

Testimony in support of Senate Bill No. 183
Kent B. Murray, M.D.
Wichita, Kansas

My name is Kent Murray. I have been a resident of Wichita Kansas for the past thirty-one years. I am physician and the Chief of Staff of the Robert J. Dole VA Medical Center in Wichita. I am, in addition, an associate professor of internal medicine and Associate Dean for Veterans Affairs at the Kansas University School of Medicine – Wichita. I am testifying today as a private citizen of the state of Kansas and not as a representative of the Department of Veterans Affairs or the Kansas University School of Medicine.

My practice is currently limited to the Wichita VA, although I have also practiced in the private sector in Wichita in the past.

I am here today to request your support of Senate Bill No. 183. This bill will correct an inequity in the current medical licensing statutes.

The licensing category “federal active” was enacted to allow for full licensure of physicians in the federal sector without the requirement for coverage by malpractice insurance needed for the “active” designation. Federal physicians are covered under the Federal Tort Claims Act for any malpractice actions that might arise and do not, therefore, require malpractice coverage in their usual work situation.

However, the law as written is unduly restrictive for those physicians in the “federal active category”. A physician in this category is unable to do a variety of non-compensated activities outside the walls of a federal institution. Excluded are such activities as peer review, certain administrative functions and provision of medical care or supervision without compensation. This in spite of the fact that the “federal active” category of licensure requires everything that the “active” designation requires including full license fees and continuing education hours.

The “exempt” licensing category (held primarily by retired non-practicing physicians) carries a lower licensing fee and no continuing education requirements. Curiously, it then allows for broad medical activities including non-compensated practice.

To use myself as an illustration of the unduly restrictive nature of the “federal active” category as it currently exists, I present the following information. I am a physician who has held a Kansas license and practiced in Kansas for thirty years. I am board certified in

internal medicine and geriatrics. I am an Associate Professor of Internal Medicine and an Associate Dean at our local medical school. I am Chief of Staff of a VA Medical Center and am administratively responsible for all medical care which occurs at that medical center. In spite of these facts, under the current law, I cannot legally do clinical teaching involving a patient outside the walls of the VA, do peer review on cases outside the VA, or call in a prescription for my wife to a local pharmacy. I cannot believe this level of restriction was the intent of the legislature when the “federal active” category was instituted.

I fully understand the reason for the “federal active” category and completely agree that anyone who practices for compensation in Kansas should be required to carry the “active” designation and be adequately covered for any malpractice claims that might arise.

I am, however, requesting that you act favorably on Senate Bill No.183 which provides for non-compensated medical activities for physicians with “federal active” licensure. I believe increasing these physicians scope of practice will be beneficial to the citizens of the state and correct a situation which must certainly reflect an inadvertent defect in the original legislation.