#### SESSION OF 2007

### **SUPPLEMENTAL NOTE ON HOUSE BILL NO. 2483**

As Amended by Senate Committee of the Whole

### **Brief\***

HB 2483 would amend statutes that govern the practice of physical therapy and statutes that relate to the newborn screening program.

# **Physical Therapy**

In general, the amendments to the act under which physical therapists are licensed and regulated would enable physical therapists to initiate treatment without approval of a person licensed to practice medicine and surgery or other specified provider under certain circumstances. The existing requirement for a referral from a licensed physician, podiatrist, physician assistant, chiropractor, dentist, optometrist, or advanced registered nurse practitioner in all other circumstances would not be changed by the bill.

A new statute that would be created by the bill would authorize physical therapists to evaluate and treat a patient for a maximum of 30 consecutive days without a referral only when:

- The patient had previously been referred to a physical therapist by a person authorized by the bill to approve treatment;
- The patient's prior referral was made within one year of the date the physical therapist begins treatment without a referral;

<sup>\*</sup>Supplemental notes are prepared by the Legislative Research Department and do not express legislative intent. The supplemental note and fiscal note for this bill may be accessed on the Internet at http://www.kslegislature.org

- The physical therapy provided without a referral is for the same condition indicated on the original referral;
- The physical therapist provides to a physician or other practitioner identified by the patient, a copy of the therapist's evaluation of the patient within five business days of the start of treatment;
- Treatment by a physical therapist for more than 30 consecutive days would require approval by a person authorized by the bill to approve treatment; and
- Treatment under a referral by a person licensed to practice one of the healing arts licensed in another state pursuant to KSA 65-2872 could only be provided by a physical therapist without a referral if such treatment is provided in a Kansas health care institution. (Under the current law and the amendments adopted by the Senate Committee of the Whole, physical therapists may only provide treatment with the approval of one of the enumerated practitioners who is licensed in Kansas. The exception is a referral from an M.D., D.O., or chiropractor licensed by another jurisdiction who falls under the exception in the Kansas Healing Arts Act.)

The new statute would authorize physical therapists to provide physical therapy services that do not constitute treatment for a specific condition, disease, or injury without a referral to:

- Employees solely for the purpose of education and instruction related to workplace injury prevention;
- The public for the purpose of fitness, health promotion, and education; and
- Special education students who need physical therapy services to fulfill the provisions of an individualized

education plan or an individualized family service plan or an individualized family service plan.

## Newborn Screening

The bill would amend the law regarding the newborn screening program. The Department of Health and Environment would be directed to adopt rules and regulations no later than July 1, 2008, to require newborn screening tests for the disorders recommended in the 2005 report by the American College of Medical Genetics entitled "Newborn Screening: Toward a Uniform Screening Panel and System." The Secretary of Health and Environment would be required to appoint an advisory committee regarding the implementation of the expanded screening program. The Secretary also would be directed to periodically review the newborn screening program, including program efficacy, cost effectiveness, and whether program adjustments need to be made.

The bill would allow a designee of the agency to conduct the initial laboratory screening tests and would eliminate language requiring the Department of Health and Environment and the Kansas Health Policy Authority to combine resources for the purchase of treatment products.

### **Background**

The original bill was introduced by the House Committee on Health and Human Services at the request of the Kansas Physical Therapy Association. Representatives of the Association presented testimony in support of the bill at the House Committee hearing. Other proponents included a physical therapy educator and a physical therapy patient. Representatives of the Kansas Chiropractic Association suggested an amendment to the bill that would have limited physical therapists' scope of practice.

The House Committee made technical and conforming amendments to the bill.

The Senate Committee amendments clarifying that a referral may be made by a qualified provider whether credentialed in Kansas or another jurisdiction resulted from clarification of intent by conferees. The other amendments authorizing physical therapists to provide additional services to employees and special education students were proposed by representatives of the Kansas Physical Therapy Association.

The Senate Committee of the Whole amendments deleted a subsection of the bill, amended the content of the subsection, and reinserted the content into the bill as a new section. In making these changes, authority for physical therapists to provide treatment pursuant to a referral of a practitioner credentialed in another jurisdiction was deleted from the bill, except as allowed under the Healing Arts Act and rules and regulations adopted thereunder applicable only to practitioners of the healing arts.

The Senate Committee of the Whole amended the content of HB 2224 into the bill as a separate section. The House Social Services Budget Committee held a hearing on HB 2224. Proponents of the bill included the Director of the Division of Health, KDHE; the Director of Health Policy for Kansas Action for Children; the President-Elect of the Kansas Chapter of the American Academy of Pediatrics; the State Director of the March of Dimes; the Vice President of Government Relations of the Kansas Hospital Association; the Sisters of Charity of Leavenworth Health Systems; and several parents. Conferees indicated that only two other states screen for as few conditions as Kansas, and no state screens for less diseases than Kansas. The March of Dimes and the American College of Medical Genetics recommends that states screen for 29 treatable conditions. The House Appropriations Committee amended the bill to remove the \$30 fee per newborn for the screening. There were no opponents to the bill.

The fiscal note prepared by the Division of the Budget for HB 2483 states that the Board of Healing Arts indicates that passage of HB 2483 would not have a fiscal effect.

The fiscal note on the original version of HB 2224 estimates total expenditures of \$1,189,942, including \$191,000 from the State General Fund, and 5.0 FTE positions. Expenditures would include \$882,402 for new laboratory costs, \$116,537 for new followup costs, and \$191,000 for new treatment product costs. The fee for each newborn is estimated to generate revenues of \$1,170,000.