

HOUSE BILL No. 2665

AN ACT concerning health care services; concerning emergency medical services; relating to certification; relating to the administration of auto-injection epinephrine; concerning critical access hospitals; relating to occupational therapist licensure; enacting the naturopathic doctor registration act; amending K.S.A. 65-5402, 65-5405, 65-5406, 65-5407, 65-5410, 65-5412 and 65-5414 and K.S.A. 2001 Supp. 65-468, 65-1501, 65-2891, 65-4915, 65-4921, 65-5408, 65-5409, 65-6121 and 65-6129 and repealing the existing sections; also repealing K.S.A. 65-2872a and 65-6122.

Be it enacted by the Legislature of the State of Kansas:

Section 1. K.S.A. 2001 Supp. 65-6129 is hereby amended to read as follows: 65-6129. (a) Application for an attendant's certificate shall be made to the board upon forms provided by the administrator. The board may grant an attendant's certificate if the applicant meets the following requirements:

(1) (A) Has made application within one year from the date of the last class of ~~an appropriate~~ a course of instruction *approved by the board* for the classification of attendant's certificate for which application has been made; and

(B) has completed successfully such course of instruction, passed an examination prescribed by the board and paid a fee prescribed by the board; or

(2) has completed successfully a course of instruction or training accredited by the commission on accreditation of allied health education programs, a program of instruction or training offered by the armed forces of the United States or a program of instruction completed in another state that is equivalent to a program approved by the board for the class of attendant's certificate applied for, passed an examination prescribed by the board and paid a fee prescribed by the board.

~~(b) An attendant applying for an emergency medical technician's certificate shall have completed successfully a course of training, approved by the board, in preliminary emergency medical care. An attendant applying for a mobile intensive care technician's certificate shall have completed successfully a course of training, approved by the board, which shall include, but not be limited to, didactic and clinical experience in a hospital and in an emergency vehicle unit. An attendant applying for an emergency medical technician-intermediate certificate shall be certified as an emergency medical technician and shall have completed successfully a course of training, approved by the board, which shall include training in veni-puncture for blood sampling and administration of intravenous fluids and advanced patient assessment. An attendant applying for an emergency medical technician-defibrillator certificate shall be certified as an emergency medical technician and shall have completed successfully a training program approved by the board. The board shall not grant an initial emergency medical technician-intermediate certificate, an initial emergency medical technician-defibrillator certificate or an initial mobile intensive care technician certificate unless the applicant for such an initial certificate is certified as an emergency medical technician.~~

~~(c) An attendant's certificate shall expire on December 31, 2000, and may be renewed as provided in this section.~~ On and after January 1, 2001, ~~a~~ an attendant's certificate shall expire on the date prescribed by the board. An attendant's certificate may be renewed for a period of two years upon payment of a fee as prescribed by rule and regulation of the board and upon presentation of satisfactory proof that the attendant has successfully completed continuing education as prescribed by the board. The board may prorate to the nearest whole month the fee fixed under this subsection as necessary to implement the provisions of this subsection.

(d) (1) The emergency medical services board may issue a temporary certificate to any person who has not qualified for an attendant's certificate under paragraph (1) or (2) of subsection (a) when:

~~(1)~~ (A) The operator for whom such person serves as an attendant requests a temporary certificate for that person; and

~~(2)~~ (B) such person meets or exceeds certain minimum requirements prescribed by the board by rules and regulations.

(2) A temporary certificate shall be effective for one year from the date of its issuance or until the person has qualified as an attendant under paragraph (1) or (2) of subsection (a), whichever comes first. A temporary certificate shall not be renewed and shall be valid only while an attendant works for the operator requesting the temporary certificate. A person holding a temporary certificate as an emergency medical technician shall not be eligible to apply for certification as an emergency medical tech-

nician-intermediate, emergency medical technician-defibrillator or a mobile intensive care technician.

(e) (1) Upon request by an operator to the board and upon approval by the board of such request, an applicant for certification may perform activities that are within the authorized activities of the certification level applied for, provided that the applicant:

- (A) Has successfully completed the appropriate course of instruction for the level applied for;
- (B) serves with the ambulance service identified in this subsection (e); and
- (C) is practicing under the direct supervision of a physician, physician assistant, professional nurse or an attendant who is at or above the certification level for which the applicant has applied.

(2) The authority to perform activities under this subsection (e) shall terminate 120 days from the date of the last class or until the results of the first examination are received by the board, whichever comes first. Such authority to practice shall not be renewed and shall be valid only while the applicant serves with the ambulance service identified in this subsection (e).

~~(f)~~ (f) All fees received pursuant to the provisions of this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.

~~(g)~~ (g) If a person who was previously certified as an attendant applies for an attendant's certificate within two years of the date of ~~its~~ the certificate's expiration, the board may grant a certificate without the person completing a course of instruction or passing an examination if the person has completed continuing education requirements and has paid a fee prescribed by rules and regulations.

Sec. 2. K.S.A. 2001 Supp. 65-6121 is hereby amended to read as follows: 65-6121. Notwithstanding any other provision of law to the contrary, an emergency medical technician may perform any of the following activities:

- (a) Patient assessment and vital signs;
- (b) airway maintenance including the use of:
 - (1) Oropharyngeal and nasopharyngeal airways;
 - (2) esophageal obturator airways with or without gastric suction device;
 - (3) multi-lumen airway; and
 - (4) oxygen demand valves.
- (c) Oxygen therapy;
- (d) oropharyngeal suctioning;
- (e) cardiopulmonary resuscitation procedures;
- (f) control accessible bleeding;
- (g) apply pneumatic anti-shock garment;
- (h) manage outpatient medical emergencies;
- (i) extricate patients and utilize lifting and moving techniques;
- (j) manage musculoskeletal and soft tissue injuries including dressing and bandaging wounds or the splinting of fractures, dislocations, sprains or strains;
- (k) use of backboards to immobilize the spine;
- (l) administer syrup of ipecac, activated charcoal and glucose;
- (m) monitor peripheral intravenous line delivering intravenous fluids during interfacility transport with the following restrictions:
 - (1) The physician approves the transfer by an emergency medical technician;
 - (2) no medications or nutrients have been added to the intravenous fluids; and
 - (3) the emergency medical technician may monitor, maintain and shut off the flow of intravenous fluid;
- (n) use automated external defibrillators;
- (o) administer epinephrine auto-injectors provided that:
 - (1) The emergency medical technician successfully completes a course of instruction approved by the board in the administration of epinephrine; and
 - (2) the emergency medical technician serves with an ambulance serv-

ice or a first response organization that provides emergency medical services; and

(3) the emergency medical technician is acting pursuant to medical protocols;

(p) perform, during nonemergency transportation, those activities specified in this section when specifically authorized to perform such activities by medical protocols; or

~~(p)~~(q) when authorized by medical protocol, assist the patient in the administration of the following medications which have been prescribed for that patient: Auto-injection epinephrine, sublingual nitroglycerin and inhalers for asthma and emphysema.

