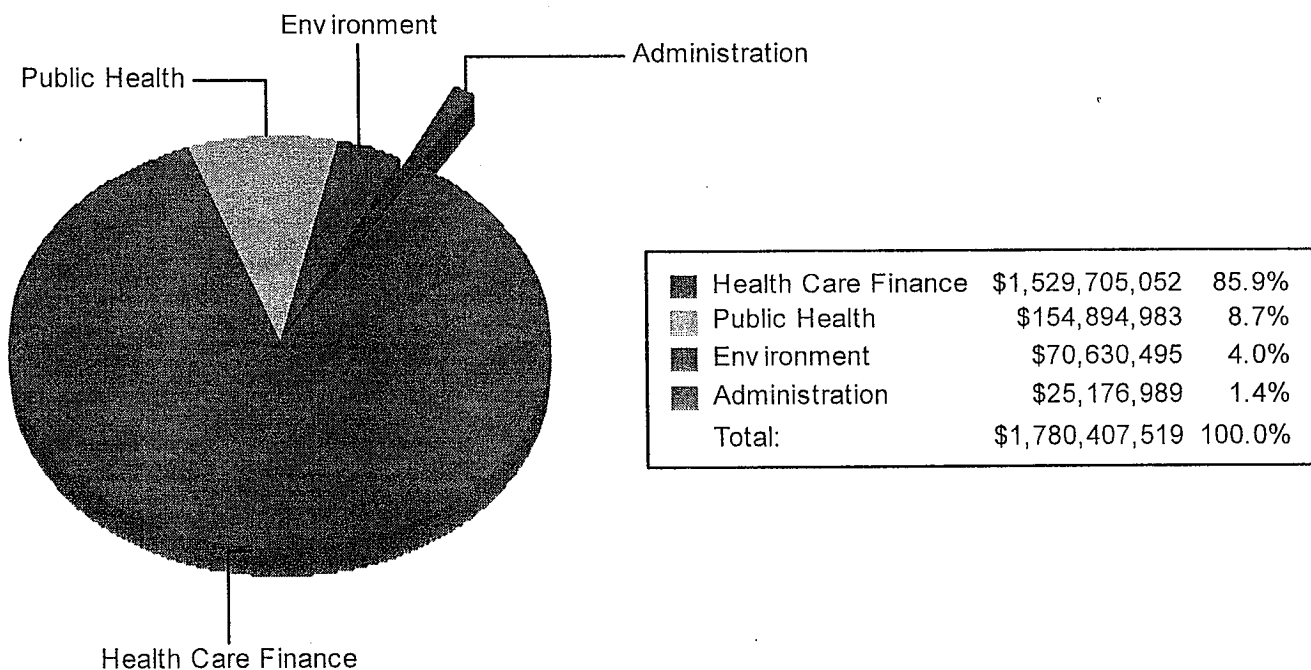
- This request includes salary support for 930.40 FTEs

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Agency Budget: 2012 Governor's Recommendations

Budget by Division



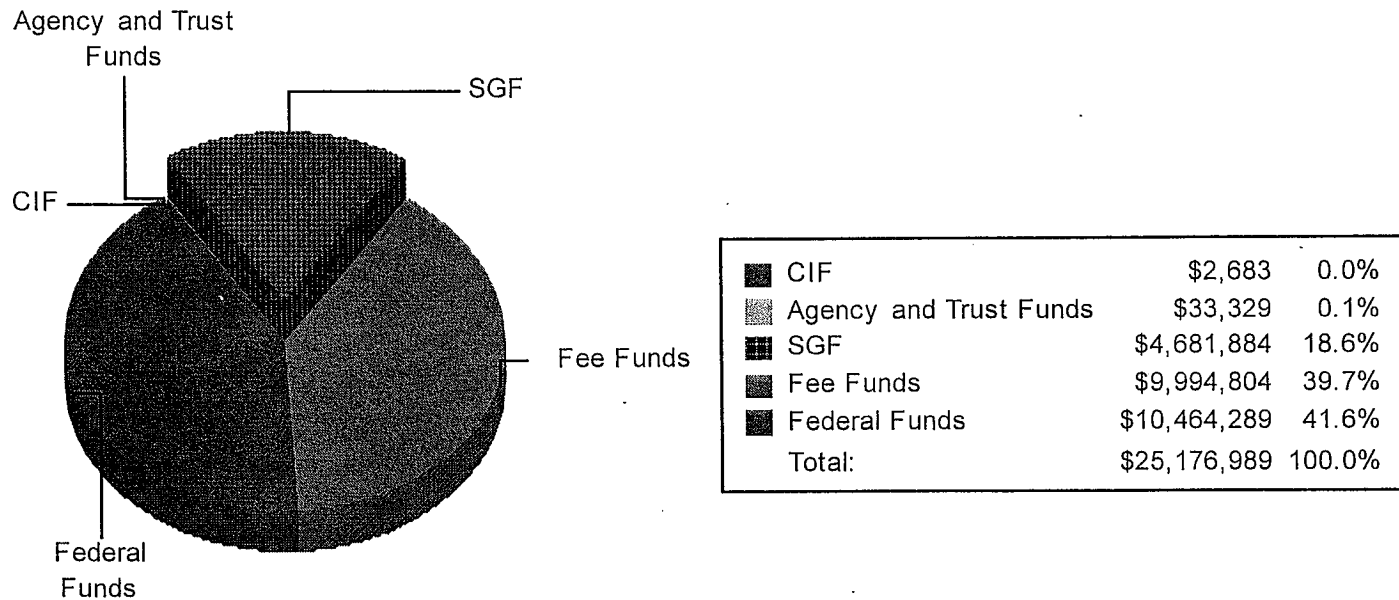
Total Agency Budget: \$1,780,407,519

Our Vision – Healthy Kansans living in safe and sustainable environments



Budget: 2012 Administration Budget

Budget by Fund Classification



Total Administration Request: \$25,176,989

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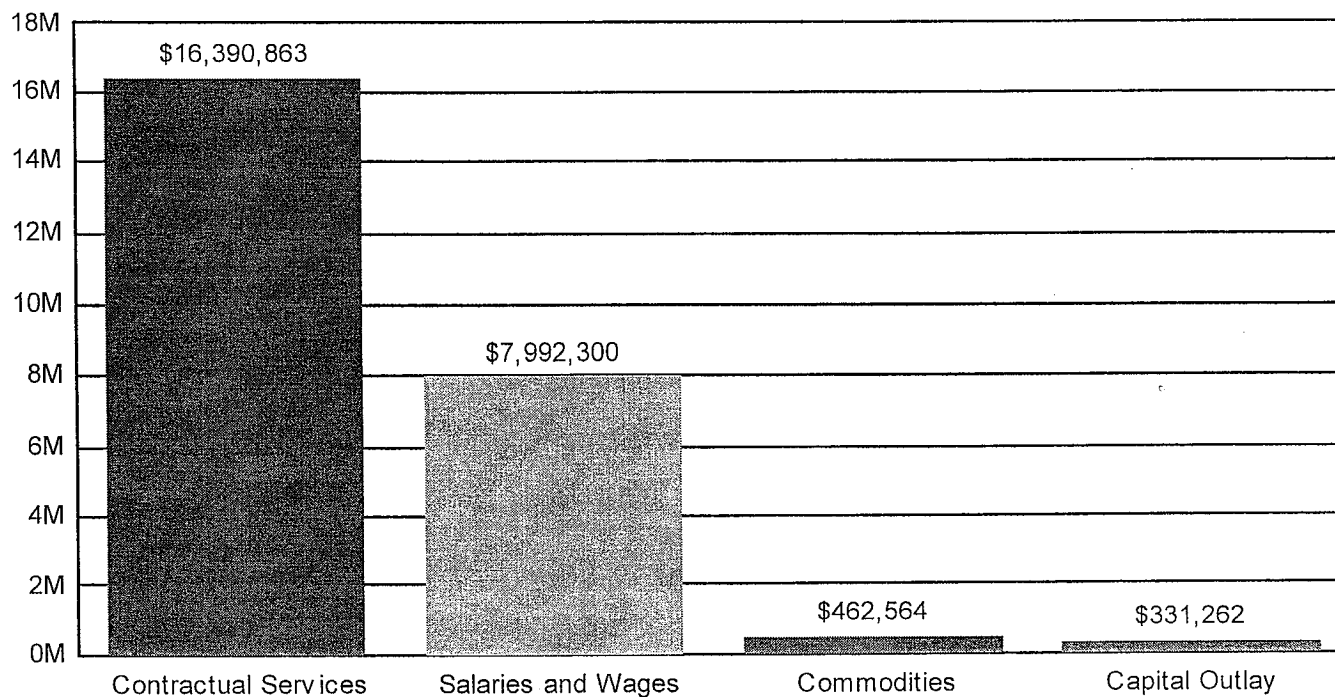


2-12

Budget:

