

To: House Health and Human Services Committee

From: Dennis Tietze, MD

Subject: HB 2256; Concerning nurse practitioner prescribing

Date: February 9, 2005

Mr. Chairman and members of the Committee, I am Dr. Dennis Tietze. I have practiced family medicine in Topeka for 23 years and I appreciate the opportunity to speak in opposition to HB 2256 which would allow unrestricted prescribing by nurse clinicians and nurse practitioners. Currently, I work in a group of 13 family physicians which also employs two nurse clinicians and one physician assistant. I have supervised our physician assistant for about 10 years and have worked with our nurse practitioners for a number of years in both clinical and administrative settings.

My opposition to HB 2256 is because I believe it does nothing to improve access to health care or to improve the quality of health care. I am unclear as to what problem this bill attempts to correct and am very concerned that this bill will do harm to the delivery of health for the citizens of the State of Kansas.

Health care delivery is a complex fabric of interdependent systems that attempts to provide coordinated patient care. The health care system should be centered on the needs of the patient. We have evolved a health care system that depends upon demonstrated clinical competence and accountability. This system is embodied by the team approach with the patient at the center and the ultimate team responsibility residing with the physician. HB 2256 would have a negative destabilizing effect upon this team approach.

As a family physician, I am broadly trained to manage patient care across the divides of age and organ system. The concern I want to share today with HB 2256 is the negative effect it will have on meeting the needs of my patients that require higher medical expertise. As a primary care family physician I must be aware the limits of my ability and know when to seek a higher level of expertise. During the course of my daily practice I often turn to the expertise of medical specialties or subspecialties such as cardiology, gastroenterology, nephrology, and vascular surgery. Often, the first contact my patient has with a specialist is with the nurse clinician. I have attached several examples of how this works. My concern with HB 2256 is that it will alter the close collaborative relationship between the medical specialist and the nurse clinician.

When I seek the advise of a medical specialist and find myself interacting with a nurse clinician I know I am receiving the expertise of the specialist because it accrues to the nurse clinician by the nature of collaboration. For example, when a nurse clinician writes a prescription for a cardiac medication, I am confident that the issues have been reviewed with the specialist and the medication was chosen based upon his or her expertise. HB 2256 would break this relationship

and destroy my confidence in the specialty management of my patient. The nurse clinician in this example only has specialty expertise with medications by virtue of the close association with the medical specialist. To remove the requirement of this close collaboration would harm the specialty care of my patients. This bill, then, could also potentially lead to problems with quality of care for Kansans. I urge the committee to oppose HB 2256.