Sec. 3. K.S.A. 2001 Supp. 65-468 is hereby amended to read as follows: 65-468. As used in K.S.A. 65-468 to 65-474, inclusive, and amendments thereto:

(a) “Health care provider” means any person licensed or otherwise authorized by law to provide health care services in this state or a professional corporation organized pursuant to the professional corporation law of Kansas by persons who are authorized by law to form such corporation and who are health care providers as defined by this subsection, or an officer, employee or agent thereof, acting in the course and scope of employment or agency.

(b) “Member” means any hospital, emergency medical service, local health department, home health agency, adult care home, medical clinic, mental health center or clinic or nonemergency transportation system.

(c) “Mid-level practitioner” means a physician’s assistant or advanced registered nurse practitioner who has entered into a written protocol with a rural health network physician.

(d) “Physician” means a person licensed to practice medicine and surgery.

(e) “Rural health network” means an alliance of members including at least one critical access hospital and at least one other hospital which has developed a comprehensive plan submitted to and approved by the secretary of health and environment regarding patient referral and transfer; the provision of emergency and nonemergency transportation among members; the development of a network-wide emergency services plan; and the development of a plan for sharing patient information and services between hospital members concerning medical staff credentialing, risk management, quality assurance and peer review.

(f) “Critical access hospital” means a member of a rural health network which makes available twenty-four hour emergency care services; provides not more than 15 acute care inpatient beds for providing inpatient care for a period not to exceed 96 hours (unless a longer period is required because transfer to a hospital is precluded because of inclement weather or other emergency conditions), except that a peer review organization or equivalent entity, on request, may waive the ninety-six hour restriction on a case-by-case basis, provides inpatient extended care services (if there is in effect or in the case of a facility with an approved swing-bed agreement) so long as the a combined total of extended care and acute care beds that does not exceed 25 beds (provided that the number of beds used at any time for acute care inpatient services does not exceed 15 beds); provides acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient; and provides nursing services under the direction of a licensed professional nurse and continuous licensed professional nursing services for not less than 24 hours of every day when any bed is occupied or the facility is open to provide services for patients unless an exemption is granted by the licensing agency pursuant to rules and regulations. The critical access hospital may provide any services otherwise required to be provided by a full-time, on-site dietician, pharmacist, laboratory technician, medical technologist and radiological technologist on a part-time, off-site basis under written agreements or arrangements with one or more providers or suppliers recognized under medicare. The critical access hospital may provide inpatient services by a physician’s assistant, nurse practitioner or a clinical nurse specialist subject to the oversight of a physician who need not be present in the facility.

(g) “Hospital” means a hospital other than a critical access hospital which has entered into a written agreement with at least one critical access hospital to form a rural health network and to provide medical or

administrative supporting services within the limit of the hospital's capabilities.

Sec. 4. On April 1, 2003, K.S.A. 65-5402 is hereby amended to read as follows: 65-5402. As used in K.S.A. 65-5401 to 65-5417, inclusive, and sections 13 to 15, inclusive, and amendments thereto:

(a) "Board" means the state board of healing arts.

~~(b) "Occupational therapy" is a health care profession whose practitioners, other than occupational therapy practitioners working with the educationally handicapped in a school system, are employed under the supervision of a physician and whose practitioners provide therapy, rehabilitation, diagnostic evaluation, care and education of individuals who are limited by physical injury or illness, psychosocial dysfunction, developmental or learning disabilities or the aging process in order to maximize independence, prevent disability and maintain health. Specific occupational therapy services include:~~

~~(1) Administering and interpreting tests necessary for effective treatment planning;~~

~~(2) developing self-care and daily living skills such as feeding, dressing, hygiene and homemaking;~~

~~(3) designing, fabricating, applying or training, or any combination thereof, in the use of selected orthotics, upper extremity prosthetics or adaptive equipment;~~

~~(4) developing sensory integrative skills and functioning;~~

~~(5) using therapeutic activity and exercise to enhance functional or motor performance, or both;~~

~~(6) developing prevocational/vocational work capacities and play/leisure skills; and~~

~~(7) adapting environment for the disabled.~~

~~(b) "Practice of occupational therapy" means the therapeutic use of purposeful and meaningful occupations (goal-directed activities) to evaluate and treat, pursuant to the referral, supervision, order or direction of a physician, a licensed podiatrist, a licensed dentist or a licensed optometrist, individuals who have a disease or disorder, impairment, activity limitation or participation restriction that interferes with their ability to function independently in daily life roles and to promote health and wellness. Occupational therapy intervention may include:~~

~~(1) Remediation or restoration of performance abilities that are limited due to impairment in biological, physiological, psychological or neurological cognitive processes;~~

~~(2) adaptation of tasks, process, or the environment or the teaching of compensatory techniques in order to enhance performance;~~

~~(3) disability prevention methods and techniques that facilitate the development or safe application of performance skills; and~~

~~(4) health promotion strategies and practices that enhance performance abilities.~~

~~(c) "Occupational therapy services" include, but are not limited to:~~

~~(1) Evaluating, developing, improving, sustaining, or restoring skills in activities of daily living (ADL), work or productive activities, including instrumental activities of daily living (IADL) and play and leisure activities;~~

~~(2) evaluating, developing, remediating, or restoring sensorimotor, cognitive or psychosocial components of performance;~~

~~(3) designing, fabricating, applying, or training in the use of assistive technology or orthotic devices and training in the use of prosthetic devices;~~

~~(4) adapting environments and processes, including the application of ergonomic principles, to enhance performance and safety in daily life roles;~~

~~(5) applying physical agent modalities as an adjunct to or in preparation for engagement in occupations;~~

~~(6) evaluating and providing intervention in collaboration with the client, family, caregiver or others;~~

~~(7) educating the client, family, caregiver or others in carrying out appropriate nonskilled interventions; and~~

~~(8) consulting with groups, programs, organizations or communities to provide population-based services.~~

~~(d) "Occupational therapist" means a person registered licensed to practice occupational therapy as defined in this act.~~

~~(e) "Occupational therapy assistant" means a person registered~~

licensed to assist in the practice of occupational therapy under the supervision ~~or with the consultation~~ of an occupational therapist.

~~(e)~~ (f) “Person” means any individual, partnership, unincorporated organization or corporation.

~~(f)~~ (g) “Physician” means a person licensed to practice medicine and surgery.

(h) “*Occupational therapy aide,*” “*occupational therapy tech*” or “*occupational therapy paraprofessional*” means a person who provides supportive services to occupational therapists and occupational therapy assistants in accordance with section 14 and amendments thereto.

Sec. 5. On April 1, 2003, K.S.A. 65-5405 is hereby amended to read as follows: 65-5405. The board shall pass upon the qualifications of all applicants for examination and ~~registration licensure, provide for and conduct all examinations,~~ determine the applicants who successfully pass the examination, duly ~~register~~ *license* such applicants and adopt rules and regulations as may be necessary to administer the provisions of this act. The board shall keep a record of all proceedings under this act and a roster of all individuals ~~registered~~ *licensed* under this act. Only an individual may be ~~registered~~ *licensed* under this act.

Sec. 6. On April 1, 2003, K.S.A. 65-5406 is hereby amended to read as follows: 65-5406. (a) An applicant applying for ~~registration licensure~~ as an occupational therapist or as an occupational therapy assistant shall file a written application on forms provided by the board, showing to the satisfaction of the board that the applicant meets the following requirements:

(1) Education: The applicant shall present evidence satisfactory to the board of having successfully completed the academic requirements of an educational program in occupational therapy recognized by the board.