2012 Administration Budget

Budget by Expenditure Type



Total Administration Request: \$25,176,989

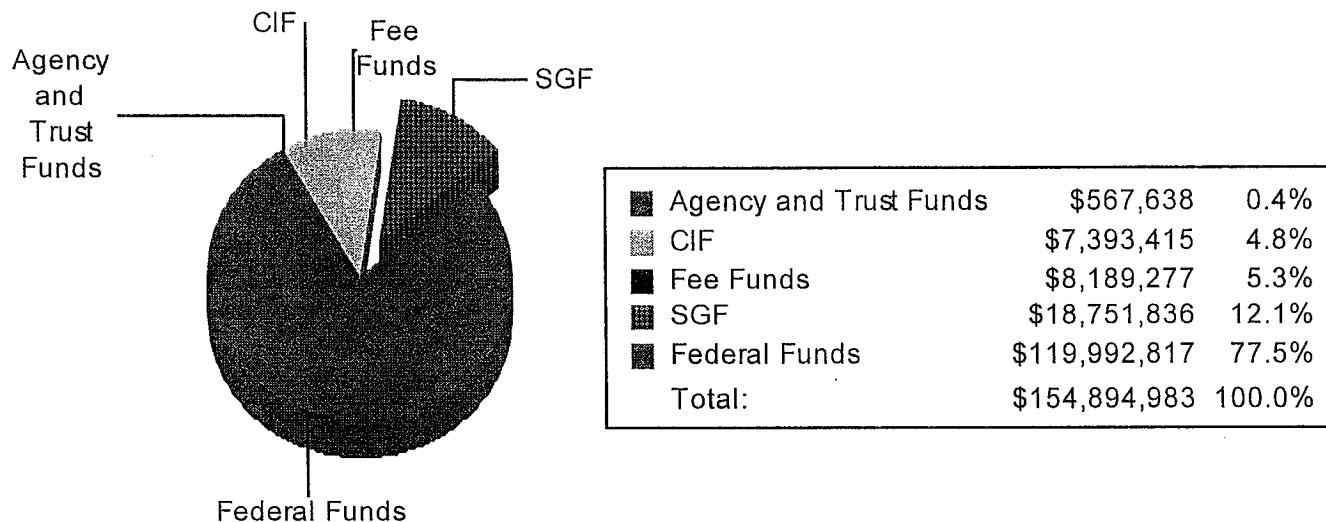
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2-12

Budget: 2012 Public Health Budget

Budget by Fund Classification



Total Public Health Request: \$154,894,983

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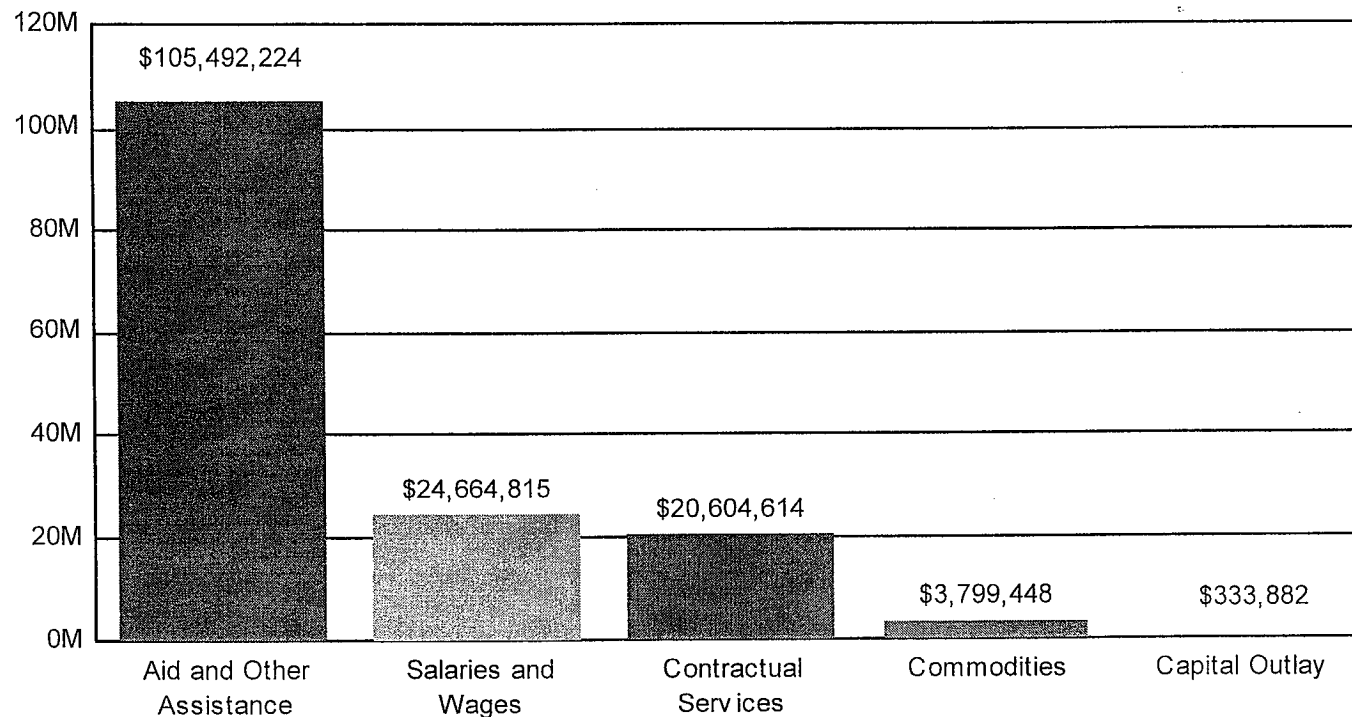


2-14

Budget:

2012 Public Health Budget

Budget by Expenditure Type



Total Public Health Request: \$154,894,983

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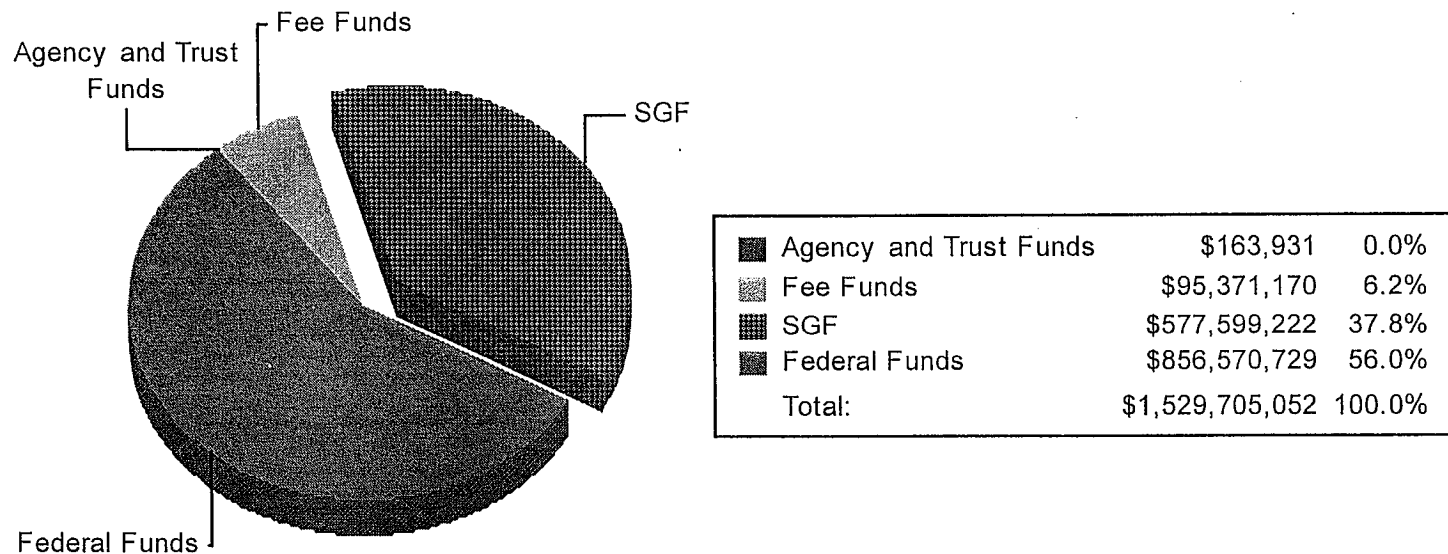


2-14

Budget:

2012 Health Care Finance Budget

Budget by Fund Classification



Total Health Care Finance Request: \$1,529,705,052

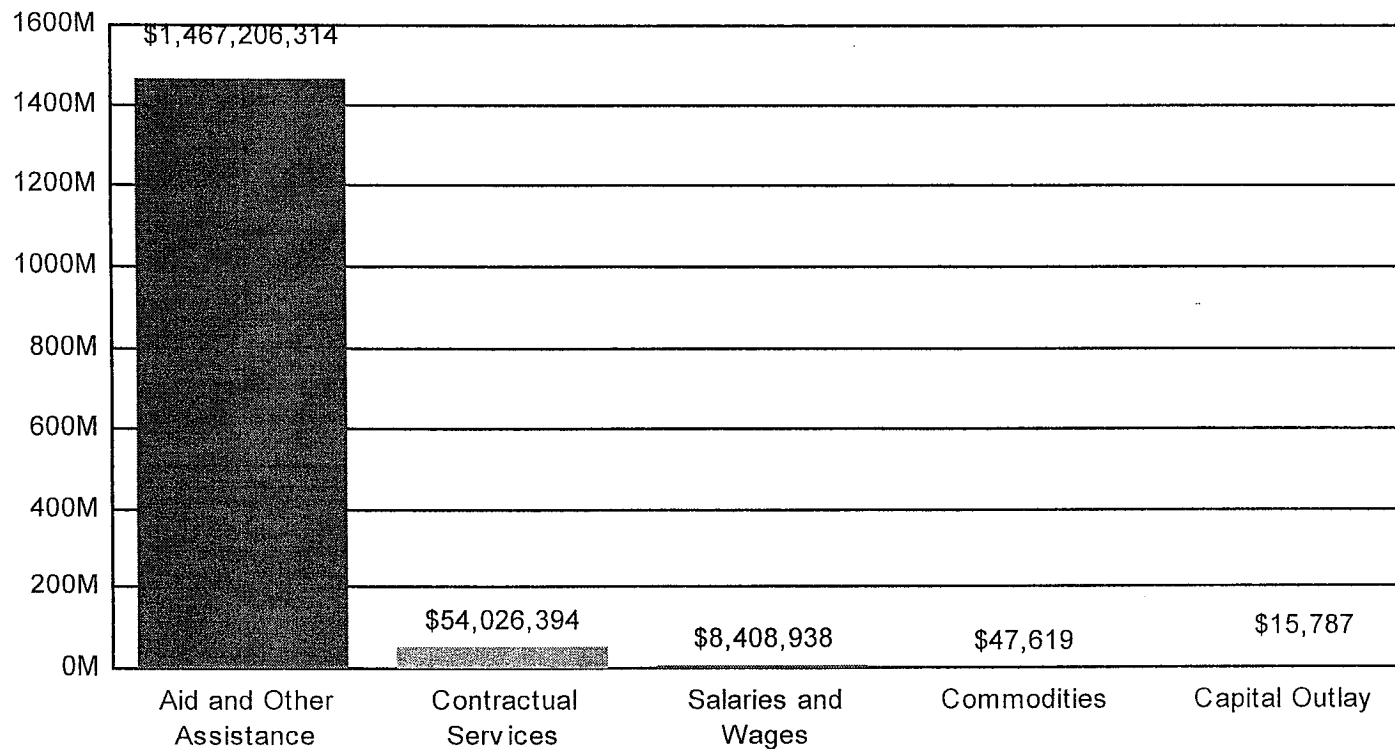
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Budget:

