



**TO:** House Health and Human Services Committee

**FROM:** Christina Collins  
Director of Government Affairs

**DATE:** March 17, 2004

**RE:** SB 426

Chairman Morrison and Members of the Committee:

Thank you for the opportunity to testify today in support of SB 426.

SB 426 would extend a law within the Healing Arts Act to continue the concept of an institutional license to practice medicine. This applies only to a handful of physicians who currently practice solely within the state institutional setting.

According to prior testimony by the Board of Healing Arts, the concept of this discrete license category first developed in 1969 when the legislature created a fellowship license for persons who held a degree of doctor of medicine and who were employed by the division of institutional management of the state board of social welfare or employed by any institution within the state department of penal institutions. Practice privileges under a fellowship license were restricted to the period of employment and only within the institution to which the individual was assigned.

In 1976, the requirements were added that the individual had to be a graduate of an accredited medical school and had to successfully complete an examination by the education commission on foreign medical graduates. The license was restricted to two years and was not renewable. In 1985, the fellowship license was changed to an institutional license. Holders of this license were also required to pass an examination approved by the Board in basic and clinical sciences. The license could be renewed if the examination was passed – a requirement later eliminated by the legislature. In 1997, the license was expanded to allow licensees to provide mental health services within a

community mental health center, a duly chartered educational institution, a hospital or a psychiatric hospital. In 2000, the license scope was further expanded to include the provision of mental health services pursuant to a written protocol with an individual with a full and unrestricted license to practice medicine and surgery. At the same time, the requirement for passage of the examination in basic and clinical sciences as a condition of renewal was waived if the individual had completed two years of post-graduate training in the U.S. In 2001 the legislature directed the Board to renew all institutional licenses which expire during 2002 and 2003 for two more years. This was done by a last-minute proviso to an appropriations bill.

The Kansas Medical Society remains opposed to the concept of granting a license to practice medicine and surgery to those who have not met the full academic and examination requirements set forth in the Healing Arts Act for all physicians. In years past, KMS has consistently opposed bills that would expand the scope of practice for those practicing under institutional licenses. For example, SB 584, introduced last year, would have granted institutional license-holders what amounted to an unrestricted license to practice medicine anywhere within the state without having met the academic and examination requirements that all other physicians must meet before being granted the privilege of practicing medicine.

However, in the present case, SB 426 simply creates a “grandfather clause” for those currently practicing in state institutions under these licenses. These practitioners may only continue to practice as they currently are within the state institutional setting, a venue where recruitment of new practitioners can be somewhat challenging. For this reason, the Kansas Medical Society urges the passage of SB 426. Thank you for the opportunity to testify today and I am pleased to stand for any questions the committee may have.