(2) Experience: The applicant shall submit to the board evidence of having successfully completed a period of supervised field work at a minimum recognized by the board.

(3) Examination: The applicant shall pass an examination as provided for in K.S.A. 65-5407 and amendments thereto.

(4) Fees: The applicants shall pay to the board all applicable fees established under K.S.A. 65-5409 and amendments thereto.

(b) The board shall adopt rules and regulations establishing the criteria which an educational program in occupational therapy shall satisfy to be recognized by the board under paragraph (1) of subsection (a). The board may send a questionnaire developed by the board to any school or other entity conducting an educational program in occupational therapy for which the board does not have sufficient information to determine whether the program should be recognized by the board and whether the program meets the rules and regulations adopted under this section. The questionnaire providing the necessary information shall be completed and returned to the board in order for the program to be considered for recognition. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about an educational program in occupational therapy. In entering such contracts the authority to recognize an educational program in occupational therapy shall remain solely with the board.

Sec. 7. On April 1, 2003, K.S.A. 65-5407 is hereby amended to read as follows: 65-5407. ~~(a)~~ Each applicant for ~~registration licensure~~ under this act shall be examined by written examination required by the board to test the applicant’s knowledge of the basic and clinical sciences relating to occupational therapy, and occupational therapy theory and practice, including the applicant’s professional skills and judgment in the utilization of occupational therapy techniques and methods, and such other subjects as the board may deem useful to determine the applicant’s fitness to practice. The board shall approve an examination for occupational therapy assistants and establish standards for acceptable performance.

~~(b) Applicants for registration shall be examined at a time and place and under such supervision as the board may determine. Examinations shall be given at least twice each year at such places within this state as the board may determine and the board shall give reasonable public notice of such examinations at least 60 days prior to their administration.~~

~~(c) Applicants may obtain their examination scores.~~

Sec. 8. On April 1, 2003, K.S.A. 2001 Supp. 65-5408 is hereby

amended to read as follows: 65-5408. (a) ~~The board shall waive the examination, education and experience requirements and grant registration to any person who applies for registration on or before July 1, 1987, who pays the application fee and who was certified prior to the effective date of this act as an occupational therapist registered (O.T.R.) or a certified occupational therapy assistant (C.O.T.A.) by the American occupational therapy association (A.O.T.A.) or who has been employed as an occupational therapist for the purpose of providing occupational therapy for at least two years within the three-year period immediately prior to the effective date of this act.~~ (b) The board may waive the examination, education or experience requirements and grant ~~registration~~ *licensure* to any applicant who ~~shall present~~ *presents* proof of current licensure or registration as an occupational therapist or occupational therapy assistant in another state, the District of Columbia or territory of the United States which requires standards for licensure or registration determined by the board to be equivalent to or exceed the requirements for ~~registration~~ *licensure* under this act.

~~(e)~~ (b) At the time of making an application under this section, the applicant shall pay to the board the application fee as required under K.S.A. 65-5409 and amendments thereto.

~~(d)~~ (c) The board may issue a temporary ~~registration~~ *license* to an applicant for ~~registration~~ *licensure* as an occupational therapist or as an occupational therapy assistant who applies for temporary ~~registration~~ *licensure* on a form provided by the board, who meets the requirements for ~~registration~~ *licensure* or who meets all the requirements for ~~registration~~ *licensure* except examination and who pays to the board the temporary ~~registration~~ *license* fee as required under K.S.A. 65-5409 and amendments thereto. Such temporary ~~registration~~ *license* shall expire one year from the date of issue or on the date that the board approves the application for ~~registration~~ *licensure*, whichever occurs first. No more than one such temporary ~~registration~~ *license* shall be permitted to any one person.

Sec. 9. On April 1, 2003, K.S.A. 2001 Supp. 65-5409 is hereby amended to read as follows: 65-5409. (a) The board shall charge and collect in advance fees provided for in this act as fixed by the board by rules and regulations, subject to the following limitations:

Application fee, not more than.....	\$80
Temporary registration fee, not more than.....	40
Registration renewal fee, not more than.....	80
Registration late renewal fee, not more than.....	80
Registration reinstatement fee, not more than.....	80
Certified copy of registration, not more than.....	40
Written verification of registration, not more than.....	25
Temporary license fee, not more than.....	40
License renewal fee, not more than.....	80
License late renewal fee, not more than.....	80
License reinstatement fee, not more than.....	80
Certified copy of license, not more than.....	40
Written verification of license, not more than.....	25

(b) The board shall charge and collect in advance fees for any examination administered by the board under the occupational therapy practice act as fixed by the board by rules and regulations in an amount equal to the cost to the board of the examination. If the examination is not administered by the board, the board may require that fees paid for any examination under the occupational therapy practice act be paid directly to the examination service by the person taking the examination.

Sec. 10. On April 1, 2003, K.S.A. 65-5410 is hereby amended to read as follows: 65-5410. (a) The board may deny, refuse to renew, suspend or revoke a ~~registration~~ *license* where the ~~registrant~~ *licensee* or applicant for ~~registration~~ *licensure* has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare or safety of the public. Unprofessional conduct includes:

(1) Obtaining a ~~registration~~ *license* by means of fraud, misrepresentation or concealment of material facts;

(2) being guilty of unprofessional conduct as defined by rules and regulations adopted by the board;

(3) being convicted of a felony if the acts for which such person was convicted are found by the board to have a direct bearing on whether such person should be entrusted to serve the public in the capacity of an occupational therapist or occupational therapy assistant;

(4) violating any lawful order or rule and regulation of the board; and

(5) violating any provision of this act.

(b) Such denial, refusal to renew, suspension or revocation of a ~~registration license~~ may be ordered by the board after notice and hearing on the matter in accordance with the provisions of the Kansas administrative procedure act. Upon the end of the period of time established by the board for the revocation of ~~registration a license~~, application may be made to the board for reinstatement. The board shall have discretion to accept or reject an application for reinstatement and may hold a hearing to consider such reinstatement.

Sec. 11. On April 1, 2003, K.S.A. 65-5412 is hereby amended to read as follows: 65-5412. (a) ~~Registrations Licenses~~ issued under this act shall be effective for a period of one year and shall expire at the end of such period of time unless renewed in the manner prescribed by the board, upon the payment of the ~~registration license~~ renewal fee established under K.S.A. 65-5409 *and amendments thereto*. The board may establish additional requirements for *licensure or registration* renewal which provide evidence of continued competency. The board may provide for the late *licensure or renewal of a license or registration* upon the payment of a late fee established under K.S.A. 65-5409 *and amendments thereto*, but no such late renewal of a *license or registration* may be granted more than five years after its expiration.

(b) A person whose *license or registration* is suspended shall not engage in any conduct or activity in violation of the order or judgment by which the *license or registration* was suspended. If a *license or registration* revoked on disciplinary grounds is reinstated, the *licensee or registrant*, as a condition of reinstatement, shall pay the renewal fee and any late fee that may be applicable.