2012 Health Care Finance Budget

Budget by Expenditure Type



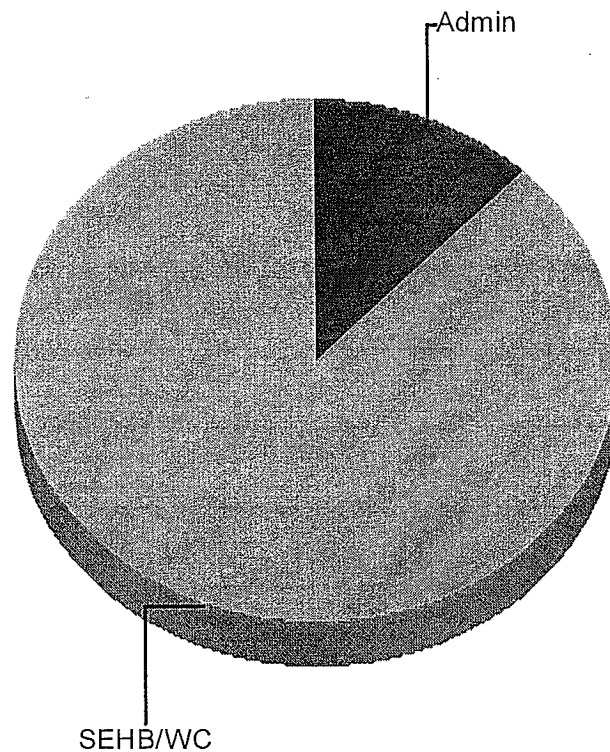
Total Health Care Finance Request: \$1,529,705,052

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Off-Budget: 2012 Health Care Finance Budget

Expenditures by Program



Admin	\$1,841,412	12.3%
SEHB/WC	\$13,188,491	87.7%
Total:	\$15,029,903	100.0%

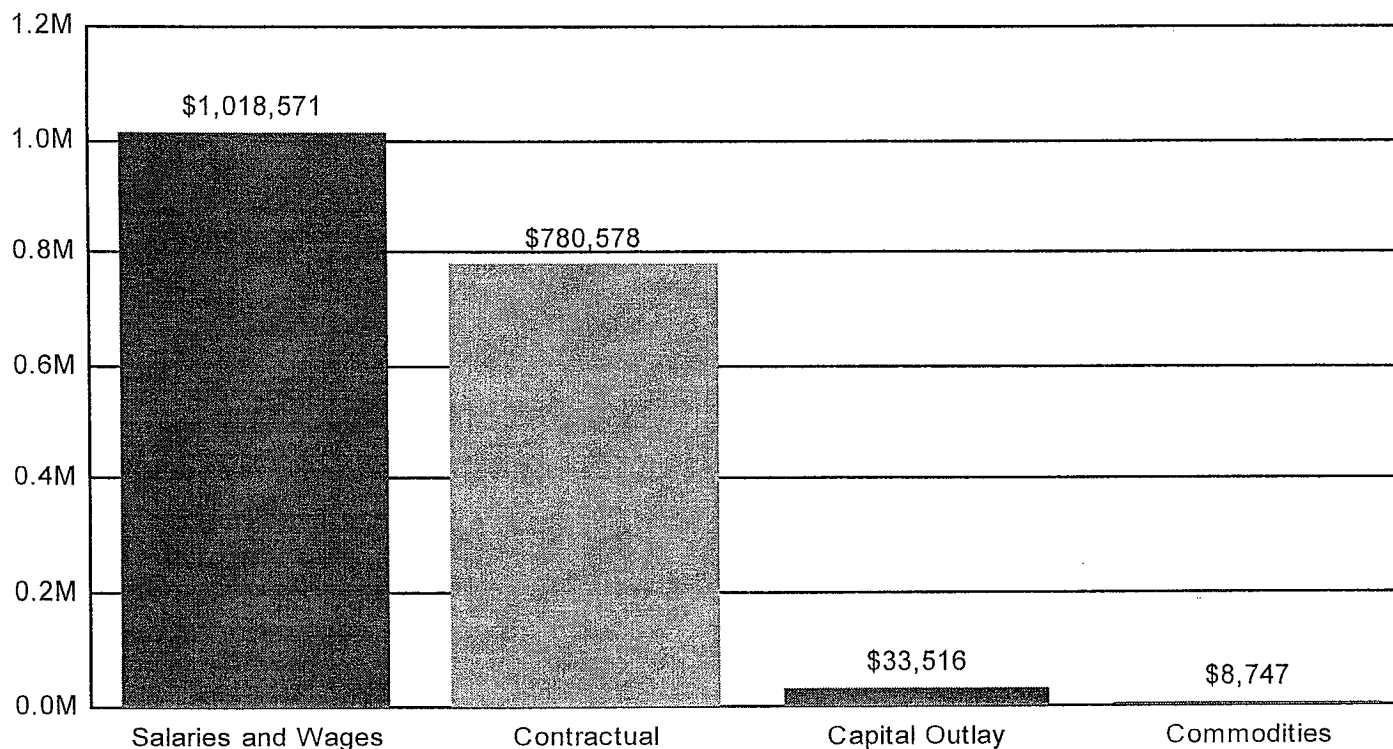
Total Health Care Finance Off-Budget Request: \$15,029,903

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Off-Budget: Administration 2012 Health Care Finance Budget

Off-Budget by Expenditure Type



Total Health Care Finance Admin Off-Budget Request: \$1,841,412

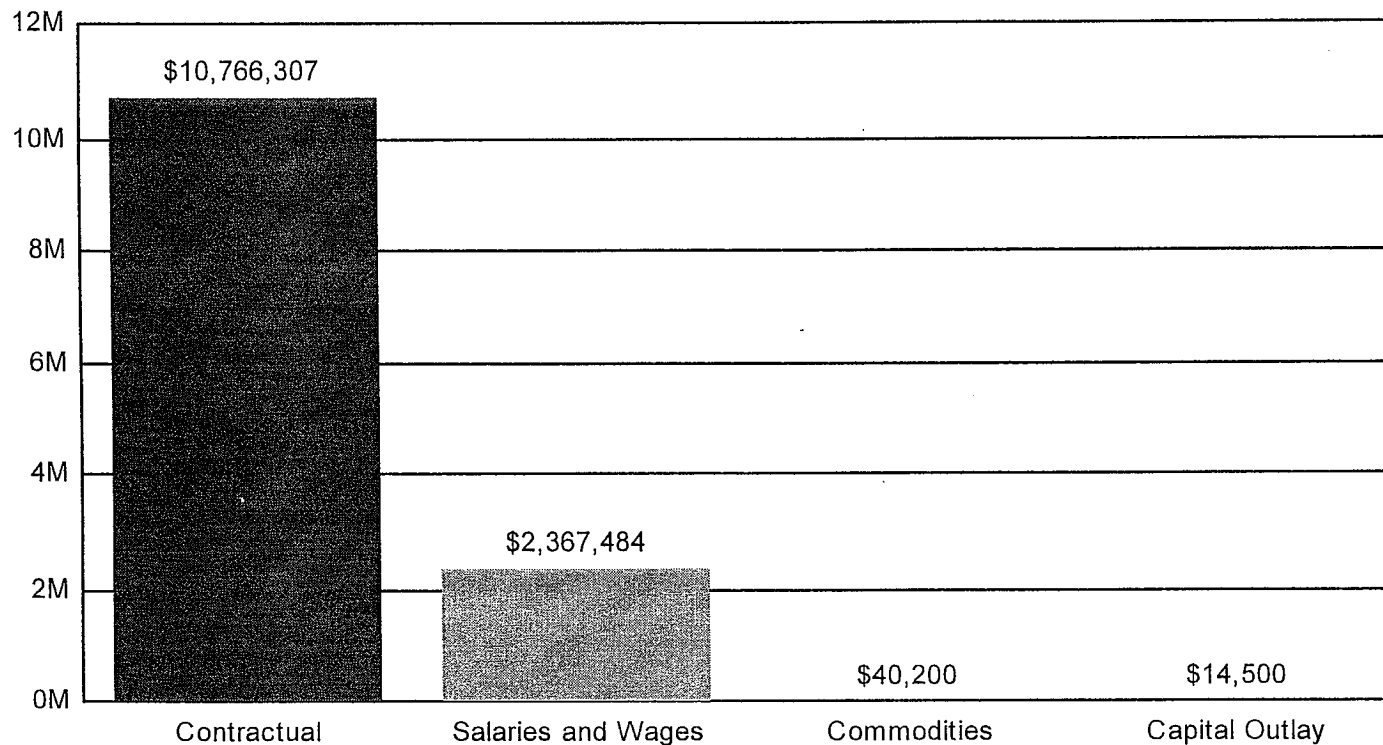
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12-19

