



To: House Health and Human Services Committee

From: Jerry Slaughter
Executive Director

Subject: HB 2256; concerning nurse practitioner prescribing

Date: February 10, 2005

The Kansas Medical Society appreciates the opportunity to appear today in opposition to HB 2256, which would substantially expand the scope of practice of advanced registered nurse practitioners (ARNP). The bill expands ARNP authority in two ways: 1) it allows nurse practitioners to prescribe independent of any physician supervision or involvement by eliminating the provisions of KSA 65-1130(d) which require a written prescribing protocol between the ARNP and a physician; and 2) on page 2, lines 23-25, it amends KSA 65-1130(c)(3) to allow ARNPs to “perform acts of medical diagnosis and prescription of medical, therapeutic and corrective measures,” which in effect would allow nurse practitioners to practice medicine, including performing surgery and using any medical diagnostic or therapeutic modality available to physicians.

To say that this legislation is somewhat overreaching is a huge understatement. However, before I address the bill itself, I would like to provide the committee with some context, and comment on the process which brings us all to this point.

We have great respect for the nursing profession, and recognize their substantial contributions to the health care team. Physicians see nurses as colleagues and essential members of that team. Our approach in public policy matters involving nursing practice has always been among the most progressive of any state, because we recognize that as a rural state, our practice framework needs to be pretty flexible to accommodate the unique needs of medically underserved areas. We supported extending prescriptive authority to nurse practitioners years ago, and made sure the law and regulations allowed a wide range of practice models. The only limitation in the current law and regulation is that nurse practitioners must prescribe within the context of a physician-directed team, according to written protocols. We believe that requirement promotes quality patient care, because physicians have substantially more training and clinical experience than nurses. Direct, over-the-shoulder supervision isn’t required, and nurse practitioners often work with relative independence, but with physician backup and support. What is important about our current structure is that physicians and nurse practitioners work *together*, a concept which this bill will erode significantly.

We have always been willing to discuss practice matters with the nursing profession, and I believe our record has been one of working hard to find common ground and cooperate for the betterment of patient care. It troubles us that we were never approached by the nurses association or the sponsors of this bill to discuss the current practice structure and explore whether it needed to be revisited, updated or altered in some way.

As to the bill itself, we have serious concerns about the magnitude of changes it contains. First, we are opposed to allowing nurse practitioners to prescribe without any physician collaboration. Nurse practitioners are capable of prescribing safely in the context of a physician-directed health care team, where the responsible physician and nurse practitioner jointly agree on the range of conditions that the nurse is competent to treat. This bill effectively severs any requirement that nurse practitioners work with physicians in prescribing. While nurse practitioners are valuable members of the health care team, they simply do not have the same training and clinical experience as physicians. Allowing them to prescribe for any medical condition without any physician involvement or supervision does not promote quality patient care.

Second, the new language on page 2, lines 23-25, would substantially expand the scope of practice of nurse practitioners to include virtually anything the board of nursing felt was authorized. The nurse practice act is unique in Kansas law, in that, as it relates to nurse practitioners, their scope of practice is largely defined by the Board of Nursing, not the legislature. For example, nothing in the proposed language would keep the board of nursing from authorizing nurse practitioners to do surgery, or from ordering or interpreting any diagnostic tests, or from ordering therapeutic interventions of any kind which under current law may only be authorized by physicians. The expansion of this practice authority is completely unwarranted, and not supported by the training received by nurse practitioners. It is as if the sponsors of this legislation are suggesting by their proposal that nurse practitioners have comparable training to that of physicians. That is simply not the case. Physicians specializing in surgery, for example, must complete four years of medical school, and then a surgical postgraduate residency program of five or more years. The fact that the sponsors of this bill included such broad language in their proposal signals to us what their ultimate goals are.

We are not sure what public objective the sponsors of this legislation are seeking to achieve, but we do not see how it promote better quality patient care. Current law is working well, and there is no compelling need to change it. Nurse practitioners work in interdependent, collaborative relationships with physicians that are very flexible, can be tailored to meet the needs of the particular practice and community, don't require over-the-shoulder supervision, allow the prescribing of drugs under jointly developed protocols that recognize the unique competencies and practice characteristics of the nurse practitioner and physician, and protect the patient by involving physicians in that process. This legislation will drive a wedge between physicians and nurse practitioners, to the detriment of patient care. We urge you to oppose HB 2256.