Sec. 12. On April 1, 2003, K.S.A. 65-5414 is hereby amended to read as follows: 65-5414. (a) ~~On and after July 1, 1987~~, It shall be unlawful for any person who is not ~~registered licensed~~ under this act as an occupational therapist or an occupational therapy assistant or whose ~~registration license~~ has been suspended or revoked to use, in connection with such person's name or place of business, the words "occupational therapist," "~~registered licensed~~ occupational therapist," "occupational therapist ~~registered licensed~~," "occupational therapy assistant," "~~registered licensed~~ occupational therapy assistant," or the letters, "O.T.," "~~R.O.T.~~ L.O.T.," "~~O.T.R.~~ O.T.L.," "O.T.A." or "~~R.O.T.A.~~ L.O.T.A." or any other words, letters, abbreviations or insignia indicating or implying that such person is an occupational therapist or an occupational therapy assistant or who in any way, orally, in writing, in print or by sign, directly or by implication, represents oneself as an occupational therapist or an occupational therapy assistant.

(b) Any violation of this section shall constitute a class C misdemeanor.

New Sec. 13. (a) Nothing in the occupational therapy practice act is intended to limit, preclude or otherwise interfere with the practices of other health care providers formally trained and licensed, registered, credentialed or certified by appropriate agencies of the state of Kansas.

(b) The practice of occupational therapy shall not be construed to include the following:

(1) Persons rendering assistance in the case of an emergency;

(2) members of any church practicing their religious tenets;

(3) persons whose services are performed pursuant to the delegation

of and under the supervision of an occupational therapist who is licensed under this act;

(4) any person employed as an occupational therapist or occupational therapy assistant by the government of the United States or any agency thereof, if such person practices occupational therapy solely under the direction or control of the organization by which such person is employed;

(5) licensees under the healing arts act when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to a delegation authorized under subsection (g) of K.S.A. 65-2872 and amendments thereto;

(6) dentists practicing their professions, when licensed and practicing in accordance with the provisions of law;

(7) nurses practicing their professions, when licensed and practicing in accordance with the provisions of law or persons performing services pursuant to the delegation of a licensed nurse under subsection (m) of K.S.A. 65-1124 and amendments thereto;

(8) health care providers who have been formally trained and are practicing in accordance with the training or have received specific training in one or more functions included in the occupational therapy practice act pursuant to established educational protocols, or both;

(9) any person pursuing a supervised course of study leading to a degree or certificate in occupational therapy at an accredited or approved educational program, if the person is designated by the title which clearly indicates such person's status as a student or trainee;

(10) any person fulfilling the supervised fieldwork experience requirements as part of the experience necessary to meet the requirement of the occupational therapy practice act;

(11) self-care by a patient or gratuitous care by a friend or family member who does not represent or hold oneself out to the public to be an occupational therapist or an occupational therapy assistant;

(12) optometrists practicing their profession when licensed and practicing in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated and amendments thereto;

(13) podiatrists practicing their profession when licensed and practicing in accordance with the provisions of article 15 of chapter 65 of the Kansas Statutes Annotated and amendments thereto;

(14) physical therapists practicing their profession when registered and practicing in accordance with K.S.A. 65-2901 *et seq.* and amendments thereto;

(15) physician assistants practicing their profession when licensed and practicing in accordance with the physician assistant licensure act;

(16) athletic trainers practicing their profession when registered and practicing in accordance with the athletic trainers registration act;

(17) manufacturers of prosthetic devices;

(18) any person performing occupational therapy services, if these services are performed for no more than 45 days in a calendar year in association with an occupational therapist licensed under the occupational therapy practice act so long as (A) the person is registered or licensed under the laws of another state which has licensure requirements at least as stringent as the licensure requirements of this act, or (B) the person meets the requirements for certification as an occupational therapist registered (OTR) or a certified occupational therapy assistant (COTA) established by the national board for certification in occupational therapy (NBCOT).

(c) Any patient monitoring, assessment or other procedures designed to evaluate the effectiveness of prescribed occupational therapy must be performed by or pursuant to the delegation of a licensed occupational therapist or other health care provider.

(d) Education related therapy services provided by an occupational therapist to school systems or consultation regarding prevention, ergonomics and wellness within the occupational therapy scope of practice shall not require a referral, supervision, order or direction of a physician, a

licensed podiatrist, a licensed dentist or a licensed optometrist. However, when in the course of providing such services an occupational therapist reasonably believes that an individual may have an underlying injury, illness, disease, disorder or impairment, the occupational therapist shall refer the individual to a physician, a licensed podiatrist, a licensed dentist or a licensed optometrist, as appropriate.

(e) Nothing in the occupational therapy practice act shall be construed to permit the practice of medicine and surgery. No statute granting authority to licensees of the state board of healing arts shall be construed to confer authority upon occupational therapists to engage in any activity not conferred by the occupational therapy practice act.

(f) This section shall be part of and supplemental to the occupational therapy practice act.

(g) The provisions of this section shall take effect on and after April 1, 2003.

New Sec. 14. (a) An occupational therapy aide, occupational therapy tech or occupational therapy paraprofessional shall function under the guidance and responsibility of the licensed occupational therapist and may be supervised by the occupational therapist or an occupational therapy assistant for specifically selected routine tasks for which the occupational therapy aide, occupational therapy tech or occupational therapy paraprofessional has been trained and has demonstrated competence. The occupational therapy aide, occupational therapy tech or occupational therapy paraprofessional shall comply with supervision requirements developed by the board by rules and regulations which are consistent with prevailing professional standards.

(b) This section shall be part of and supplemental to the occupational therapy practice act.

(c) The provisions of this section shall take effect on and after April 1, 2003.

New Sec. 15. (a) Any person holding a valid registration as an occupational therapist immediately prior to the effective date of this act which has been issued by the state board of healing arts shall be deemed to be a licensed occupational therapist and shall be subject to the provisions of article 54 of chapter 65 of the Kansas Statutes Annotated.

(b) Any person holding a valid registration as an occupational therapy assistant immediately prior to the effective date of this act which has been issued by the state board of healing arts shall be deemed to be a licensed occupational therapy assistant and shall be subject to the provisions of article 54 of chapter 65 of the Kansas Statutes Annotated.

(c) This section shall be part of and supplemental to the occupational therapy practice act.

(d) The provisions of this section shall take effect on and after April 1, 2003.

Sec. 16. On April 1, 2003, K.S.A. 2001 Supp. 65-1501 is hereby amended to read as follows: 65-1501. (a) The practice of optometry means:

(1) The examination of the human eye and its adnexae and the employment of objective or subjective means or methods (including the administering, prescribing or dispensing, of topical pharmaceutical drugs) for the purpose of diagnosing the refractive, muscular, or pathological condition thereof;

(2) the prescribing or adapting of lenses (including any ophthalmic lenses which are classified as drugs by any law of the United States or of this state), prisms, low vision rehabilitation services, orthoptic exercises and visual training therapy for the relief of any insufficiencies or abnormal conditions of the human eye and its adnexae; and

(3) except as otherwise limited by this section, the prescribing, administering or dispensing of topical pharmaceutical drugs and oral drugs for the examination, diagnosis and treatment of any insufficiencies or abnormal conditions of the human eye and its adnexae.