Off-Budget: SEHB/WC 2012 Health Care Finance Budget

Off-Budget by Expenditure Type



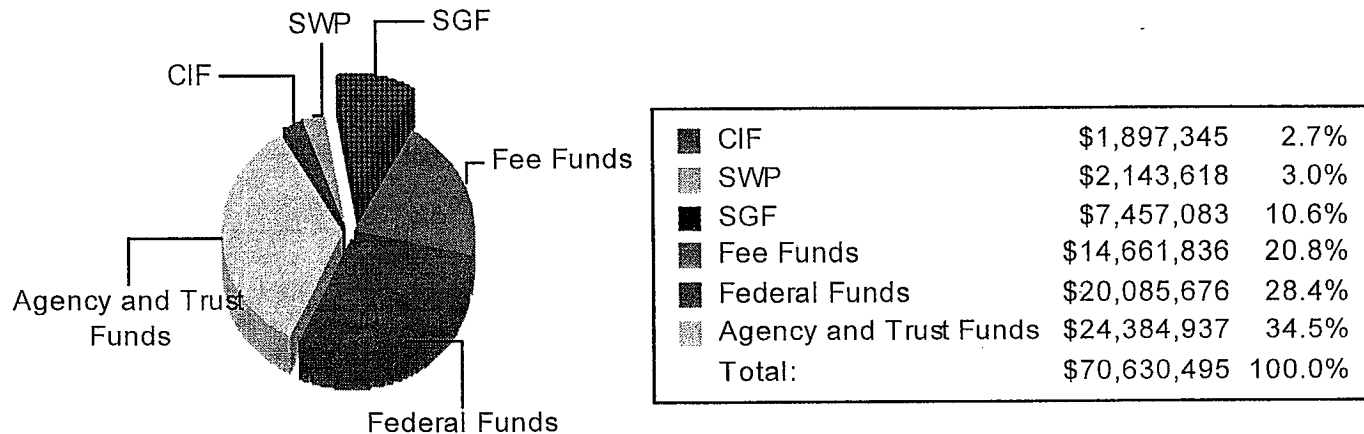
Total Health Care Finance SEHB/WC Off-Budget Request: \$13,188,491

Our Vision – Healthy Kansans living in safe and sustainable environments



Budget: 2012 Environment Budget

Budget by Fund Classification



Total Environment Budget: \$70,630,495

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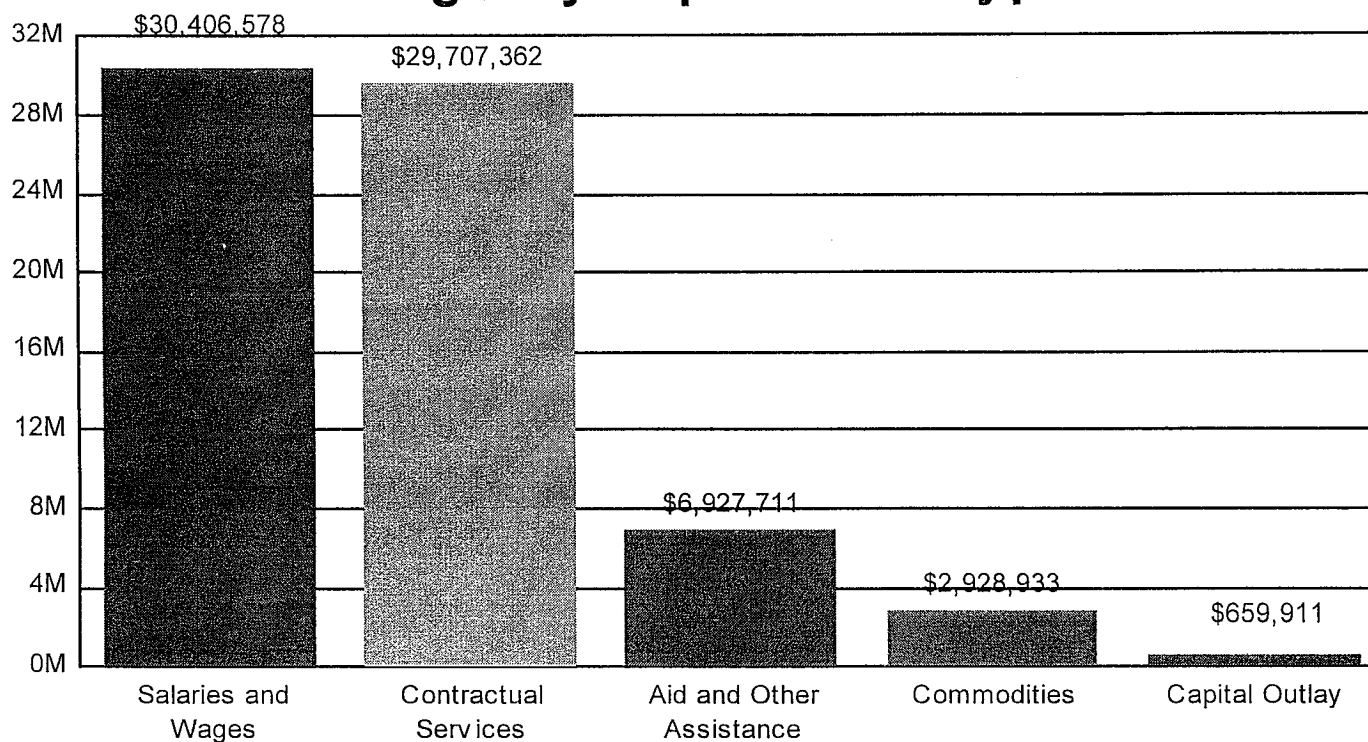


Budget:

2012 Environment Budget

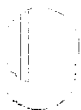
12-21

Budget by Expenditure Type



Total Environment Budget: \$70,630,495

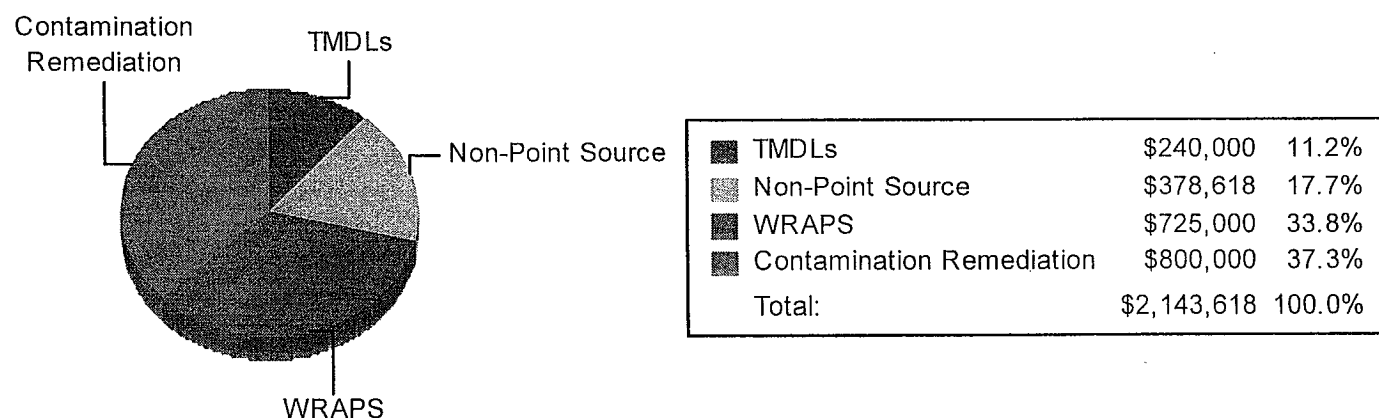
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2-22

Budget: 2012 Environment Budget

State Water Plan Budget by Program



Total State Water Plan Budget : \$2,143,618

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2-22

Administration Staffing

	<u>Approved FTEs</u>
■FY2008	116.45
■FY2009	117.65
■FY2010	100.00
■FY2011	93.00
■FY2012*	105.34

*Includes Gov. rec. reduction of 5.00 FTE from KDHE
and transfer of 17.34 FTE from KHPA

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2-24

Division of Public Health Staffing

	<u>Approved FTEs</u>
■FY2008	307.75
■FY2009	290.25
■FY2010	265.63
■FY2011	265.63
■FY2012	259.63

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2-24

Division of Health Care Finance Staffing

Approved FTEs

■FY2008*	273.03
■FY2009*	278.15
■FY2010*	284.65
■FY2011*	294.75
■FY2012 **	144.40

*Includes KHPA Administration

** Does not reflect 46.00 FTE included in off-budget

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Division of Health Care Finance

Total Staffing Transfer to KDHE

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Division of Environment Staffing

	<u>Approved FTEs</u>
■FY2008	465.30
■FY2009	475.60
■FY2010	473.35
■FY2011	431.03
■FY2012	421.03

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www.kdheks.gov

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Senate Committee on Public Health and Welfare

Re:SB88

Peter Kimble, ND

I would like to present a brief summary of the changes our bill would make to the scope of practice of naturopathic doctors. Most of these issues are not new since we first introduced legislation in 2002 and last year when we converted registration status to licensure after making some significant concessions. We have been working with our lobbyist, John Federico, since 2009, to make reasonable modifications to the current statute. This year there are three basic changes which we are trying to make in our scope of practice.

First, our bill would no longer require a written protocol from a medical doctor or doctor of osteopathy for the administration of injectable nutritional substances. The new wording would allow naturopathic doctors to perform these protocols independently. There are so few medical doctors familiar with nutritional protocols that this requirement has essentially restricted the number of naturopaths doing injections for the last nine years. Nutritional injection of vitamins and minerals is one of the safest therapies known. The Center for Disease Control (CDC) does not even have any morbidity or mortality figures because there are none for these substances. Insurance companies also consider these protocols low risk. While my malpractice insurance runs about \$1200 per year, doing injections would only raise that several hundred dollars.

Second, our bill would allow the prescribing of bio identical hormones. These are defined as those having the same chemical structure as those produced in the human body. Naturopathic doctors, by their education and training, are uniquely qualified to prescribe these substances. States that license naturopathic doctors, like Arizona, Utah, and Montana, allow some degree of prescribing. This is comparable to dentists, podiatrists, and optometrists having limited prescriptive rights appropriate to their professions.

