

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 1:33 P.M. on February 10, 2005, in Room 526-S of the Capitol.

Committee members absent:

Representative Brenda Landwehr- excused

Committee staff present:

Melissa Calderwood, Kansas Legislative Research Department

Mary Galligan, Kansas Legislative Research Department

Renae Jefferies, Revisor of Statutes' Office

Gary Deeter, Committee Secretary

Conferees appearing before the committee:

Jerry Slaughter, Executive Director, Kansas Medical Society

Dennis Tietze, MD, Family Physician in Topeka

Dr. Mary Beth Miller, MD, representing Kansas Academy of Family Physicians

Chip Wheelen, Executive Director, Kansas Association of Osteopathic Medicine

Loretta Hoerman, Kansas Academy of Physician Assistants

Others attending:

See attached list.

The hearing continued on [HB 2256](#) with opponents testifying.

Jerry Slaughter, Executive Director, Kansas Medical Society, testified as an opponent, saying that the bill amends current law to allow an Advanced Registered Nurse Practitioner (ARNP) to prescribe medications without collaboration with a physician and substantially expands a nurse practitioner's scope of practice. ([Attachment 1](#)) He stated that current law has established a medical team that enhances patient care, a status which would be eroded by this bill. Stating that there are different levels of competence that create teamwork, Mr. Slaughter said the bill would authorize nurse practitioners to practice medicine, a level of skill for which neither their education nor their clinical experience would be adequate. He said the language of the bill is so broad that almost no medical practice would be prohibited to nurse practitioners, blurring the lines between what is medical practice and what is nursing practice. Further, he said that the bill will neither improve access to medical care nor lower costs, but will drive a wedge between physicians and nurse practitioners.

Dennis Tietze, a family physician in Topeka, saying he had been in practice for over 23 years, spoke in opposition to the bill but said he was not opposed to nurse clinicians. ([Attachment 2](#)) Stating that the bill implied equal competency and shared liability, he said medical competency ranged from boy scouts doing first aid up through nurse clinicians, noting that there is a significant step between a nurse clinician and a physician in education and clinical training, further commenting that a primary-care physician has seven years of training post-baccalaureate, whereas a nurse clinician has 18-24 months. He said an unintended consequence of the bill would be to separate a physician's collaborative relationship with nurse clinicians, whose expertise

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is developed on the job through association with physicians, not through education.

Dr. Mary Beth Miller, MD, representing the Kansas Academy of Family Physicians, said she was the only physician in Cheyenne County and, without a nurse practitioner, could not keep up her practice, the nurse practitioner being an integral part of health care. ([Attachment 3](#)) However, she said only 13 states offer unrestricted practice for nurse practitioners; since most do not, she concluded that collaboration is a crucial value in providing a spectrum of services, much as a pharmacist relies on a pharmacy technician, a physical therapist depends on a physical therapist technician. She stated that giving a nurse practitioner unrestricted prescription rights would increase risk to patients.

Chip Wheelen, Executive Director, Kansas Association of Osteopathic Medicine, testified in opposition to the bill. ([Attachment 4](#)) He noted two objections to the bill: One, that it is a major departure from the established health-care policy of the state, since the privilege of prescribing medication is reserved for doctorate-level health-care professionals—optometrists, dentists, podiatrists, veterinarians. Second, that it is a major expansion in practice without improving the standards of practice and accountability, saying that there is a significant difference between a physician assistant (PA) and a nurse practitioner in the practice acts of each profession. A physician can delegate any activity to a PA. However, the nurse practice act defines the practice of nursing, which, developed into rules and regulations by the Board of Nursing, does not define scope of practice beyond nursing practice, but specifies collaboration with a physician. Mr. Wheelen said he added to his testimony a new Advanced Registered Nurse Practitioner Act, and he recommended it as a replacement for the bill before the committee.

Doug Smith, Executive Director, Kansas Academy of Physicians Assistants, gave testimony provided by Loretta Hoerman. ([Attachment 5](#)) He said under current law a PA works under a physician's order and supervision, saying that this bill contemplates placing an ARNP in a supervisory role, a role which current statutory licensing laws would prohibit. He suggested an amendment to clarify this issue in the bill.

Written testimony in opposition was provided by LaDonna Schmidt, ARNP, MD, representing the Kansas Academy of Family Physicians ([Attachment 6](#)) and Dr. David Anderson, Kansas Society of Anesthesiologists. ([Attachment 7](#))

Committee members queried the conferees, questions which elicited the following answers:

Mr. Slaughter said any confusion as to who was writing the prescription could be remedied in the Pharmacy Act, obviating any need for this bill. To another question, he replied that medical schools limit their enrollment based on budget restrictions, not market strategies.

Dr. Miller said the shortage in rural areas did not indicate a shortage of doctors in general, only that many preferred urban settings. She said competition would not change her fee schedule, that in effect Medicare (85% in her practice) and insurance companies set her fees for her.

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Dr. Tietze, answering the same question, said Kansans spend more on pharmaceuticals each year than they do on primary care, implying that physician fees were not driving up health care. Stating that there were 10,000 fewer applicants to medical schools last year, he said there was no physician shortage, but maldistribution—that certain specialties were popular; others, like primary care, were less so, and that technology affected costs more than any other factor.

Mr. Slaughter replied that current statutes were not a leash on nurse practitioners, but were the template by which thorough health care can be provided. He stated that health-care costs are driven by increased utilization, not increased fees, that fees are set by outside forces, that costs are driven up by technology, and that the current collaboration model is a more rational allocation of resources than the fragmentation envisioned by this bill. Acknowledging that other states have a joint nurse-physician board, he replied that some middle ground might be possible.

Dr. Miller said that the bill does not accurately represent the desires of most ARNPs; most do not want independence and are content with the current arrangement. She said the bill, if implemented, would not affect her revenue stream. She stated that the bill, if passed as written, would allow nurse practitioners the unrestricted practice of medicine.

Mr. Wheelen said the Board of Healing Arts imposes stringent requirements for continuing education for physicians to assure their continued competence.

Dr. Tietze said the bill, if passed, would diminish patient care, since nurse practitioners do not have the wide range of knowledge of physicians, especially in pharmacology.

A member recommended that the physicians and nurses engage in dialogue to discover what the 13 states that allow unrestricted ARNP practice find valuable, and what the remainder of the states do to encourage collaboration.

The Chair announced that the staff briefing for [HB 2156](#) and [HB 2336](#) would be delayed until the Monday meeting.

The meeting was adjourned at 3:10 p.m. The next meeting is scheduled for Monday, February 14, 2005.