

**Opponent Testimony on SB430**  
**Senate Committee on Public Health and Welfare**  
**Kansas State Board of Healing Arts**  
**February 11, 2026**

Chair Gossage and Honorable Committee Members:

Thank you for the opportunity to provide this opposition testimony concerning SB430. My name is Susan Gile, and I am the Executive Director for the Kansas State Board of Healing Arts (“KSBHA” or “Board”). The Board is the executive body tasked with licensing and regulating 16 different healthcare professions in Kansas. *See K.S.A. 65-2801 et seq.* The Board is composed of 15 members, 12 of whom are licensed healthcare professionals from various professions, including eight licensed physicians, three chiropractors, one podiatrist, and three public members. **The statutory mission of the Board is public protection.**

The Board has a number of concerns regarding SB430 and is opposed to passage in its current form on the following grounds:

First, the language “but not limited to” on Line 13 of the bill is ambiguous and overly broad.

- As written, this section would authorize Physical Therapists to add other capillary tests to their scope of practice without legislative input nor Board oversight.

Second, there is not a sufficient need in the status quo for Physical Therapists to perform these tests.

- If a patient is ill to the point that they require monitoring, they are more than likely under the care of a physician who can order and monitor the test.
  - This is especially true of lactate tests, which are commonly performed for sports medicine purposes. When such tests are performed, they are done in facilities where there are physicians on staff who can order, monitor, and interpret the test results.

Third, capillary tests do not provide a holistic picture of patient health nor accurate information about patient history.

- To determine the best treatment plan for a patient, healthcare providers must be authorized to access – and qualified to interpret – a patient’s health history and test results.
  - SB430 would authorize PTs to use limited information from point-of-care testing to make decisions on patient treatment plans [Ln. 24-26].

Lastly, SB430 raises significant questions about who is responsible for referral/treatment in the event of an abnormal reading. This raises concerns about patient's continuity of care and their ability to seek restitution for adverse outcomes.

- The making of a medical diagnosis is outside of the scope of practice for Physical Therapists. *See* K.S.A. 65-2901(a).
  - SB430 specifically prohibits PTs from diagnosing medical conditions [Ln. 27-29].
- When a capillary test shows an abnormal reading, who is responsible for following up on the results / treating the patient?

For example, when...

- ...a patient receives a glucose test from a Physical Therapist, and the test results show a fasting blood sugar  $\geq 126$ mg/dl (potentially indicating diabetes)?
- ...a diabetic patient's blood sugar shows a level indicating a diabetic attack?
- SB430 as written includes no requirements that a Physical Therapist refer the patient to a higher-level provider.

In accordance with the Kansas State Board of Healing Arts mission, **public safety** must remain the primary consideration. As outlined above, the current necessity for SB430 is unclear, and if passed without amendment the bill would create uncertainty for patients.

Thank you for the opportunity to present these comments. Should you have any questions, please feel free to contact me at 785-296-3680.

Sincerely,



Susan Gile  
Executive Director