Third, we should be able to administer vaccinations in office. We do have patients who, for diverse reasons, refuse to see a conventional doctor and would otherwise remain unvaccinated.

This bill does not affect the large majority of patients who never see an alternative practitioner. Patients have a right to choose their health care provider. For those who do choose to see a naturopathic doctor, we would like to be able to use every tool available which is appropriate to our education and training.

Senate Public Health and Welfare

Date 2-14-2011

Attachment 3

Senate Public Health and Welfare Committee

re: SB88

Alicia Johnson, ND

Naturopathic doctors have unique training that allows us to utilize bio-identical hormones to customize treatments for patients who otherwise have nowhere to turn. Because the endocrine system is extremely complex, patients with difficult cases often slip through the cracks. That is when they seek out alternative care. We see these patients every day. We know how to help. If they had responded to the conventional protocol, most of them would never end up in our offices. Then end up there because they can't find help. When the commercially available medications are not sufficient, we are trained to customize dosages utilizing compounding pharmacies. This means that if the available hormone treatments are not perfect, we are able to design one that does work for the patient. We can use safer ingredients at optimized dosages. Further, Naturopaths are uniquely equipped to handle these customized cases because unusual cases are our day to day routine.

As the law stands now, when I have a special hormone case, I must contact the patient's primary care physician to explain the dosing strategy that I am recommending. The primary care doctor must first understand the purpose of customizing a bio-identical hormone formula. Then, they must understand the testing that I performed to arrive at my dose, most of which is not ever a part of their routine work-up. Next, the doctor is expected to write the prescription based on their faith that I have, in fact, formulated an appropriate hormone prescription. The doctor often has to be told how to write the prescription. As the prescribing doctor, they then have to know to appropriately follow up if the patient shows up in their office. Because of all of these factors, many doctors will refuse to write the prescription because they simply are not familiar with all of this.

The next step is to refer to a doctor who does have experience. If there is no insurance, they can expect to pay \$225-600 for the visit to the new doctor. I don't know how many patients slip through the cracks because of the complication, but even one is too many. Many of these patients are already severely discouraged, and this process requires too much follow up. We know that our pharmacology training has taught us how to safely and effectively manage these patients and we should be able to do so in an efficient, sensible fashion.

Hormone prescriptions are not a first line therapy for ND's. As a general rule, we make every effort to address the underlying cause of a condition. When lifestyle measures or nutrient supplementation are sufficient, we will always choose those basic interventions. When hormones are necessary, we want to make sure the patient gets exactly the right formula. As a point of reference, a December 2008 survey of 113 Naturopathic Physicians who are allowed to independently prescribe a wide range of prescription items found that the vast majority wrote less than 10 prescriptions per month. Specifically, hormones for women accounted for the largest drug category of substances prescribed. Approximately 86% of ND's even prescribe drugs with only 18% writing more than 10 prescriptions per month.

We are able to help patients who otherwise have nowhere to turn. We see patients who will have life changing experiences when starting hormone therapy. This is not a therapy that they can simply go to their PCP or OB/GYN to request. The vast majority of primary care doctors and GYN's are only trained to prescribe synthetic, commercially manufactured hormones. There are known serious risks with these prescriptions, but the average doctor has no training in the use of bio-identical hormones. We have that training, and our patients deserve to have access to the care without the confusion and complication of the current system. The primary prescriber should be the practitioner with the most experience and training. In addition to reducing the time the patient spends waiting to initiate care, this ultimately will decrease patient cost, risk, stress.

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Senate Public Health and Welfare Committee

Re:SB88

Mehdi Khosh, ND

Intravenous nutritional therapies deliver vitamins, minerals, amino acids and other micronutrients directly into the blood stream. Using this direct method and bypassing the digestive system allows for a high level of nutrients to be delivered directly to the body's cells. IV therapies can benefit those with disease states that cannot be corrected by diet and/or oral supplements alone.

Naturopathic doctors have trained on the applications and benefits of IV Nutrient Infusion Therapy. This is comprehensive training in a format of lecture and clinical setting experience. Training offers rationale, understanding and competency for IV nutrient therapies and in complications and emergencies within the office setting.

An intravenous vitamin and mineral protocol was developed by Dr. John Myers (called Myers Cocktail) at Johns Hopkins University in Maryland. Building on the work of the late Dr. Myers, Alan Gaby, M.D. developed and improved an intravenous vitamin-and-mineral formula for the treatment of a wide range of clinical conditions. The modified intravenous vitamin-and-mineral formula, which consists of magnesium, calcium, B vitamins, and vitamin C, has been found to be effective treatment for a wide variety of clinical conditions.

Over an 11-year period, approximately 15,000 infusions were administered in Dr. Gaby's outpatient setting to an estimated 800-1,000 different patients. Conditions that frequently responded included asthma

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attacks, acute migraines, fatigue (including chronic fatigue syndrome), fibromyalgia, acute muscle spasm, upper respiratory tract infections, chronic sinusitis, and seasonal allergic rhinitis. A small number of patients with congestive heart failure, angina, chronic urticaria, hyperthyroidism, dysmenorrhea, or other conditions were also treated with the Myers' protocol and most showed marked improvement. Many relatively healthy patients chose to receive periodic infusions because it enhanced their overall well-being for periods of a week to several months. Dr. Gaby, M.D. documented no minor or major adverse reactions with 15,000 infusions in more than 11-years

Dr. Buscher, M.D. has been using this modified form of an intravenous vitamin-and-mineral for over 30 years now and getting similar positive clinical outcomes, the only adverse reactions noticed were patients feeling warmth (only a few over 30 years of using IV nutrition)

Finally, I have been using a wide range of intravenous vitamin-and-mineral since 2001 with positive clinical result without any adverse effects. Please note that IV treatments do not take the place of having a primary care doctor.

Senate Public Health and Welfare Committee

RE: SB 88

Lori Blankinship, ND

Naturopathic Medical Education - Accreditation

Length of study - 4 -5 years

4,620 total clock hours (similar to MD and DO in basic and clinical science)

- The AANMC (American Association of Naturopathic Medical Colleges) recognizes the following accrediting institutions (Portland, OR; Seattle, WA; Tempe, AZ; Chicago, IL; Univ. of Bridgeport, CT)
- **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 – North Central for the Midwest – same as KU, UMKC, etc..
- **Programmatic accreditation is issued by the Council on Naturopathic Medical Education (CNME).** - covers the curriculum
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

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.

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)**.

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The AANMC offers membership to represent the accredited schools, however proper accreditation is a requirement for all member schools.

*Excerpts from Council on Naturopathic Medical Education
Handbook of Accreditation 2007 Edition (pages 45 – 48)*

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 (**70-75 didactic hours with medical board exam**) and Pharmacognosy (the study of plants as medicine).

Courses in the history, philosophy, and principles of naturopathic medicine are offered in the curriculum.

CLINICAL EDUCATION - 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.

- **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. These subjects are taught in the:
- **Diagnostic courses**-physical, clinical, laboratory, diagnostic imaging, and differential diagnosis.
- **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.
- **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

CLINICAL REQUIREMENTS

- Preceptor 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.
- 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.
- The clinical education program provides each student with:
 - 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;
 - A clinical experience that integrates naturopathic principles into every clinical interaction;
 - The attitudes and behaviors necessary to establish effective professional relationships with patients, faculty, colleagues, other professionals and the public;
 - The opportunity to treat patients of all ages, and to treat a wide variety of conditions;
 - A firm understanding of medical ethics, cultural and gender sensitivity issues, and the medical consequences of common societal problems;
 - 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
 - A thorough knowledge of practice management principles.

Nutrition is the cornerstone of good health. Knowledge of all forms of nutrition (oral, intramuscular, intravenous) and the diseases that ensue from lack of, or the restored health as a result of medical intervention; by providing these forms of nutrition, is the foundation of naturopathic medical education.

Listed below are highlights of the education provided for intramuscular, subcutaneous and intravenous therapeutic nutrition:

- Laboratory test considerations
- Osmolarity, drip rate/calculations, pH, contraindications and safety considerations
- Emergency protocol, sterile technique, use of oxygen, incident and accident reporting
- Parenteral vitamins and minerals; documenting IV treatment, equip & placement of IV
- Prevention of intravascular device related infections
- Types of injections and needle insertion
- Vitamin effects on lab tests

It is specific to Naturopathic training to know what/how/when/why for nutritional intravenous and intramuscular nutrition therapy. This includes but is not limited to: proper forms of nutritional vitamins and minerals, routes of administration; adverse reactions; cautions with storage; possible interactions and patient monitoring.

Senate Public Health and Welfare Committee

Re: SB88

Sarah Lee

My name is Sarah Lee and I am writing to give a testimony of the ways in which naturopathic medicine and bio identical hormone therapy have been beneficial for my health. I came to Dr. Alicia Johnson in December of 2009 as a new patient seeking treatment for extreme fatigue. I spent most of 2009 battling frequent episodes of illness and exhaustion that ranged from days to weeks in length. As a full time college student with a part time job these episodes quickly began to make the demands of my daily life seem impossible. As the year went on my fatigue worsened and both my grades and work performance began to gradually decline. The worry and anxiety caused by my growing inability to keep up with my daily routine only worsened my fatigue and increased the frequency with which I was ill.

I sought out a naturopathic doctor because I have many close personal friends and family members who have experienced good results and significant health improvement through this type of care. I also wanted to take a more natural approach to treating this issue because throughout my life I have not had much success with conventional medical treatment. I have had a number of adverse reactions to both prescription and over the counter medications such as antibiotics, birth control pills, pain medications, and most common allergy and cold medicines as well. My personal experience has been that of a list of given side effects I almost always experience at least one or two. I very much wanted to avoid that and try to help my body recover without causing a reaction that may worsen my fatigue and cause more stress on my body.