(b) The practice of optometry shall not include: (1) The management and treatment of glaucoma, except as provided in subsection (d); (2) the performance of surgery, including the use of lasers for surgical purposes, except that therapeutic licensees may remove superficial foreign bodies from the cornea and the conjunctiva; (3) the use of topical pharmaceutical drugs by a person licensed to practice optometry unless such person successfully meets the requirements of a diagnostic licensee or a therapeutic licensee; and (4) the prescribing, administering and dispensing of oral drugs for ocular conditions by a person licensed to practice optometry unless such person successfully meets the requirements of a therapeutic licensee, except that such therapeutic licensee may prescribe or administer oral steroids or oral antiglaucoma drugs for ocular conditions following consultation with an ophthalmologist, which consultation shall be noted in writing in the patient's file. No optometrist may prescribe or administer oral drugs to persons less than six years of age.

(c) A therapeutic licensee certified to treat adult open-angle glaucoma as provided herein shall be held to a standard of care in the use of such agents in diagnosis and treatment commensurate to that of a person licensed to practice medicine and surgery, who exercises that degree of skill and proficiency commonly exercised by an ordinary, skillful, careful and prudent person licensed to practice medicine and surgery.

(d) An optometrist may prescribe, administer and dispense topical pharmaceutical drugs and oral drugs for the treatment of adult open-angle glaucoma only following glaucoma licensure as provided in subsection (l) of K.S.A. 65-1501a and amendments thereto. After the initial diagnosis of adult open-angle glaucoma, by an optometrist during the co-management period described in subsection (s) of K.S.A. 65-1501a and amendments thereto, the patient shall be notified that the diagnosis must be confirmed by an ophthalmologist and that any subsequent treatment requires a written co-management plan with an ophthalmologist of the patient's choice.

(e) Under the direction and supervision of a therapeutic licensee, a licensed professional nurse, licensed practical nurse, registered physical therapist and ~~registered~~ *licensed* occupational therapist may assist in the provision of low vision rehabilitation services in addition to such other services which such licensed professional nurse, licensed practical nurse, registered physical therapist and ~~registered~~ *licensed* occupational therapist is authorized by law to provide under subsection (d) of K.S.A. 65-1113, subsection (h) of K.S.A. 65-1124, subsection (b) of K.S.A. 65-2901 and subsection (b) of K.S.A. 65-5402, and amendments thereto.

Sec. 17. On April 1, 2003, K.S.A. 2001 Supp. 65-2891 is hereby amended to read as follows: 65-2891. (a) Any health care provider who in good faith renders emergency care or assistance at the scene of an emergency or accident including treatment of a minor without first obtaining the consent of the parent or guardian of such minor shall not be liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.

(b) Any health care provider may render in good faith emergency care or assistance, without compensation, to any minor requiring such care or assistance as a result of having engaged in competitive sports, without first obtaining the consent of the parent or guardian of such minor. Such health care provider shall not be liable for any civil damages other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering such emergency care.

(c) Any health care provider may in good faith render emergency care or assistance during an emergency which occurs within a hospital or elsewhere, with or without compensation, until such time as the physician employed by the patient or by the patient's family or by guardian assumes responsibility for such patient's professional care. The health care provider rendering such emergency care shall not be held liable for any civil damages other than damages occasioned by negligence.

(d) Any provision herein contained notwithstanding, the ordinary standards of care and rules of negligence shall apply in those cases wherein emergency care and assistance is rendered in any physician's or dentist's office, clinic, emergency room or hospital with or without compensation.

(e) As used in this section the term "health care provider" means any person licensed to practice any branch of the healing arts, licensed dentist, licensed optometrist, licensed professional nurse, licensed practical nurse, licensed podiatrist, licensed pharmacist, registered physical therapist, and any physician's assistant who has successfully completed an American medical association approved training program and has successfully completed the national board examination for physicians' assistants of the American board of medical examiners, any registered athletic trainer, any ~~registered~~ *licensed* occupational therapist, any licensed respiratory therapist, any person who holds a valid attendant's certificate under K.S.A. 65-6129, and amendments thereto, any person who holds a valid certificate for the successful completion of a course in first aid offered or approved by the American red cross, by the American heart association, by the mining enforcement and safety administration of the bureau of mines of the department of interior, by the national safety council or by any instructor-coordinator, as defined in K.S.A. 65-6112, and amendments thereto, and any person engaged in a postgraduate training program approved by the state board of healing arts.

Sec. 18. On April 1, 2003, K.S.A. 2001 Supp. 65-4915 is hereby amended to read as follows: 65-4915. (a) As used in this section:

(1) "Health care provider" means: (A) Those persons and entities defined as a health care provider under K.S.A. 40-3401 and amendments thereto; and (B) a dentist licensed by the Kansas dental board, a dental hygienist licensed by the Kansas dental board, a professional nurse licensed by the board of nursing, a practical nurse licensed by the board of nursing, a mental health technician licensed by the board of nursing, a physical therapist assistant certified by the state board of healing arts, an occupational therapist ~~registered~~ *licensed* by the state board of healing arts, an occupational therapy assistant ~~registered~~ *licensed* by the state board of healing arts, a respiratory therapist licensed by the state board of healing arts, a physician assistant licensed by the state board of healing arts and attendants and ambulance services certified by the emergency medical services board.

(2) "Health care provider group" means:

(A) A state or local association of health care providers or one or more committees thereof;

(B) the board of governors created under K.S.A. 40-3403 and amendments thereto;

(C) an organization of health care providers formed pursuant to state or federal law and authorized to evaluate medical and health care services;

(D) a review committee operating pursuant to K.S.A. ~~65-2840b through 65-2840d~~, 65-2840c and amendments thereto;

(E) an organized medical staff of a licensed medical care facility as defined by K.S.A. 65-425 and amendments thereto, an organized medical staff of a private psychiatric hospital licensed under K.S.A. 75-3307b and amendments thereto or an organized medical staff of a state psychiatric hospital or state institution for the mentally retarded, as follows: Larned state hospital, Osawatomie state hospital, Rainbow mental health facility, Kansas neurological institute and Parsons state hospital and training center;

(F) a health care provider;

(G) a professional society of health care providers or one or more committees thereof;

(H) a Kansas corporation whose stockholders or members are health care providers or an association of health care providers, which corporation evaluates medical and health care services; or

(I) an insurance company, health maintenance organization or ad-

ministrator of a health benefits plan which engages in any of the functions defined as peer review under this section.

(3) “Peer review” means any of the following functions:

(A) Evaluate and improve the quality of health care services rendered by health care providers;

(B) determine that health services rendered were professionally indicated or were performed in compliance with the applicable standard of care;

(C) determine that the cost of health care rendered was considered reasonable by the providers of professional health services in this area;

(D) evaluate the qualifications, competence and performance of the providers of health care or to act upon matters relating to the discipline of any individual provider of health care;

(E) reduce morbidity or mortality;

(F) establish and enforce guidelines designed to keep within reasonable bounds the cost of health care;

(G) conduct of research;

(H) determine if a hospital’s facilities are being properly utilized;

(I) supervise, discipline, admit, determine privileges or control members of a hospital’s medical staff;

(J) review the professional qualifications or activities of health care providers;

(K) evaluate the quantity, quality and timeliness of health care services rendered to patients in the facility;

(L) evaluate, review or improve methods, procedures or treatments being utilized by the medical care facility or by health care providers in a facility rendering health care.

