

March 16, 2004

House of Representatives
Health and Human Services Committee
Capitol, 300 SW 10th Avenue
Topeka, KS 6612-1590

Re: SB-426

Dear Mr. Chairman Morrison and Distinguished Members of the Health and Human Services Committee,

My name is James E. Owens III, M.D. I am writing to you in advocacy of SB-426. I am a graduate of the University of Illinois (BS), Eastern Illinois University (MA), and Southern Illinois University School of Medicine (MD). I completed my Psychiatry Post-Graduate Residency Training at the University of South Florida and I completed a Forensic Psychiatry Fellowship at the University of Florida. On December 04, 2001, I was granted the privilege of Institutional Licensure by the Kansas Board of Healing Arts. I was in the employ of Prison Health Services, a corporation contracted to provide medical and psychiatric services by the Kansas Department of Corrections. My employ continued uninterrupted under Correct Care Solutions who subsequently held and currently holds the contract with the Kansas Department of Corrections. During my employ, I provided psychiatric services to inmates at Larned Correctional Mental Health Facility-Central Unit (LCMHF-C). As you may be aware, this 150-bed maximum-security prison is dedicated to the care and treatment of severely mentally ill incarcerated persons. Shortly after I began my duties at LCMHF-C, I was asked to provide psychiatric coverage for an average of 50 additional patients at the West Unit of LCMHF, a minimum-security prison, and approximately 95 patients at Ellsworth Correctional Facility (ECF), a medium-security prison. The West Unit is located across the street from the Central Unit, which allows for inmates to be transported to the Central Unit for their psychiatric appointments. My early months of service at ECF required me to drive to Ellsworth one day every two weeks following the completion of that day's responsibilities at LCMHF. Ultimately, telepsychiatry was implemented which eliminated my travel, but required weekly service due to a growing population of inmates requiring services. Additionally, I provided on-call service for all KDOC facilities and some county jails. On-call service was shared with four other psychiatrists on weekly rotations. I was the sole psychiatric provider at each of my assigned facilities. My responsibilities at each of the facilities and on-call were limited solely to the provision of psychiatric services. All non-psychiatric medical services at each of these facilities are provided by another physician.

Since the beginning of my employment in 2001, I performed my duties ethically and responsibly with diligence and dedication. My professional record prior to and since I began working in Kansas is untainted. My performance evaluations have been "superior." My Regional Medical Director and immediate supervisor, psychiatrists and medical colleagues also employed by CCS, as well as the respective wardens of LCMHF and ECF supported my continued service. However, on December 04, 2003, my institutional license expired and, under the Kansas Statute No. 65-2895 as it is currently written, could not be renewed without passage of the United States Medical Licensure Examination.

By my advocacy for SB-426, I am in no way minimizing the importance and necessity of successfully completing the United States Medical Licensure Examination, nor am I trying to circumvent the examination. On the contrary, please note that I have every intention of ultimate success on this three-

part examination. Rather, it is my contention that the scope of this examination is far broader than what is required for my day-to-day practice and broader still than the contractual privileges and limitations designated in my job description as well as the boundaries defined by the statute. I would add that a relatively small percentage of this examination is dedicated to psychiatry. It would appear that it was considered in the conception and subsequent amendments of the institutional license statute that a trained psychiatrist could be qualified to practice psychiatry in the absence of passage of the USMLE for it would certainly be to the detriment of the state to allow unqualified psychiatrists to treat patients in its correctional facilities and hospitals for two years. It would further appear that the institutional license was designed to be reciprocally beneficial in that it allowed the State of Kansas to provide quality psychiatric care for an underserved population while providing employment opportunities for physicians as they prepared for the examinations required for permanent licensure. While two years may appear to be an adequate period of time for passage of the examination, I ask you to consider not only that the first two parts of the USMLE are eight hours each and the third part is 16 hours, but that the detail and volume of information is extensive as it encompasses all of the basic sciences as well as all specialties of medicine.

In conclusion, I ask that you move to approve SB-426 amending Kansas Statue No. 65-2895 thereby allowing renewal of the institutional license beyond the initial two-year period in the absence of examination completion pending the approval of the superintendent or supervising body of the institution for which the individual is employed.

I hope to appear before you to offer my personal testimony in the hearing on this matter scheduled for March 17, 2004. If for any reason I am not present, please do not hesitate to contact me.

Thank you for your time and consideration.

Sincerely,

James E. Owens III, M.D.
1019 Williams #2
Great Bend, KS 67530
(620)792-4520
Analyze1@hotmail.com