When I began my treatment with Dr. Johnson she confirmed that I was suffering

Senate Public Health and Welfare Committee

Re: SB88

Sarah Lee

from extreme chronic fatigue and a severely stressed immune system. I began a course of treatment that involved significant dietary and lifestyle modification and she began to investigate what the underlying cause was for my fatigue.

Part of the reason my fatigue became so severe before I sought treatment is because I am uninsured and have to pay 100% out of pocket for my care. With school and work both money and time are in short supply. The initial treatment plan that Dr. Johnson gave me helped significantly. I was not getting sick nearly as often, but my energy level still was not returning to normal. Dr. Johnson wanted me to have lab work done to check my thyroid function. She was able to put me in contact with a lab facility that works with uninsured patients and they were able to save me about seven hundred dollars on my lab work.

When my tests came back she saw that I had very low vitamin B12 levels and low thyroid function. We discussed doing prescription strength B12 and a low dose of a custom formulated bio identical thyroid medication. She knew of my history with medication sensitivity and explained to me that this prescription would be just like the thyroid hormone that my body makes naturally and would not cause the side effects that other synthetic drugs would. She also explained that since it could be custom made that the dose could be adjusted to exactly what I needed based on my results. I was excited about finding some solutions for my fatigue but here I ran into another issue. Dr. Johnson was not able to prescribe these two medications to me because KS state laws do not allow naturopathic physicians to prescribe. Luckily she was able to refer me to another physician, an MD by the name of Dr. Suzanne Rowden whom she thought would be willing to prescribe these medications. I made an

Senate Public Health and Welfare Committee

Re: SB88

Sarah Lee

appointment with Dr. Rowden and after discussing my entire case history with her and giving her detailed background on my treatment with Dr. Johnson she agreed that this was the best course of action. She agreed with Dr. Johnson's recommendations and wrote me the two prescriptions.

Once I started the bio identical thyroid medication the difference in my energy was dramatic. I had basically forgotten what it was like to wake up not feeling like getting out of bed was an impossible feat. Within just a few days of starting the thyroid prescription I had enough energy not only to go to work and school but also to start exercising, something I had not had the strength or energy to do for quite some time. I was of course incredibly happy and excited.

The point of my testimony is this. I found a solution through my treatment with Dr. Johnson and yet I had to see an entirely new doctor which cost me an additional three to four hundred dollars in office visits and missed time from work. Dr. Rowden is a wonderful doctor and I have no complaints about my experience with her. My point is that it was a \$300-\$400 dollar expense that could have been avoided if Dr. Johnson had been able to prescribe to me what she already knew was the best option for me. It is my sincerest hope that policies will change in the near future so that future patients can avoid these types of unnecessary costs.

Senate Committee on Public Health and Welfare

Re:SB88

Robert Reeves

Good Afternoon Senators,

My name is Robert Reeves. Several year ago I was diagnosed with Lyme disease by Dr. Douglas Brooks. After years of taking various antibiotics to combat the Lyme disease, I consulted a Lyme Disease Specialist, who diagnosed me with another tick-borne infection called Bartonella. I was treated for both Lyme disease and Bartonella with a combination of oral antibiotics and other dietary supplements.

The antibiotics and dietary supplements have done little to improve my medical condition, which includes symptoms such as poor blood flow to me extremities, aching joints, severe fatigue, insomnia, short term memory issues and GI issues. I saw that my condition was deteriorating, so I went to Dr. Khosh in the hopes that a holistic approach might help where traditional medicine did not seem to be working. Dr. Khosh discussed the option of intravenous vitamin C. I consulted Dr. Brooks, and he said that he thought this would be good next step rather than doing something drastic like intravenous vancomycin.

Last September, I began a weekly regimen of intravenous vitamin C. Since that time, I have seen improvements in my overall health and am beginning to realize tangible improvement to the symptoms I have already mentioned. I have also received unsolicited comments from both family and coworkers regarding the improvements they have witnessed, which further confirms to me that the intravenous vitamin C treatments are working.

Currently, my only option to receive intravenous vitamin C treatments is to drive to a clinic in Corporate Woods. The treatments only last about 45 minutes, but the drive from my office in Topeka to the clinic can take anywhere from an hour and 15 minutes to 2 hours depending on road conditions and traffic. I typically leave work around 2:00 pm once a week just to make it to the clinic in time for the last available appointment slot. I am fortunate to have an employer that allows me to leave work so frequently for these treatments, but long term this seems unsustainable. Therefore, it would be a tremendous help to me if I could receive these treatments at Dr. Khosh's clinic in Lawrence. It would reduce the amount of work I miss each week as well as the amount of miles I put on my car and the money I spend for gas to make these weekly trips.

I thank you for your time, and your consideration in this matter. I hope that very soon Dr. Khosh will be able to administer intravenous vitamin C treatments in his clinic in Lawrence.

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Senate Committee on Public Health And Welfare

Re:SB88

Ruth Redenbaugh
4315 Francis Street
Kansas City, KS 66103

February 9, 2011

I simply cannot understand why the USA would restrict care provided by a Naturopathic Doctor. Please allow ND the full scope of practice based on education and training. To support my request, the following letter describing the superb care I receive from Dr. Lori Blankinship, ND.

Dear Dr. Blankinship,

Your thorough and thoughtful approach impressed me when I first met you. You volunteered your time to present healthy options at a community event. Later when I suddenly became ill, I appreciated your approach to my total health. As a Naturopathic Doctor, in addition to addressing my immediate issue of bronchitis, you also took the time to probe my medical history and help me identify underlying long term contributors to illness. Then you confirmed the diagnosis with extensive testing like x-rays and lab work.

Your follow up is impressive. Like none I have ever experienced. You contacted me within a day of my visits and at regular intervals to confirm how I was feeling and that I completely understood your instructions. When bronchitis worsened, you even visited my home to check my blood sugar and blood pressure. Never in my long life have I ever had a home visit by a doctor. I attribute your care to preventing my condition from worsening and going into pneumonia.

Besides your personal care, I appreciate your broad knowledge of simple and effective approaches such as vitamins, diet, herbal combinations, and home remedies. Thank you for your detailed instructions that allowed me to take an active role in improving my health. You caused me to exam my daily habits and got me where I live when you prescribed going to bed by 10 PM and eliminating caffeine. I even learned to like that herbal tea that I nick named dirt tea.

Thank you so much for your exemplary care. Best wishes for continued success and contribution to our community.

Sincerely,
Ruth Redenbaugh

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Date 2-14-2011
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To: Senate Public Health and Welfare Committee

From: Jerry Slaughter
Executive Director

Date: February 14, 2011

Subject: SB 88; Concerning naturopathy

The Kansas Medical Society appreciates the opportunity to appear to today in opposition to SB 88, which would make several amendments to the statutes which govern the licensure of naturopathic doctors in Kansas. SB 88 would:

- eliminate the requirement that naturopathic doctors must have a written protocol with a physician (MD or DO) in order to administer approved substances through injection or intravenously;
- eliminate the clear and explicit prohibition on prescribing "prescription-only" drugs; and
- authorize naturopaths to provide immunizations, presumably to children as well as adults.

The provision of health care in this country involves a wide spectrum 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 how broad to authorize the scope of practice of 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 granting of practice privileges of health care professions. State recognition and approval of a group's scope of practice is in essence 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 very mixed message to the public.

Naturopaths were first regulated by the state of Kansas in 2002, when they were required to register with the Board of Healing Arts. Currently there are 17 naturopaths licensed to practice in our state, and Kansas is one of only fifteen states, plus the District of

Columbia, that authorizes the practice of naturopathy. Last year the legislature changed their method of regulation from registration to licensure, but their scope of practice remained the same.

Much as they did in 2002 and 2010, the naturopaths have introduced legislation this year which goes well beyond what we believe their education and training would justify. In previous years they sought legislative approval to allow them to perform minor surgery, 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. They have not included school health assessments and the prescribing of controlled substances in this year's bill, but a clear reading of earlier bills they have sponsored would seem to signal their ultimate intentions in that regard.

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 medicines, nutritional counseling, homeopathy, acupuncture, massage and manipulative bodywork, and sometimes physical modalities such as hydrotherapy, and air and light therapy. Yet, although there are some contradictions in the bill's language, the legislation before you would appear to allow naturopaths to prescribe what is commonly understood to be "prescription" drugs, which in addition to being beyond their training, would also seem to be somewhat inconsistent with their core system beliefs of "natural" means of healing.

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 that they should be specific and clear about what is, and is not authorized. Since naturopathy is still an 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, and whether there is indeed a demonstrated 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, and those that preceded it, 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. Claims that a naturopathic education is comparable to that received by a physician (MD or DO) are just not supported by the evidence. The greatest difference appears in the clinical experience of students. Naturopathic doctors typically have about 2600 hours of clinical exposure and training, in contrast to about 15,000 supervised clinical hours for a family practice physician, for example.

In addition, naturopathic clinical training, which focuses on promoting wellness and self-healing, is much less intense than that received by physicians. Because naturopathic clinical experience is conducted largely in outpatient clinics and not in hospitals, students just do not have the exposure to the wide range of diseases and disorders that MDs and DOs see in their hospital-based residency programs.

At the present time we see no compelling reason to expand the scope of practice of naturopaths. For example, under current law a naturopath can perform intravenous therapy when done within the context of a written protocol with a physician (see attached regulation K.A.R. 100-72-9). This was done to allow naturopaths to work with traditional physicians in an "integrative practice" model that provides good protection for the public. We believe this model is working well, and see no reason to eliminate the requirement of collaborative practice, particularly when potentially dangerous procedures are performed.

