

Opponent Testimony regarding HB 2256

HB 2256 – Advanced Registered Nurse Practitioners

(from Medical Society of Sedgwick County, Joyce Newman, Executive Assistant)

The MSSC Legislative Committee strongly opposes the amendments proposed through this bill. If approved, the bill eliminates the current physician oversight provided for through written protocols relating to the prescribing activities of an ARNP. By legislative action and through the provisions of HB 2256, ARNPs will now be able to practice independently with no required physician oversight, supervision or involvement relating to the ARNP's delivery of primary health care services. We further believe the new wording addressed on lines 23 through 27 on page 3 substantially expands the scope of practice of ARNPs and allows them to make medical diagnoses and prescribe medical, therapeutic and corrective measures based on the ARNPs educational preparation and the rules and regulations established by the board of nursing. In reality, this broad wording allows ARNPs to independently, without any statutory limitations on their activities, to begin providing primary care medical services which are now being provided by primary care physicians. It also appears that the amendment on Page 1, lines 28 through 31 allows an ARNP to enter into written protocols with a physician assistant. The intent and reasons for this amendment are questionable. Before allowing ARNPs to practice independently as primary medical care providers, we urge you to compare the required education and training of a licensed physician (medical education) to the required education and training (nursing education) of an ARNP. There is a considerable difference.

Do physicians believe there is a role for mid-level practitioners as defined under current Kansas law? The answer is yes, if they function as do physician assistants, as members of the physician directed health care team. This collaborative approach to health care delivery combines

the best of both worlds in providing affordable quality health care. We therefore believe there is no compelling problem, reason or need which calls for or justifies changing the existing law.

Your consideration of our views in your deliberation of this bill will be appreciated.

ARNP

Dear Representative:

It has come to my attention that a bill has been introduced by the State Nursing Association (HB2256) that would repeal all requirements for ARNPs to have a responsible physician involved in their practice. I am opposed to the fact that this would allow them to practice medicine without a physician's license. It is my feeling that if they wish to practice medicine that they should meet the same educational/training requirements as a physician. They are inadequately trained to practice medicine without supervision.

Please oppose this bill. Thank you.

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I read with dismay House Bill 2258 "Patient Safety Act" that seeks to mandate ratios for RNs to patient. Having practiced nursing for 38 years in

a variety of settings, as staff nurse, educator, supervisor and administrator, I must comment on the impossibility of legislating that which requires complex nursing judgment. Nurses vary in their experience and competency and patients vary in their complexity.

I have often posed the question to veteran nurses: Which staffing pattern would best ensure quality: For 24 patients having 6 RNs all with less than 1 year experience (a ratio of 1:4) OR having 4 RNs each with 10 years experience (A ration of 1:6)? In every case nurses understand that they would prefer the 1:6 ratio with the experience factored in.

Add to that the fact that individual patients have variable levels of need some more complex than others, and you can quickly see that the ratio of nurse to patient does not necessarily ensure Patient Safety.

Additionally, there are other resources available for care in hospitals: other roles available to assist such as nurse managers, case managers, nurse educators, etc, that are also seeing and interacting with patients to ensure that their needs are met depending on the time of day or day of the week--so what may be an appropriate ratio on day shift is different than night shift or weekends.

Other major issues facing health care are: shortage of nurses, the aging population that is requiring more health care, and much external regulation that requires a large amount of professional nursing time doing non-patient care activities. What we need is the ability to streamline the care system to enable more direct care time in the nurse's day, not mandated ratios.

I think this proposal is viewed as the "California Model". As I understand it, the result of these staffing mandates in California has resulted in closed beds because of the inability to provide the needed staff. Instead of enabling better and safer care, it has reduced access to care in hospitals.

I support the staffing resolution adopted by the KSBN: "we believe that staffing should be achieved by the utilization of tools and processes that consider RN staff expertise, skill mix, patient acuity, work intensity, physician/independent practitioner availability, support staff, and the unit physical layout."

Thank you for hearing this concern.

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