(4) “Peer review officer or committee” means:

(A) An individual employed, designated or appointed by, or a committee of or employed, designated or appointed by, a health care provider group and authorized to perform peer review; or

(B) a health care provider monitoring the delivery of health care at correctional institutions under the jurisdiction of the secretary of corrections.

(b) Except as provided by K.S.A. 60-437 and amendments thereto and by subsections (c) and (d), the reports, statements, memoranda, proceedings, findings and other records submitted to or generated by peer review committees or officers shall be privileged and shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity or be admissible in evidence in any judicial or administrative proceeding. Information contained in such records shall not be discoverable or admissible at trial in the form of testimony by an individual who participated in the peer review process. The peer review officer or committee creating or initially receiving the record is the holder of the privilege established by this section. This privilege may be claimed by the legal entity creating the peer review committee or officer, or by the commissioner of insurance for any records or proceedings of the board of governors.

(c) Subsection (b) shall not apply to proceedings in which a health care provider contests the revocation, denial, restriction or termination of staff privileges or the license, registration, certification or other authorization to practice of the health care provider. A licensing agency in conducting a disciplinary proceeding in which admission of any peer review committee report, record or testimony is proposed shall hold the hearing in closed session when any such report, record or testimony is disclosed. Unless otherwise provided by law, a licensing agency conducting a disciplinary proceeding may close only that portion of the hearing in which disclosure of a report or record privileged under this section is proposed. In closing a portion of a hearing as provided by this section, the presiding officer may exclude any person from the hearing location except the licensee, the licensee’s attorney, the agency’s attorney, the witness, the court reporter and appropriate staff support for either coun-

sel. The licensing agency shall make the portions of the agency record in which such report or record is disclosed subject to a protective order prohibiting further disclosure of such report or record. Such report or record shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity. No person in attendance at a closed portion of a disciplinary proceeding shall at a subsequent civil, criminal or administrative hearing, be required to testify regarding the existence or content of a report or record privileged under this section which was disclosed in a closed portion of a hearing, nor shall such testimony be admitted into evidence in any subsequent civil, criminal or administrative hearing. A licensing agency conducting a disciplinary proceeding may review peer review committee records, testimony or reports but must prove its findings with independently obtained testimony or records which shall be presented as part of the disciplinary proceeding in open meeting of the licensing agency. Offering such testimony or records in an open public hearing shall not be deemed a waiver of the peer review privilege relating to any peer review committee testimony, records or report.

(d) Nothing in this section shall limit the authority, which may otherwise be provided by law, of the commissioner of insurance, the state board of healing arts or other health care provider licensing or disciplinary boards of this state to require a peer review committee or officer to report to it any disciplinary action or recommendation of such committee or officer; to transfer to it records of such committee's or officer's proceedings or actions to restrict or revoke the license, registration, certification or other authorization to practice of a health care provider; or to terminate the liability of the fund for all claims against a specific health care provider for damages for death or personal injury pursuant to subsection (i) of K.S.A. 40-3403 and amendments thereto. Reports and records so furnished shall not be subject to discovery, subpoena or other means of legal compulsion for their release to any person or entity and shall not be admissible in evidence in any judicial or administrative proceeding other than a disciplinary proceeding by the state board of healing arts or other health care provider licensing or disciplinary boards of this state.

(e) A peer review committee or officer may report to and discuss its activities, information and findings to other peer review committees or officers or to a board of directors or an administrative officer of a health care provider without waiver of the privilege provided by subsection (b) and the records of all such committees or officers relating to such report shall be privileged as provided by subsection (b).

(f) Nothing in this section shall be construed to prevent an insured from obtaining information pertaining to payment of benefits under a contract with an insurance company, a health maintenance organization or an administrator of a health benefits plan.

Sec. 19. On April 1, 2003, K.S.A. 2001 Supp. 65-4921 is hereby amended to read as follows: 65-4921. As used in K.S.A. 65-4921 through 65-4930, and amendments thereto:

(a) "Appropriate licensing agency" means the agency that issued the license to the individual or health care provider who is the subject of a report under this act.

(b) "Department" means the department of health and environment.

(c) "Health care provider" means: (1) Those persons and entities defined as a health care provider under K.S.A. 40-3401 and amendments thereto; and (2) a dentist licensed by the Kansas dental board, a dental hygienist licensed by the Kansas dental board, a professional nurse licensed by the board of nursing, a practical nurse licensed by the board of nursing, a mental health technician licensed by the board of nursing, a physical therapist assistant certified by the state board of healing arts, an occupational therapist ~~registered~~ *licensed* by the state board of healing arts, an occupational therapy assistant ~~registered~~ *licensed* by the state board of healing arts and a respiratory therapist licensed by the state board of healing arts.

(d) “License,” “licensee” and “licensing” include comparable terms which relate to regulation similar to licensure, such as registration.

(e) “Medical care facility” means: (1) A medical care facility licensed under K.S.A. 65-425 et seq. and amendments thereto; (2) a private psychiatric hospital licensed under K.S.A. 75-3307b and amendments thereto; and (3) state psychiatric hospitals and state institutions for the mentally retarded, as follows: Larned state hospital, Osawatomie state hospital, Rainbow mental health facility, Kansas neurological institute and Parsons state hospital and training center.

(f) “Reportable incident” means an act by a health care provider which: (1) Is or may be below the applicable standard of care and has a reasonable probability of causing injury to a patient; or (2) may be grounds for disciplinary action by the appropriate licensing agency.

(g) “Risk manager” means the individual designated by a medical care facility to administer its internal risk management program and to receive reports of reportable incidents within the facility.

(h) “Secretary” means the secretary of health and environment.

New Sec. 20. (a) Sections 20 to 37, inclusive, and amendments thereto shall be known and may be cited as the naturopathic doctor registration act.

(b) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 21. (a) As used in sections 20 to 37, inclusive, and amendments thereto:

(1) “Naturopathic doctor” means a doctor of naturopathic medicine who is authorized and registered pursuant to this act.

(2) “Naturopathic medicine,” or “naturopathy” means a system of health care practiced by naturopathic doctors for the prevention, diagnosis and treatment of human health conditions, injuries and diseases, that uses education, natural medicines and therapies to support and stimulate the individual’s intrinsic self-healing processes, and includes prescribing, recommending or administering: (A) Food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanicals, homeopathic preparations, nonprescription drugs, plant substances that are not designated as prescription drugs or controlled substances, topical drugs as defined in subsection (a)(9) of this section, and amendments thereto; (B) health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, barrier contraceptive devices; (C) substances on the naturopathic formulary which are authorized for intramuscular or intravenous administration pursuant to a written protocol entered into with a physician who has entered into a written protocol with a naturopathic doctor registered under this act; (D) noninvasive physical examinations, venipuncture to obtain blood for clinical laboratory tests and orofacial examinations, excluding endoscopies; (E) minor office procedures; and (F) naturopathic acupuncture. A naturopathic doctor may not perform surgery, obstetrics, administer ionizing radiation, or prescribe, dispense or administer any controlled substances as defined in K.S.A. 65-4101, and amendments thereto, or any prescription-only drugs except those listed on the naturopathic formulary adopted by the board pursuant to this act.

