

Approved: February 14, 2005

Date

## MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:32 P.M. on February 9, 2005, in Room 526-S of the Capitol.

### Committee members absent:

Representative Brenda Landwehr- excused  
Representative Patricia Kilpatrick- excused

### Committee staff present:

Melissa Calderwood, Kansas Legislative Research Department  
Mary Galligan, Kansas Legislative Research Department  
Rena Jefferies, Revisor of Statutes' Office  
Norm Furse, Revisor of Statutes' Office  
Gary Deeter, Committee Secretary

### Conferees appearing before the committee:

Terri Roberts, Executive Director, Kansas State Nurses Association  
Debbie Folkerts, Kansas State Nurses Association  
Diana Corpstein, Kansas State Nurses Association  
Carla Lee, Kansas Alliance of Advanced Nurse Practitioners

### Others attending:

See attached list.

The minutes for February 8, 2005, were approved.

The Chair opened the hearing on [HB 2256](#).

Terri Roberts, Executive Director, Kansas State Nurses Association, spoke as a proponent. ([Attachment 1](#)) She suggested two changes to the bill that would clarify the term "mid-level practitioner." She then gave a brief history for advanced registered nurse practitioner (ARNP), explaining that in 1971 the Nurse Clinician Program was initiated in Kansas, a program which by 1979 brought legislative recognition of advanced nursing practice, recognition which was challenged in court. By 1983 legislation was established for independent practice by advanced nurse practitioners. Responding to concerns from the Board of Pharmacy, the legislature in 1989 amended **K.S.A. 65-1130 (d)** to allow a "responsible physician" a degree of authority over an ARNP in prescribing medications. Ms. Roberts noted that the law allowed the DEA to grant ARNPs authority to prescribe scheduled drugs, saying that since 2001 ARNPs have joint protocols with physicians to write prescriptions.

Ms. Roberts stated that there are 2600 ARNPs in Kansas, four different categories (Nurse Practitioners, Clinical Nurse Specialists, Nurse Midwives, and Nurse Anesthetists), and of the 168 rural health clinics in Kansas, more than half are staffed by ARNPs. She noted that fewer than half—24 states—require physician involvement with ARNPs. She urged members to pass the proposed legislation, thus enabling ARNPs to

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better serve their constituents.

Debbie Folkerts, representing the Kansas State Nurses Association, also spoke as a proponent. ([Attachment 2](#)) She stated that in 1990 she assumed the practice of a retiring physician as a Family Nurse Practitioner; presently she has her own specialty in urology and serves as a consultant in 43 states. She said that, in spite of public misconceptions, ARNPs can practice without a physician's oversight, relying on a physician only through written protocols for prescribing medications, noting that research validates an ARNP's ability to prescribe medications that are low-cost, safe, and with limited side effects.

Diana Corpstein, representing the Kansas State Nurses Association, testified that she has been a Family Nurse Practitioner for 15 years, presently serving in a clinic with 4 medical doctors, 3 osteopathic doctors, as well as several staff nurses, noting that many of her patients over the past 10 years have never seen a physician. She commented on the collegial atmosphere of the clinic, saying that each member knows when to refer patients who need care outside his/her area of expertise, such as to a surgeon or psychiatrist. ([Attachment 3](#)) She stated that, if the bill passes, she can receive lab reports directly, patients will receive information more quickly, and medications will be properly labeled—all of which will result in better health care for patients.

Carla Lee, representing the Kansas Alliance of Advanced Nurse Practitioners and speaking for the President, Lou Miller, testified about her past experience and education. ([Attachment 4](#)) She said presently a master's degree is the entry level for an ARNP; eventually a clinical doctorate will become the standard.

Conferees answered questions posed by committee members:

Ms. Folkerts replied that if the legislation passes, she would not change her practice, but the bill would remove barriers and restrictions. She said she was trained in family practice. She said her training would not allow her to do surgery nor work in a trauma center. She said Blue Cross and Medicare reimburse ARNPs 15% less than they do for physicians, noting that the bill would have no effect on her liability insurance. She said 30 hours of continuing education is required every two years before she can renew her certification.

Ms. Roberts said that the Board of Nursing investigates 600-800 complaints of incompetence each year; last year there were 147 cases of disciplinary action, reflecting an aggressive attitude toward complaints. She noted that the Board of Nursing must report all complaints and that part of the responsibility of nurses is to provide a check and balance for physicians' prescriptions and practice.

Ms. Corpstein explained that ARNPs follow a clear set of protocols for emergency measures, whether they are alone in a rural clinic or, as she is, working with other medical personnel. She said currently only a physician can pronounce a person's death.

Ms. Folkerts replied that physician supervision over ARNPs has been removed in over half the states, a change that has not resulted in increased litigation, noting that ARNPs are careful to practice within the scope of their training, referring critical-care and complex cases to specialists. She said she has staff privileges in

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local hospitals, receives referrals from physicians, conducts her own battery of tests, but does not do invasive procedures.

Ms. Roberts said ARNPs receive training in pharmacology and are solicited by the same pharmaceutical companies as are physicians.

The meeting was adjourned at 3:12 p.m. The next meeting is scheduled for Thursday, February 10, 2005.