

**Testimony before the House Health and
Human Services Committee on House Bill NO. 2256
February 10, 2005**

To the Honorable Jim Morrison, Chairman, and Members of the Committee:

Thank you for the opportunity to present these written remarks on House Bill No.2256. My name is David J. Anderson. I am a licensed physician and my primary practice is anesthesiology and pain management in Overland Park, Kansas. I also serve as President of the Kansas Society of Anesthesiologists and I present these remarks in that capacity.

The Kansas Society of Anesthesiologists was organized to raise and maintain the standards of the medical practice of anesthesiology and improve the care of the patient in Kansas. We are a component Society of the American Society of Anesthesiologists (ASA). The ASA serves as an important voice in American Medicine and the foremost advocate for all patients who require anesthesia or relief from pain.

As physicians, anesthesiologists are responsible for administering anesthesia to relieve pain and for managing vital life functions, including breathing, heart rhythm and blood pressure, during surgery. After surgery, we maintain the patient in a comfortable state during the recovery, and are involved in the provision of critical care medicine in the intensive care unit.

The Kansas Society of Anesthesiologists supports the Kansas Medical Society and the other physician groups and would like to offer our strong opposition to House Bill No. 2256.

We believe it is not good public policy to remove the statutory requirement for a written protocol with a physician, authorizing an Advanced Registered Nurse Practitioner (ARNP) to prescribe drugs and controlled substances.

The language is in statute for both the safety of the patient and protection of the medical professionals. We see no evidence that would require removal of this safeguard. The current statute insures that ARNPs act appropriately in the way that they prescribe medications by keeping them within their educational training and professional scope of practice. It also requires collaborative practice guidelines between a physician and ARNP and creates a review process to determine if those guidelines are adequate.

We would also like to voice concern over language contained on page 3, lines 23-27 such as the undefined term “medical diagnosis” and the broad scope of “therapeutic and corrective measures”. Undefined terms that this legislation would allow the ARNP to perform without any physician oversight.

Therefore, the Kansas Society of Anesthesiologists requests that you reject this legislation at this time. The merits legislation could be studied and scrutinized further, possibly over during an interim study where more detailed information can be collected and analyzed.

I regret that because of my schedule I am unable to present these remarks in person but request that they be made a part of your Committee's record and that you consider them during your deliberations.

Should you require additional information please contact our Association's lobbyist in Topeka, Doug Smith. He may be reached at 785-235-6245.

Thanks once again for your time and consideration.

Sincerely,

David J. Anderson, MD
President
Kansas Society of Anesthesiologists