(3) “Board” means the state board of healing arts.

(4) “Approved naturopathic medical college” means a college and program granting the degree of doctor of naturopathy or naturopathic medicine that has been approved by the board under this act and which college and program requires at a minimum a four-year, full-time resident program of academic and clinical study.

(5) “Homeopathic preparations” means substances and drugs prepared according to the official homeopathic pharmacopoeia recognized by the United States food and drug administration.

(6) “Naturopathic acupuncture” means the insertion of fine metal needles through the skin at specific points on or near the surface of the body with or without the palpation of specific points on the body and

with or without the application of electric current or heat to the needles or skin or both to treat human disease and impairment and to relieve pain.

(7) “Minor office procedures” means care incidental to superficial lacerations and abrasions, superficial lesions and the removal of foreign bodies located in the superficial tissues, except eyes, and not involving blood vessels, tendons, ligaments or nerves. “Minor office procedures” includes use of antiseptics, but shall not include the suturing, repairing, alteration or removal of tissue or the use of general or spinal anesthesia. Minor office procedures does not include anesthetics or surgery.

(8) “Naturopathic physical applications” means the therapeutic use by naturopathic doctors of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, constitutional hydrotherapy, naturopathic musculoskeletal technique and therapeutic exercise.

(9) “Topical drugs” means topical analgesics, antiseptics, scabicides, antifungals and antibacterials but does not include prescription only drugs.

(10) “Physician” means a person licensed to practice medicine and surgery.

(11) “Written protocol” means a formal written agreement between a naturopathic doctor registered under this act and a person licensed to practice medicine and surgery. Any licensee of the board entering into a written protocol with a registered naturopathic doctor shall notify the board in writing of such relationship by providing such information as the board may require.

(b) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 22. (a) The board, as hereinafter provided, shall administer the provisions of this act.

(b) The board shall judge the qualifications of all applicants for examination and registration, determine the applicants who successfully pass the examination, duly register such applicants and adopt rules and regulations as may be necessary to administer the provisions of this act.

(c) The board shall issue a registration as a naturopathic doctor to an individual who prior to the effective date of this act (1) graduated from a school of naturopathy that required four years of attendance and was at the time of such individual’s graduation accredited or a candidate for accreditation by the board approved accrediting body, (2) passed an examination approved by the board covering appropriate naturopathic subjects including basic and clinical sciences and (3) has not committed an act which would subject such person to having a registration suspended or revoked under section 27, and amendments thereto.

(d) The board shall keep a record of all proceedings under this act and a roster of all individuals registered under this act. Only an individual may be registered under this act.

(e) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 23. (a) An applicant applying for registration as a naturopathic doctor shall file a written application on forms provided by the board, showing to the satisfaction of the board that the applicant meets the following requirements:

(1) Education: The applicant shall present evidence satisfactory to the board of having successfully completed an educational program in naturopathy from an approved naturopathic medical college.

(2) Examination: The applicant shall pass an examination as provided for in section 24 and amendments thereto.

(3) Fees: The applicants shall pay to the board all applicable fees established under section 26 and amendments thereto.

(b) The board shall adopt rules and regulations establishing the criteria for an educational program in naturopathy to obtain successful recognition by the board under paragraph (1) of subsection (a). The board

may send a questionnaire developed by the board to any school or other entity conducting an educational program in naturopathy for which the board does not have sufficient information to determine whether the program should be recognized by the board and whether the program meets the rules and regulations adopted under this section. The questionnaire providing the necessary information shall be completed and returned to the board in order for the program to be considered for recognition. The board may contract with investigative agencies, commissions or consultants to assist the board in obtaining information about an educational program in naturopathy. In entering such contracts the authority to recognize an educational program in naturopathy shall remain solely with the board.

(c) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 24. (a) Each applicant for registration under this act shall be examined by a written examination or examinations chosen by the board to test the applicant's knowledge of the basic and clinical sciences relating to naturopathy, and naturopathy theory and practice, including the applicant's professional skills and judgment in the utilization of naturopathic techniques and methods, and such other subjects as the board may deem useful to determine the applicant's fitness to practice naturopathy.

(b) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 25. (a) The board may waive the examination or education requirements, or both, and grant registration (1) to any applicant who presents proof of current authorization to practice naturopathy in another state, the District of Columbia or territory of the United States which requires standards for authorization to practice determined by the board to be equivalent to the requirements for registration under this act and (2) to any applicant who presents proof that on the day preceding the effective date of this act that the applicant was practicing under K.S.A. 65-2872a and amendments thereto.

(b) At the time of making an application under this section, the applicant shall pay to the board the application fee as required under section 26 and amendments thereto.

(c) The board may issue a temporary registration to an applicant for registration as a naturopathic doctor who applies for temporary registration on a form provided by the board, who meets the requirements for registration or who meets all the requirements for registration except examination and who pays to the board the temporary registration fee as required under section 26 and amendments thereto. The person who holds a temporary registration shall practice only under the supervision of a registered naturopathic doctor. Such temporary registration shall expire one year from the date of issue or on the date that the board approves the application for registration, whichever occurs first. No more than one such temporary registration shall be permitted to any one person.

(d) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 26. (a) The board shall charge and collect in advance fees provided for in this act as fixed by the board by rules and regulations, subject to the following limitations:

Application fee, not more than.....	\$200
Temporary registration fee, not more than.....	\$30
Registration renewal fee, not more than.....	\$150
Registration late renewal additional fee, not more than	\$250
Registration reinstatement fee, not more than	\$250
Certified copy of registration, not more than.....	\$30
Written verification of registration, not more than.....	\$25

(b) The board shall charge and collect in advance fees for any examination administered by the board under the naturopathic doctor reg-

istration act as fixed by the board by rules and regulations in an amount equal to the cost to the board of the examination. If the examination is not administered by the board, the board may require that fees paid for any examination under the naturopathic doctor registration act be paid directly to the examination service by the person taking the examination.

(c) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 27. (a) The board may deny, refuse to renew, suspend or revoke a registration where the registrant or applicant for registration has been guilty of unprofessional conduct which has endangered or is likely to endanger the health, welfare or safety of the public. Unprofessional conduct includes:

(1) Obtaining a registration by means of fraud, misrepresentation or concealment of material facts;

(2) being guilty of unprofessional conduct as defined by rules and regulations adopted by the board;

(3) being convicted of a felony if the acts for which such person was convicted are found by the board to have a direct bearing on whether such person should be entrusted to serve the public in the capacity of a naturopathic doctor;

(4) violating any lawful order or rule and regulation of the board; and

(5) violating any provision of this act.