Another example is that the bill would authorize the prescription and administration of "bioidentical hormones". Bioidentical hormone therapy is often called "natural hormone therapy" because bioidentical hormones act in the body just like the hormones we produce. They are hormones that are identical in molecular structure to the hormones made in your body. However, they are not found in this form in nature, but are made, or synthesized, from certain plant chemicals. Any product whose principal ingredient has an animal, plant, or mineral source is technically "natural". It doesn't matter whether the substance is ground, put into capsules, gels or creams and sold over the counter — or extracted in a laboratory, manufactured by a pharmaceutical company, and made available only by prescription. For example, the soy plant is the source of some FDA-approved, prescription-only "bioidentical" hormones. This bill would allow naturopaths to prescribe what is today a "prescription-only" drug under our pharmacy laws, which starts us down a path of blurring the distinction between truly prescription-only drugs, and those that can be "prescribed" by naturopaths.

Another over-arching concern we have with this legislation is that it creates a double standard of care. In earlier legislative attempts the naturopaths have described

themselves to be "primary care physicians". Although Kansas law does not permit them to use the term "physician," they have nevertheless portrayed themselves as being the equivalent of a family physician or other physician in a primary care specialty. There simply cannot be one standard for one type of "primary care physician" and a different one for another. There must be a single standard, and it must be based on rational decision-making informed by science, clinical research and evidence-based medicine. There cannot be two ways to obtain a license to practice medicine – one through an accredited MD or DO medical school, and the other through the legislature. Even the most rigorous regulation of unproven health care practices will not somehow transform those practices into sound, evidence-based medicine. The very reason all states over the years adopted and maintained stringent regulatory schemes for the various health care professions was to protect the public from practitioners providing services beyond their training, and from providing unproven therapies.

We have met with the naturopaths several times over the years to discuss their legal status and scope of practice. We have consistently stated that we would not oppose legal recognition for them, and we have supported a reasonable and flexible scope of practice that includes appropriate safeguards, including working with licensed physicians in a protocol arrangement. However, from our review of the available information, we do not believe their training programs yet contain nearly enough depth, breadth and clinical exposure to warrant the scope of practice expansion they seek in SB 88.

Because of the reasons stated above, we cannot support this legislation, and we would urge that you not recommend it favorably for passage. Thank you for considering our comments.

K.A.R. 100-72-9. Written protocol. (a) Each physician entering into a written protocol with a registered naturopathic doctor shall be licensed to practice medicine and surgery in the state of Kansas and shall provide a copy of the protocol to the board within 10 days of entering into the protocol.

(b) Each written protocol between a physician and a naturopathic doctor shall contain the following information:

- (1) The date on which the protocol was signed and the signatures of the physician and the naturopathic doctor;
 - (2) the license number of the physician and the registration number of the naturopathic doctor;
 - (3) the names of the drugs and substances from the naturopathic formulary, which is specified in K.A.R. 100-72-8, that the naturopathic doctor will be allowed to administer and the method of administration of each drug and substance;
 - (4) the usage and dosage authorized for each drug and substance;
 - (5) any warning or precaution associated with the administration of each drug and substance;
 - (6) a statement that a current copy of the protocol will be maintained at each practice location of the physician and the naturopathic doctor and that any change made to the protocol will be provided to the board within 10 days of making the change;
 - (7) a statement that the physician is professionally competent to order each drug and substance that the protocol authorizes the naturopathic doctor to administer and that treating the conditions identified in the protocol is within the lawful and customary practice of the physician;
 - (8) a statement that the authority to administer any drug or substance intravenously is limited to times when the physician either is physically present in the same building or can be present within five minutes at the location where the service is performed;
 - (9) the identification of any task or service that the physician delegates to any unlicensed person working with the naturopathic doctor;
 - (10) a statement that emergency procedures have been established by the physician and adopted by the naturopathic doctor to protect the patient in the absence of the physician and that the naturopathic doctor is competent to carry out those emergency procedures; and
 - (11) any conditions imposed by the physician on the naturopathic doctor before the administration of any of the drugs and substances listed in the protocol.
- (c) Each written protocol shall be reviewed by the physician and naturopathic doctor at least annually, and each review shall be signed and dated on the current copy of the protocol. (Authorized by K.S.A. 65-7203; implementing K.S.A. 65-7202; effective Nov. 19, 2004.)



TESTIMONY

Senate Public Health and Welfare Committee SB 88

My name is Bob Williams, Executive Director of the Kansas Association of Osteopathic Medicine. Thank you for this opportunity to address the committee regarding SB 88.

The Kansas Association of Osteopathic Medicine is in opposition to SB 88. SB 88 substantially expands the scope of practice for Naturopaths and eliminates the provision for a protocol with a physician.

In recent years, many mid-level practitioners have pushed to expand their scope of practice. The public is becoming increasingly confused regarding who can provide what type of care. Additionally, KAOM believes there is an underlying assumption by patients that a physician is working hand-in-hand with mid-level practitioners.

Of particular concern to the Kansas Association of Osteopathic Medicine is the elimination of the written protocol between physicians and naturopaths. With all due respect to naturopaths, their education and training does not equal or come close to that of physicians. By removing the required protocol with a physician, physicians are removed from the patient care loop, continuity of care is disrupted, and an important safe guard is eliminated.

KAOM encourages you to vote against passage of SB 88.

Thank you.



KANSAS ACADEMY OF FAMILY PHYSICIANS CARING FOR KANSANS

Written Testimony: Senate Bill 88
Senate Public Health & Welfare, February 14, 2011
By: Carolyn Gaughan, CAE, Executive Director

Chairman Schmidt and committee members:

Thank you for the opportunity to submit written comments on behalf of the Kansas Academy of Family Physicians **opposing Senate Bill 88**. The bill deals with prescriptive authority of Naturopaths, significantly expanding that authority. It would allow Naturopaths to inject prescription and non-prescription substances on the naturopathic formulary which are authorized for intramuscular or intravenous administration without a written protocol with a physician. It would allow Naturopaths to administer oxygen, epinephrine, homeopathics, vitamins, minerals and items on the naturopathic formulary for intravenous, intramuscular or subcutaneous administration. In addition, it would allow naturopaths to administer immunizations and provide topical bio-identical hormones including prescription only drugs but excluding prescription analgesics, antiseptics, scabicides, antifungals or antibacterials.

These are significant expansions of the scope of practice for Naturopaths. We believe this expansion of prescriptive authority goes far beyond what their clinical education and training supports. Compared to medical school and residency training, a naturopathic education consists of relatively few contact hours of study on pharmacological treatment of disease, and provides virtually no clinical reinforcement of pharmaceutical intervention on patients during clinical rotations or optional post-graduate training.¹ Most drugs are considered toxic by naturopaths, so alternative treatments are instead prescribed. One important component to consider in the debate over naturopath licensure is whether a practitioner with such limited exposure to pharmaceuticals can appropriately treat patients who take prescription medicines regularly or who would likely benefit from pharmacological intervention. When faced with the claims of naturopaths that the rigors of their education and licensing exams parallel those of physicians, legislators should recognize that graduates of campus-based, four-year naturopathic programs who have passed a standardized examination may demonstrate *consistency* from one naturopathic practitioner to the next. But that says nothing about the *validity* of their practice, which can be determined only by reference to the laws of science or nature, and by rigorous testing of biologically plausible claims.² By failing to rigorously study all the treatments they provide, naturopaths may place patients' safety at risk.

The contrast in training and clinical hours may be further illustrated with specifics comparing family physicians' training and that of Naturopaths. Family physicians complete a comprehensive educational curriculum of four years of medical school leading to a DO or MD degree which is followed by advanced postgraduate clinical

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training in a three year residency. Naturopaths' post-graduate training does not include a residency requirement, and further, includes far fewer lecture and clinical hours. When totaled and compared in head to head comparisons, family physicians' training and clinical hours total over 15,100 hours more than that of naturopaths.³

Because naturopathy uses healing modalities from a wide variety of areas, few studies have been published that evaluate the use of naturopathy for any specific disease. Evidence for the use of naturopathic techniques often comes from the study of more specific complementary therapies. There are currently four schools of naturopathy in the United States. Individuals study many of the same topics taught in allopathic or osteopathic medical schools. However, instead of pharmacology, students take courses in natural therapies.⁴

Although the most visible professional organizations of naturopaths do not provide a formal definition of naturopathy, Webster's dictionary defines naturopathy as a system of treatment of disease **that avoids drugs** and surgery, and emphasizes the use of natural agents (such as air, water and herbs) and physical means (such as tissue manipulation and electrotherapy).⁵

Since much of naturopathy's emphasis is on avoiding drugs, since the total post-college training and clinical study hours for Naturopaths are far lower than for MD's or DO's, since Naturopaths' training on pharmacological treatment of disease has relatively few contact hours of study, and provides virtually no clinical reinforcement of pharmaceutical intervention on patients during clinical rotations or optional post-graduate training, KAFP opposes SB 88. We are concerned about patient safety and quality of care. For all these reasons, we urge you to not adopt SB 88.

Thank you again for the opportunity to provide written comment. Please let me know if you have any questions.

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Education and Training: Family Physicians versus Naturopaths

Naturopaths—also known as “Doctors of Naturopathy,” “Doctors of Natural Medicine,” “Naturopathic Physicians,” and the like—receive their education typically through a four-year degree program that confers a Doctorate in Naturopathy (ND) or Doctorate in Naturopathic Medicine (NMD). Currently, there are four institutions in the United States— Bastyr University, National College of Natural Medicine, Southwest College of Naturopathic Medicine, and the University of Bridgeport—accredited by the Council on Naturopathic Medical Education (CNME), the only accrediting organization recognized by the US Department of Education. Naturopathic medicine schools do not require students to satisfactorily pass an entrance exam, such as the Medical College Admissions Test (MCAT) or Graduate Record Examination (GRE). CNME requires the course of study provided at these institutions be at 4,100 total clock hours in length.

