

Testimony in support of Senate Bill No. 183
James E. Sanders, MD
Fairway, Kansas

My name is Jim Sanders, and I am a Kansas physician. I live in Fairway, and practice medicine at the VA Eastern Kansas Health Care System, which includes medical centers in Leavenworth and Topeka. I am here today in my personal capacity, and not in any official capacity as an employee of the Department of Veterans Affairs.

I want to encourage your support of Senate Bill No. 183, which provides for a limited practice exception for physicians licensed in the State of Kansas in the “federal active” category of licensure. If you are not familiar with the “federal active” license category, it may be tempting to think of this group of licensees as out of state physicians who are temporarily in the state of Kansas while on active duty or other federal assignment. I would like to clarify that perception by briefly explaining my own background.

I am a lifetime Kansan. I spent my early years on a farm in Comanche County, where my grandparents had settled. My family then moved to Wichita, where I graduated from Wichita South High. I attended the University of Kansas as an undergraduate and later graduated from the KU School of Law. I practiced law in Topeka for about five years before returning to the University of Kansas to study medicine. I took my residency in Family Practice at KU, and remained there on the faculty until I left to join the VA. While working for the VA I have had teaching appointments at Wichita State University for the education of physician assistants, at the KU School of Nursing for teaching nurse practitioners, and at the KU School of Medicine for teaching medical students and residents. All of these trainees receive part of their clinical training at the VA. While I am employed by the federal government as a physician, and licensed in the “federal active” category, my roots in Kansas are deep and longstanding.

Kansas law allows physicians licensed in the “exempt” category (primarily retired physicians) the opportunity for limited practice of medicine in settings where they are not compensated and do not hold themselves out to the public as engaging in the practice of medicine. The language proposed in Senate Bill 183 would extend this limited practice exception to those licensed in the “federal active” category. The language proposed is exactly that of the existing laws and regulations that govern “exempt” physicians, but extends this limited practice exception to those active physicians whose primary practice is in a federal setting.

Physicians in the “federal active” category pay full license fees to the Board of Healing Arts, maintain the required 150 hours of continuing medical education every three years required for licensure, and have the same requirements for reporting tort claims or adverse privileging actions as do physicians licensed in the “active” category. The limited exception authorized by Senate Bill 183 is to allow for the performance of defined administrative functions and providing medical care or supervision without compensation, including practice as a charitable health care provider.

If a federal physician chooses to work outside of their federal assignment on a compensated basis, I agree that they should obtain an active license and meet the appropriate requirements for maintenance of licensure. The exception proposed would apply only to the limited circumstances described. I believe this amendment of KSA 65-2809 is consistent with previous legislative intent in granting this exception to “exempt” physicians, and I request your support for this bill.

James E. Sanders, MD
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