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APTA-Kansas Chapter Legislative Chair

Proponent Testimony on SB 430

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Senate Public Health and Welfare Committee

Chairwoman Gossage and members of the Senate Public Health and Welfare Committee:

Thank you for the opportunity to testify in support of **Senate Bill 430**. My name is Jennifer Caswell, and I am a licensed Physical Therapist in Kansas and the legislative chair for the American Physical Therapy Association's Kansas Chapter, speaking today on behalf of physical therapists and the patients we serve across our state.

SB 430 allows licensed Kansas Physical Therapists to perform **very limited, CLIA-waived point-of-care blood testing using a fingerstick only**, strictly to guide **rehabilitation and exercise decisions**. This bill does **not** expand diagnostic authority, does **not** allow venipuncture or IV access, and does **not** permit disease screening or medical diagnosis. The testing authorized—such as **lactate and non-diagnostic blood glucose monitoring**—is used solely to improve **exercise safety, progression, and patient outcomes** during physical therapy care.

Physical therapy today is increasingly **data-driven and safety-focused**, especially as we care for older, more medically complex Kansans. Objective physiologic data can be critical when traditional measures like heart rate or perceived exertion are unreliable—for example, in patients on beta-blockers, those with autonomic dysfunction, or individuals with chronic conditions. **Lactate testing helps us identify a safe upper limit of exertion**, reduce the risk of overexertion, and guide progressive strengthening in a controlled, evidence-based way. For all patients, this means safer rehabilitation and fewer adverse

events and it allows us to avoid both under-training and over-training while supporting recovery and performance.

I want to be very clear about what happens when an abnormal value is identified. **If a physical therapist obtains a high lactate or concerning glucose value, we do exactly what we already do today—we stop or modify activity and communicate with the patient’s primary care provider or appropriate medical professional.** These results are not interpreted diagnostically, nor are they acted on independently outside the physical therapy plan of care. Importantly, manufacturer guidance already specifies that lactate testing should not be performed on individuals who are ill, and SB 430 requires adherence to all safety and training protocols under a **CLIA Certificate of Waiver**.

Some concerns have been raised about whether fingerstick testing could become a “slippery slope.” SB 430 is intentionally narrow. It explicitly limits testing to **CLIA-waived tests**, restricts the method to **fingerstick only**, and ties use directly to **physical therapy treatment decisions**—not medical diagnosis. Any expansion beyond this scope would require future legislative action. This bill modernizes practice while maintaining strong guardrails.

It is also important to note that **lactate testing is already widely used by non-medical professionals**, including exercise physiologists, coaches, and performance specialists, using the same handheld devices. SB 430 allows clinicians with a doctorate, extensive training in physiology, and licensure by the state of Kansas to use this same tool **within a regulated healthcare setting**, with formal oversight and accountability. Additionally, several states—including **Arizona, Kentucky, North Dakota, and Washington**—already allow physical therapists to perform point-of-care testing.

In closing, SB 430 improves patient safety, supports evidence-based rehabilitation, and aligns Kansas with modern physical therapy practice—**without expanding diagnostic authority**. It gives physical therapists better tools to keep patients safe while strengthening communication with the broader healthcare team.

We respectfully ask for your support of SB 430. Thank you for your time and your commitment to the health and safety of Kansans.

Sincerely,

Jennifer Caswell, PT, DPT