This figure includes clinical education clock hours beginning in the third year of naturopathic study. At least 1,200 clinical clock hours are required, 60 percent of which (720) hours must be in direct patient care. Graduates of naturopathic degree programs are not required to undergo post-graduate training, like the residency required of medical school graduates. Optional 1 year programs are offered by some institutions. The University of Bridgeport, for example, offers a program that includes from 535 to 1,035 total hours of direct patient contact and didactic learning.

Family Physicians receive their education typically through a four-year degree program at one of the 130 accredited medical schools in the United States. Students must pass the Medical College Admissions Test for entrance into medical school. In 2005, the average score of matriculants was 30.2 of a possible 45. Medical students spend nearly 9,000 hours in lectures, clinical study, lab and direct patient care. The overall training process begins with medical school and continues through residency. During their time in medical school, students take two “step” exams, called the United States Medical Licensing Examination (USMLE), and must take core clerkships, or periods of clinical instruction. Passing both exams and the clerkships grants students the Medical Doctor (MD) degree, which entitles them to start full clinical training in a residency program. Family medicine residency programs, which are accredited by the Accreditation Council for Graduate Medical Education (ACGME), require three years of training. As with other specialties, family medicine residency programs have specific requirements with certain numbers of hours that must be completed for board certification. They are designed to provide integrated experiences in ambulatory, community and inpatient environments during three years of concentrated study and hands-on training.

The first year of residency, called the internship year, is when the final “step” of the USMLE (Step 3 exam) is taken. During their three years of training, residents must meet the program requirements for both residency education in family medicine and certification by the American Board of Family Medicine (ABFM). Specific requirements for family medicine residency training vary by program. After three “program years” of training are completed and all requirements are met, residents are eligible to take the certification exam by the ABFM. Toward the end of residency, physicians also apply for licensure from their state medical boards, which determines where they can practice as a board-certified family physician. Although each state is different in their requirements for initial medical licensure, it is a necessity that physicians pass Step 3 of the USMLE.

The below tables offer a side-by-side comparison of the education and training involved in becoming a family physician versus the requirements to become a naturopath.

Degrees Required and Time to Completion

	Undergraduate Degree	Entrance Exam	School	Residency	Residency Completion Time
Family Physician (MD or DO)	Standard 4-year BA/BS	Medical College Admissions Test (MCAT)	4 years	REQUIRED	3 years
Naturopath (ND or NMD)	Standard 4-year BA/BS	None Required	4 years	OPTIONAL	1 year

Medical / Professional School and Residency / Post-Graduate Hours for Completion

	Lecture Hours (Pre-Clinical Years)	Study Hours (Pre-Clinical Years)	Combined ** Hours (Clinical Years)	Residency Hours	Total Hours
Family Physician	2,700	3,000	6,000	9,000 – 10,000	20,700 – 21,700
Naturopath***	1,500	1,665	2,600	535 – 1,035	5,505 – 6,485
DIFFERENCE	1,200	1,335	3,400	8,465 – 8,965	15,195 – 15,215

* Council on Naturopathic Medical Education CNME standards were used for this comparison

** Clinical and lecture hours

*** Naturopath "Lecture Hours" and "Combined Hours" are averaged across publicly-available curricula advertised on the web sites of the four CNME-accredited institutions of naturopathic study (Bastyr University, National College of Natural Medicine, Southwest College of Naturopathic Medicine, and the University of Bridgeport.)

By Greg Martin, Manager, State Government Affairs, AAFP

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Public Health and Welfare
February 14, 2011
Testimony in Support of Senate Bill 134
Mary Blubaugh MSN, R.N.
Executive Administrator

Good Afternoon Chair Schmidt and Members of the Public Health and Welfare Committee. My name is Mary Blubaugh, Executive Administrator for the Kansas State Board of Nursing. I am here to provide testimony in support of SB 134.

The National Council of State Boards of Nursing (NCSBN) is a not-for-profit organization whose purpose is to provide an organization through which boards of nursing act and counsel together on matters of common interest and concern affecting the public health, safety and welfare, including the development of licensing examinations in nursing. NCSBN has 60 Member Boards which is comprised of boards of nursing in all fifty states and U.S. territories.

In 2003, the NCSBN Advance Practice Registered Nurse (APRN) committee began a draft APRN vision paper in an attempt to resolve APRN regulatory concerns such as the proliferation of APRN subspecialty areas. The purpose of the APRN Vision Paper was to provide direction to boards of nursing regarding APRN regulation for the next 8-10 years by identifying an ideal future APRN regulatory model. The draft vision paper was completed in 2006 and the paper was disseminated to boards of nursing and APRN stakeholders for feedback. The APRN committee reviewed the large response from boards of nursing and APRN stakeholders. During this time the Advanced Practice Nurse (APN) Consensus Group (which was composed of designees from 23 organizations with broad representation of APNs) was working to develop consensus on the issues surrounding APRN education, practice, accreditation, certification, and licensure, and to create a future consensus-based model for APRN regulation. In April, 2006, the NCSBN APRN committee met with the APRN Consensus Work Group to discuss the NCSBN draft vision paper. After this meeting in which information was provided and shared, both groups agreed to continue to dialogue. Both groups continued their work on their respective vision paper but concerns were raised that it was important that each groups work not conflict with the others work. Due to this concern a subcommittee (APRN Joint Dialogue Group) was established with 7 members of each group. This group first met in January 2007 and discussion of agreement and disagreement was held. It was determined that instead of two papers, that one joint paper would be developed which would reflect the work of both groups. The product of these two groups is the Consensus Model for APRN regulation. While these groups began work independent of each other, the outcome has been unanimous agreement on most of the recommendations. When a unanimous agreement was not met, a 66% of majority was used to determine the final recommendation.

The Consensus Model defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation. The APRN Model of Regulation described will be the model of the future. Advanced practice registered nurses are licensed independent practitioners who are expected to practice within standards established or recognized by a licensing body. E

patients, the nursing profession, and the licensing board to comply with the requirements of the state nurse practice act and the quality of advanced nursing care rendered; for recognizing limits of knowledge and experience, planning for the management of situations beyond the APRN's expertise; and for consulting with or referring patients to other health care providers as appropriate.

The Consensus Model was discussed at the Delegate Assemble of NCSBN in the summer of 2008. After discussion the model was adopted by the representatives of the state boards of nursing from across the country.

The Kansas State Board of Nursing was invited to work with representatives of several nursing organizations in Kansas. Three members of the Board of Nursing and staff attended the meetings during the discussion and development of possible legislative change. This group reviewed the consensus model and it was referred to during the process. There are five proposed changes requested in this bill which are consistent with the Consensus Model.

1. Title change from Advance Registered Nurse Practitioner (ARNP) to Advance Practice Registered Nurse (APRN). By changing the title, it will establish uniformity with other states in the nation and will be less confusing to APRN who come to Kansas for employment.
2. Change certificate of qualification to licensure. Certification is what is granted to an APRN by an accrediting agency when they have completed specialty education. KSBN licenses LPN, RN, and LMHT so this would provide consistence in our process. Also, licensure is one of the four essential elements of the Consensus Model.
3. Changes categories of APRN to roles. The roles will continue to be the same as currently in statute. Those four roles are: Clinical Nurse Specialist, Nurse Anesthetist, Nurse Midwife, and Nurse Practitioner.
4. Require a Masters or higher degree in an APRN roll. This change in the statute will align Kansas with other states in the nation. All APRN programs in Kansas require Masters.
5. Continuing education in the APRN role. KSBN currently have continuing education requirements for RN, LPN, and LMHTs. Presently ARNP are only required to have 30 continuing nursing education hours every two years in the RN role. Although APRNs usually obtain the hours in the advanced role, this will now require them to receive advance practice continuing nursing education.

The last requested change will grandfather any ARNP who is registered to practice prior to the effect date of this bill so they will be deemed to be licensed to practice as an APRN without being required to filing an original application for licensure to remain in practice.

The board respectfully asks for favorable action on SB 134. Thank you for your time and consideration and I will stand for questions.

Testimony Presented to the Senate Public Health and Welfare
Advanced Practice Registered Nurse Bill (SB 134)
By Sarah Tidwell, Legislative Chair, KSNA; Member, APRN Task Force
February 14, 2011

Senator Schmidt and members of the Committee.

I represent the Kansas Advanced Practice Registered Nurse (APRN) Task Force as well as the Kansas State Nurses' Association in asking you to vote favorably for SB 134.

The APRN Task Force includes representatives from the four categories of advanced practice nursing recognized in Kansas (Nurse Practitioner, Clinical Nurse Specialist, Certified Nurse Midwife, and Certified Registered Nurse Anesthetist), from the graduate programs that educate nurses in advanced practice, several advanced nursing practice groups, the Kansas State Nurses' Association and the Kansas State Board of Nursing. The group formed two years ago to discuss opportunities for implementing the concepts in the National Consensus Model. The Kansas State Nurses' Association (KSNA) is the professional organization for the more than 40,000 registered nurses in the state.

The changes in the Nurse Practice Act that this bill provides would move Kansas toward the consistency in licensure, accreditation, certification and education of advanced practice nurses that the model recommends in the following ways:

- The change in title would help clarify the definition of advanced practice in nursing and establish uniformity across the states. The change in terminology from "category" of ARNP to "roles" accomplishes the same goal.
- The change from "certificate of qualification" to the term "license" would provide clarification on what the Board of Nursing issues.
- Including the requirement of a master's degree or higher brings the law up to date with the current educational level for completion of an advanced practice nursing program.
- Requiring continuing nursing education in the advanced role would assure the gaining of knowledge commensurate with advanced practice nursing.
- Finally, the grandfathering clause would ensure that nurses currently practicing in the advanced practice role in Kansas are able to continue providing care to Kansas citizens.

The Kansas APRN Task Force and the Kansas State Nurses' Association fully support SB 134 without amendments, and ask you to vote favorably to move the bill out of committee.

Thank you,

Sarah Tidwell, RN, MS

Senate Public Health & Welfare
Date 2-14-2011
Attachment 14