(b) Such denial, refusal to renew, suspension or revocation of a registration may be ordered by the board after notice and hearing on the matter in accordance with the provisions of the Kansas administrative procedure act. Upon the end of the period of time established by the board for the revocation of a registration, application may be made to the board for reinstatement. The board shall have discretion to accept or reject an application for reinstatement and may hold a hearing to consider such reinstatement. An application for reinstatement shall be accompanied by the registration reinstatement fee established under section 26 and amendments thereto.

(c) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 28. (a) Registrations issued under this act shall be effective for a period of one year and shall expire at the end of such period of time unless renewed in the manner prescribed by the board, upon the payment of the registration renewal fee established under section 26 and amendments thereto. The board may establish additional requirements for registration renewal which provide evidence of continued competency. The board for registration renewal shall require completion of at least 25 hours annually of continuing education approved by the board. The board may provide for the late renewal of a registration upon the payment of a late fee established under section 26 and amendments thereto, but no such late renewal of a registration may be granted more than five years after its expiration.

(b) A person whose registration is suspended shall not engage in any conduct or activity in violation of the order or judgment by which the registration was suspended. If a registration revoked on disciplinary grounds is reinstated, the registrant, as a condition of reinstatement, shall pay the registration renewal fee and any late fee that may be applicable.

(c) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 29. (a) The board shall remit all moneys received by or for it from fees, charges or penalties to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury. Twenty percent of each such deposit shall be credited to the state general fund and the balance shall be credited to the healing arts fee fund. All expenditures from such fund shall be made in accordance with appropriation acts upon warrants of the director of

accounts and reports issued pursuant to vouchers approved by the president of the board or by a person designated by the president of the board.

(b) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 30. (a) On and after January 1, 2003, and prior to July 1, 2004, it shall be unlawful for any person who is not registered under this act as a naturopathic doctor or whose registration has been suspended or revoked to hold oneself out to the public as a registered naturopathic doctor, or use the abbreviation of “N.D.” or the words “naturopathic doctor,” “doctor of naturopathy,” “doctor of naturopathic medicine,” “naturopathic medical doctor” or any other words, letters, abbreviations or insignia indicating or implying that such person is a naturopathic doctor. A violation of this subsection (a) shall constitute a class B person misdemeanor.

(b) On and after July 1, 2004, it shall be unlawful for any person who is not registered under this act as a naturopathic doctor or whose registration has been suspended or revoked to hold oneself out to the public as a registered naturopathic doctor, or use the abbreviation of “N.D.” or the words “naturopathic doctor,” “doctor of naturopathy,” “doctor of naturopathic medicine,” “naturopath,” “naturopathic medical doctor” or any other words, letters, abbreviations or insignia indicating or implying that such person is a naturopathic doctor. A violation of this subsection (b) shall constitute a class B person misdemeanor.

(c) No statute granting authority to persons licensed or registered by the state board of healing arts shall be construed to confer authority upon naturopathic doctors to engage in any activity not conferred by this act.

(d) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 31. (a) The board shall adopt a naturopathic formulary which lists the drugs and substances which are approved for intramuscular or intravenous administration by a naturopathic doctor pursuant to the order of a physician. The board shall appoint a naturopathic formulary advisory committee which shall advise the board and make recommendations on the list of substances which may be included in the naturopathic formulary. The naturopathic formulary advisory committee shall consist of a licensed pharmacist, a person knowledgeable in medicinal plant chemistry, two persons licensed to practice medicine and surgery, and two naturopathic doctors registered under this act.

(b) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 32. (a) In order to practice naturopathic acupuncture, a naturopathic doctor shall obtain a naturopathic acupuncture specialty certification from the board. The board may issue this specialty certification to a naturopathic doctor who has:

(1) Submitted an application and paid certification fee to be determined by the board;

(2) completed basic oriental medicine philosophy from a college or university approved by the board and 500 hours of supervised clinical training under a trained naturopathic acupuncturist’s supervision.

(b) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 33. (a) There is established a naturopathic advisory council to advise the board in carrying out the provisions of this act. The council shall consist of five members, all citizens and residents of the state of Kansas appointed as follows: Three members shall be naturopathic doctors appointed by the state board of healing arts; one member shall be the president of the state board of healing arts or a person designated by the president; and one member appointed by the governor shall be from the public sector who is not engaged, directly or indirectly, in the provision of health services. Insofar as possible persons appointed to the council shall be from different geographic areas. If a vacancy occurs on the

council, the appointing authority of the position which has become vacant shall appoint a person of like qualifications to fill the vacant position for the unexpired term, if any. The members of the council appointed by the governor shall be appointed for terms of three years and until a successor is appointed. The members appointed by the state board of healing arts shall serve at the pleasure of the state board of healing arts. If a member is designated by the president of the state board of healing arts, the member shall serve at the pleasure of the president.

(b) Members of the council attending meetings of the council, or attending a subcommittee meeting thereof authorized by the council, shall be paid amounts provided in subsection (e) of K.S.A. 75-3223 and amendments thereto from the healing arts fee fund.

(c) During the 2003 regular session of the legislature the legislature shall consider establishing an alternative health care board composed of representatives as may be designated from existing health care regulatory agencies, alternative health care providers and members of the general public for purposes of advising the legislature on matters relating to alternative health care, administering the naturopathic doctor registration act and performing such other duties as may be established by law.

(d) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 34. (a) When it appears to the board that any person is violating any of the provisions of this act, the board may bring an action in the name of the state of Kansas in a court of competent jurisdiction for an injunction against such violation without regard to whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted.

(b) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 35. (a) All state agency adjudicative proceedings under the naturopathic doctor registration act shall be conducted in accordance with the provisions of the Kansas administrative procedure act and shall be reviewable in accordance with the act for judicial review and civil enforcement of agency actions.

(b) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 36. (a) A policy of professional liability insurance approved by the commissioner of insurance and issued by an insurer duly authorized to transact business in this state shall be maintained in effect by each naturopathic doctor as a condition to rendering professional service as a naturopathic doctor in this state.

(b) The provisions of this section shall take effect on and after January 1, 2003.

New Sec. 37. (a) The confidential relations and communications between a naturopathic doctor and the naturopathic doctor's patient are placed on the same basis as provided by law as those between a physician and a physician's patient in K.S.A. 60-427, and amendments thereto.

(b) The provisions of this section shall take effect on and after January 1, 2003.

Sec. 38. K.S.A. 65-6122 and K.S.A. 2001 Supp. 65-468, 65-6121 and 65-6129 are hereby repealed.

Sec. 39. On January 1, 2003, K.S.A. 65-2872a is hereby repealed.

Sec. 40. On April 1, 2003, K.S.A. 65-5402, 65-5405, 65-5406, 65-5407, 65-5410, 65-5412 and 65-5414 and K.S.A. 2001 Supp. 65-1501, 65-2891, 65-5408, 65-5409, 65-4915 and 65-4921 are hereby repealed.

Sec. 41. This act shall take effect and be in force from and after its publication in the statute book.

I hereby certify that the above BILL originated in the HOUSE, and passed that body

HOUSE adopted
Conference Committee Report _____

Speaker of the House.

Chief Clerk of the House.

Passed the SENATE
as amended _____

SENATE adopted
Conference Committee Report _____

President of the Senate.

Secretary of the Senate.

APPROVED _____

Governor.