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Chairmen Morrison and members of the House Health and Human Services Committee, my name is Terri Roberts J.D., R.N. and I am here representing the KANSAS STATE NURSES ASSOCIATION. KSNA requested this bill introduction and is pleased that the Committee is conducting a hearing on H.B. 2256. This bill actually makes three changes to statutes that will permit ARNP's to prescribe medications and perform and deliver care for their respective clients. Let me first say that what is proposed is clearly in line with the emerging trends throughout the country, and its been over twenty years since this section has been revised.

There are two amendments to H.B. 2256 that I want to first review

The first is in line 28 through 31. The (1) that is currently in line 30 before the word a rural health network physician should have been placed in front of the word "physician" on line 28. This section should read:

"Mid-level practitioner" means a (1) physician assistant who has entered into a written protocol with a rural health network physician *or (2) an advanced registered nurse practitioner.*

The second change is to clarify that there is only one area where ARNP's are added to the list of pharmacy act definitions. ARNP's have been added to the definition of "practitioner" on line 24 of page 7. The old language in the definition of "Mid-level practitioner" on line 6 on page 9 should be deleted and reference only PA's. This section should read:

(ii) "Mid-level practitioner" means ~~an advanced registered nurse practitioner issued a certificate of qualification pursuant to K.S.A. 65-1131 and amendments thereto who has authority to prescribe drugs pursuant to a written protocol with a responsible physician under K.S.A. 65-1130 and amendments thereto, or~~ a physician assistant licensed pursuant to the physician assistant licensure act who has authority to prescribe drugs pursuant to a written protocol with a responsible physician under K.S.A. 65-28a09 and amendments thereto.

The History of Advanced Practice in Kansas will give you a brief look at

where the practice of ARNP's has been the past thirty years.

The Early Years of Advanced Practice Nursing in Kansas

1960's: The Advanced Practice role in nursing in the United States began in this decade.

1971: The Nurse Clinician Program in Kansas was initiated by the Regional Medical Program. Also during this year, Idaho was the first state to revise its nurse practice act to define advanced practice nursing.

1972: The University of Kansas admitted the first class.

1973: Wichita State University admitted its first class.

1974: There was discussion in Kansas to propose changes to the nurse practice act.

1977: 30 states had changed their nurse practice act to accommodate advanced practice. In the fall of 1977, the Kansas State Nurses Association held 21 forums in 16 districts to educate nurses and other health care professionals and consumers about advanced practice and the proposed legislation.

1978: According to the February 1978 newsletter of the Nurse Clinicians/Nurse Practitioners/Clinical Nurse Specialists Conference Group, "KSNA had planned to open the NPA in 1979. However, the State Department of Health and Environment suggested if KSNA did not open up the NPA in 1978 to include the expanded role of nursing, then they would do so." At the beginning of the legislative session of 1978, the bill to sanction and define advance practice nursing was introduced by the Senate Public Health and Welfare Committee. Joyce Olson, President of KSNA, spoke in favor of the legislation. It was opposed by the Kansas Medical Society. It was passed with one amendment by the optometrists prohibiting advanced practice nurses from practicing optometry.

1980: A survey of advanced practice nurses was taken at a meeting in Overland Park, Kansas, in May, which describes the salary, education, and certification levels of the nurses active at that time.

1981: The conference group formally changed its name to the Advanced Practice Conference Group. In September the Assistant Attorney General filed a motion on behalf of the Kansas State Board of Nursing to dismiss a lawsuit opposing the ARNP statute, previously filed in Shawnee County by the Kansas Medical Society.

1982: On June 21, Judge Adrian Allen of the Shawnee District Court ruled the ARNP statute unconstitutional. In July the Board of Nursing voted to ask for a "stay" which would allow nurses to continue practicing until the matter was settled. Judge Allen denied the motion. In September the Executive Director of KSNA

gave testimony to the Interim Public Health and Welfare Committee about the issue of control, or "supervision," which was the basis for the complaints by the Kansas Medical Society.
1983: In January a new bill to re-enact the ARNP statute was submitted by the Senate Public Health and Welfare Committee. The Kansas Medical Society tried on two occasions, as it passed from the House to the Senate, to amend the bill to provide for supervision by physicians. An overwhelming response on the part of nursing contributed to their defeat in this attempt. On April 22nd Governor John Carlin signed into law the bill which allows Kansans to receive the services of advanced practice nurses, who are legally responsible for their own practice.

Since 1983 there have been two more changes that are significant to the practice of ARNP's.

KSA 65-1130 (d) was added in 1989, at the request of the Board of Pharmacy to make it clear that ARNP's could issue prescriptions. This was the first and only introduction into the statute of any physician language, and the term "supervision" was intentionally not used when the description of "responsible physician" was included. The Kansas Medical Society actually insisted on the responsible physician language and wrote it.

The second change to this section 65-1130 (d) was made by the 1999 Legislature. Again the Board of Pharmacy insisted on clarity about the use of DEA numbers, then being used by multiple ARNP's. Effective April 1, 2000 ARNP's were required (if prescribing Schedule 11 Drugs) to prescribe schedule drugs using their own DEA number.

There are currently over 2600 ARNP's in Kansas, in four different categories; Nurse Practitioners (1251), Clinical Nurse Specialists (649), Nurse Midwives (56) and Nurse Anesthestists (693). Nurse Anesthetists are also governed by a separate statute, passed in 1986 that describes their respective scope of practice. The three categories of ARNP's that this statute will address are the NP, CNS and CNM.

Kansas currently has over 165 Rural Health Clinics. By definition to qualify as a Rural Health Clinic they must be staffed 50% of the time with either an ARNP or a Physician Assistant. In Kansas, over half of the rural health clinics are staffed by ARNP's. These nurses are providing primary care to what would otherwisee be underserved communities. We are very proud of the contributions that this ARNP's make in Kansas, and it our sincere desire to remove the unnecessary practice restrictions imposed by the "responsible physician" language so that they can better care for their patients and communities. It is also fair to say that a high number of ARNP's provide primary care to the medically underserved in the indigent clinics and Federally Qualified Health Centers in the state.

My colleagues will address the practice arena with specific information about why this is important legislation.

Before I turn it over to Debbie Folkerts, there are a couple additional items that I need to

share about this proposal.

1. Twenty-one states do not require any physician involvement, six states require physician involvement in the form of collaboration, supervision, authorization, and/or delegation—but no form of written documentation, and 24 states including Kansas have a requirement that the involvement must be documented in writing.

2. ARNP Education in Kansas is currently at the Master's level. Two additional years of clinical and didactic education on top of the baccalaureate degree. BSN graduate RN's have at least 2 years of clinical, pharmacology and didactic education in nursing. There will be an argument that ARNP's are not educationally prepared to be given this "expanded" scope.

There is no evidence that ARNP's lack competency to prescribe properly and perform simply and minor office based treatments (casting, suturing).

Physicians are and will always be, just like nurses, an integral member of the healthcare team. ARNP's are first licensed nurses with an independent scope of practice, and with additional education are recognized as ARNP's with an "expanded" scope of practice. They are competent to prescribe, as demonstrated through the past 15 years of experience with prescribing, and they are providing primary care with a very low litigation rate, or for that matter formal disciplinary action for either competency or exceeding their scope of practice.

We believe that it is time to amend the statutes to reflect the true practice arena.