



To: Senate Public Health and Welfare Committee

From: Travis R. Oller, DC  
Executive Director  
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Date: February 12, 2026

Subject: HB 2509: Adding advanced practice registered nurses to the definition of healthcare provider for purposes of the healthcare provider insurance availability act.

### **Opponent Testimony**

Chair Gossage and other committee members, I appreciate the opportunity to present opponent testimony on SB 430.

The Kansas Chiropractic Association (KCA) represents licensed Doctors of Chiropractic practicing throughout the state. Our members work alongside physical therapists and other healthcare professionals every day across Kansas.

KCA respectfully opposes SB 430. Our opposition reflects concern that this bill authorizes a broad category of capillary blood testing that is unnecessary for physical therapy practice, misaligned with Kansas scope-of-practice policy, and likely to increase patient costs, regulatory burden, and liability exposure without improving access, safety, or outcomes.

Kansas law allows physical therapists to examine, evaluate, and test patients for functional and rehabilitative purposes. At the same time, the statute clearly excludes the practice of medicine and the making of medical diagnoses.

That distinction is intentional. Kansas has historically approached scope-of-practice changes carefully, expanding authority only when there is a demonstrated need and when related safeguards are addressed simultaneously. SB 430 moves away from that approach by tying scope expansion to CLIA-waived testing status, rather than to Kansas-specific patient need or clinical function.

Supporters of SB 430 frequently point to a small set of CLIA-waived finger-stick tests as examples of appropriate use in physical therapy. When examined more closely, however, even these examples are used only in limited, medically integrated settings, and rarely require physical therapists to perform the testing themselves.

## **Blood Glucose**

Blood glucose monitoring is primarily relevant in acute care hospitals, inpatient rehabilitation facilities, skilled nursing facilities, and certain home health situations involving patients with known diabetes or metabolic disease.

In those settings:

- glucose testing is already performed by nursing staff or by the patient,
- physical therapists rely on existing documented values, and
- there is no access gap that requires PTs to perform the testing themselves.

In outpatient orthopedic and sports rehabilitation—the most common PT practice environments—blood glucose testing is not standard of care.

It is also important to note that blood glucose testing is widely available over the counter. Patients who need this information already self-test, often using supplies covered by insurance. Allowing PTs to perform the same test does not improve access or safety and instead creates the potential for duplicative testing and added cost.

## **Lactate**

Lactate testing is highly specialized and uncommon. It is largely confined to elite sports performance programs, exercise physiology laboratories, and research settings. It is not routinely used in general outpatient physical therapy, neurologic rehabilitation, geriatric care, or post-surgical recovery.

Physical therapists already rely on validated, non-invasive measures—heart rate, perceived exertion, and functional performance testing—to guide safe and effective care.

Like glucose testing, portable lactate meters are available over the counter and marketed directly to consumers and athletes. Their availability underscores that lactate testing does not address an access or safety problem in routine rehabilitation practice.

A central problem with SB 430 is its reliance on CLIA-waived status as a justification for scope expansion.

CLIA classifications address laboratory complexity, not whether a test is clinically appropriate for a particular profession to perform. The fact that a test is low-complexity—or even safe enough for over-the-counter use—does not make it necessary or appropriate to include within the physical therapy scope.

As written, SB 430 would allow physical therapists to perform dozens of tests that are primarily used for disease screening, chronic condition monitoring, or medical risk stratification—activities that are only tangentially related, if at all, to rehabilitation planning.

The over-the-counter availability of glucose and lactate testing further weakens the policy justification for SB 430.

If a test can be safely performed at home without a prescription, is already accessible to patients, and does not require professional administration to address safety or access concerns, it is difficult to argue that Kansas needs to expand the scope of practice to authorize another licensed profession to perform it—particularly when that performance will increase the cost of care to the patient.

Rather than solving an access problem, SB 430 risks inserting additional professional involvement where none is required, increasing cost without improving care.

As a result, the testing authorized under SB 430 would be out-of-pocket for patients.

Typical patient charges include:

- Blood glucose: approximately \$10–\$25 per test
- Lactate: approximately \$25–\$50 per test

This is especially concerning given that home glucose testing is often covered by insurance, while PT-performed testing is not. In practice, patients may end up paying more to receive information they already have access to.

SB 430 also creates a real risk of duplicative testing. A patient may pay for a finger-stick test in a PT setting, be referred for medical follow-up, and then have the same test repeated in a covered medical environment.

Even when no diagnosis is made, the financial consequences of testing fall on the patient, increasing total healthcare costs rather than reducing them.

Kansas has long recognized that providers with significant clinical authority and patient access should participate in the Kansas Health Care Stabilization Fund (HCSF), which provides excess professional liability coverage for defined healthcare providers.

Physical therapists are not currently included in the HCSF. That exclusion reflects the historical understanding that PT practice focuses on functional rehabilitation rather than medical decision-making.

SB 430 alters that balance. Authorizing PTs to perform testing that produces medical information—and may prompt clinical follow-up—introduces new liability exposure

without aligning PTs with the liability protection framework Kansas requires of similarly situated providers.

Kansas has also traditionally tied expanded clinical authority to education and ongoing competency requirements.

Doctors of Chiropractic, for example, renew annually and complete 50 hours of continuing education each year, reflecting diagnostic authority, clinical decision-making responsibilities, and participation in the HCSF. Physical therapists, by contrast, complete 40 hours of continuing education every two years.

Kansas has recently transitioned to requiring a Doctor of Physical Therapy (DPT) degree for new licensees. However, many currently licensed PTs entered practice under prior educational standards and hold master's or bachelor's degrees. All licensees share the same scope of practice.

If new testing authority is granted, it must be appropriate for the entire licensed population, regardless of educational pathway. SB 430 contains no requirement for uniform, test-specific education or competency safeguards to address this variability.

The Kansas State Board of Healing Arts is a fee-funded agency. Its operations are intended to be supported by license fees paid by the professions it regulates.

Many license categories—including physical therapists—are already at or near their statutory maximum fees. When scope expansions increase regulatory burden without corresponding fee adjustments, those costs are shifted to other professions.

In practice, this means physicians, chiropractors, and podiatrists subsidize the regulatory costs associated with scope expansions they did not request. SB 430 does nothing to address this imbalance.

If the Legislature determines that limited capillary blood testing is necessary outside traditional medical settings, Kansas already has a model that balances access, safety, and accountability.

Pharmacists may perform certain CLIA-waived tests only under a physician-approved practice protocol. That framework narrowly defines permissible tests, specifies clinical circumstances, establishes referral responsibility, and ensures appropriate oversight.

If any testing authority were to be considered for physical therapists, a similar protocol-based approach—paired with education requirements, oversight, fee alignment, and liability considerations—should be required. SB 430 contains none of those safeguards.

KCA respectfully urges the Committee to oppose SB 430 as drafted.

The bill authorizes broad testing authority that is unnecessary for routine physical therapy practice, already available through existing care teams or OTC access, will not be reimbursed, and will to increase patient costs, liability exposure, and regulatory imbalance without clear benefit.

Kansas patients are best served when scope changes are precise, necessary, and aligned with education, accountability, affordability, and patient safety.

Thank you for your time and consideration.

**Respectfully submitted,**

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