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H.B. 2256 ARNP-Prescribing Medications

February 9, 2005

Dear Chairperson Morrison and Members of the
House Health and Human Services Committee:

I am testifying today to ask for your support of H.B. 2256, which proposes changes to the current Advanced Registered Nurse Practitioner statutes. I am a Family Nurse Practitioner serving the Leavenworth County area for over 15 years. I previously worked as a staff nurse in the emergency room and operating room. Prior to that I was a licensed Adult Care Home Administrator in Kansas. My education includes a B.S.N. from Washburn University in Topeka and an M.S.N. from the University of Kansas. I have a minor in Health Care Administration. I am also Board Certified as a Family Nurse Practitioner.

I am very committed to my community and to the many patients that I serve. Most of my patients have never seen the responsible physician whose collaborative medication protocols I use, unless they needed his name to fill out a referral. Most of my patients have been with me over ten years—and I see them in the stores, at church, at school, and around town. Through the years, I have informed them they were expecting, done prenatal care, made newborn rounds, performed kindergarten physicals, diagnosed and treated ear infections, strep, heart murmurs, Down's syndrome, and many, many scrapes and tummy aches. I have sewed up lacerations, casted many, many fractures, and referred countless others to a wide variety of specialists whom I am proud to call my physician colleagues. I have been there when these same families have suffered through a child addicted to drugs, a motor vehicle accident involving the death of a family member, informing a patient they have AIDS, telling them they have cancer, or telling their families that their Mom or Grandma is dying. I have picked up medicine and delivered it, and made house calls when necessary. I call and check on patients on the weekends. This is what I do, and in many parts of our state,

this is what a lot of ARNP's do .

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I may refer some patients to the physician, the social worker, the psychiatrist, the physical therapist, and/or the surgeon. Health care is all of the disciplines working together to provide the best service possible under the worst possible conditions. Physicians are, like nurses, an essential element of the health care system.

I would like to share with you some experiences that are less likely to occur when this bill is passed. Some practice concerns that will be better served if this bill passes include:

- Proper and timely lab and test correspondence being received;
- Accurate labeling on prescription bottles.

Lab/Diagnostic Testing

Some hospitals, labs, and diagnostic testing centers have the misguided notion that physicians only have to get results. By removing “responsible physician” language, this information will come directly to the ordering ARNP, and streamline results for more efficient, reliable, quality patient care. (This represents a potentially significant safety issue.)

Example: Nurse Practitioner ordered arteriogram. Results came to Dr. J. Smith. The practice has two Drs. Smith—the N.P.’s collaborative MD was Dr. C. Smith. Results were delayed by eight days—the patient needed surgery.

Referrals

We currently must put the physician’s name on referrals to specialists. (Example: podiatry, ENT, neurosurgery.) The consultant reports and results then come to the “responsible physician”—often, this physician has never even seen the patient. This report may then sit

on a desk or get filed, and the results may get delayed or recommendations may not be followed up on.

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Example: Nurse Practitioner refers patient to neurosurgeon for low back pain, lower extremity tingling, numbness, abnormal MRI. Results come back to the clinic in the name of the collaborating MD. MD is out of town from Tuesday through Friday. The MD gets to the reports on the following Tuesday. A total of twelve days elapse. The recommendations include steroid injections and physical therapy. Treatment is delayed while the patient remains in pain.

Prescriptions

Not all pharmacies will put the name of the ARNP who writes a prescription on the label; sometimes they put the name of the responsible MD/DO instead. This confuses the patient and the staff, especially for refills. (E.g., when N.P. Jones writes a prescription for blood pressure medicine, and it comes out on the label as “Accupril 20 mg by Dr. Joe Smith—no refills,” when it is time for a refill, Dr. Joe Smith gets called. If he doesn’t remember the patient, it may cause unnecessary delays in refills, or possibly no refill at all.) In large clinics with several MD’s and ARNPs, with many who take call, it could be very confusing.

The failures in this system cause significant reduction in the ability to deliver quality care.

The patient is entitled to quality, efficient care by the provider of choice.

For the thousands

of patients in Kansas who have chosen to utilize nurse practitioners as their primary health care providers, it is imperative that these critical barriers be removed to improve the safety and health of these populations.

The new language proposed in KSA 65-1130, *“The authorization to perform acts of medical diagnosis and prescription of medical, therapeutic and corrective measures under this section comes from the advanced registered nurse practitioner’s educational preparation, national certification and authorization to practice in compliance with rules and regulations established by the board,”*

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will make it clear, so there is no ambiguity, that ARNP’s have the legal authority to write prescriptions, write orders for lab and diagnostic tests and receive corresponding results, and practice within the parameters of their education.

