



To: House Health and Human Services

From: Rachelle Colombo  
Executive Director

Date: February 17, 2021

Re: HB 2256, allowing APRNs to practice without supervision

The Kansas Medical Society appreciates the opportunity to testify in opposition to HB 2256, allowing an Advanced Practice Registered Nurse (APRN) to independently engage in the practice of medicine. The bill eliminates the requirement for physician supervision and authorizes APRNs to independently diagnose, prescribe, treat, order diagnostic tests and supervise other health care providers without limitation. These privileges are defined in statute as the practice of medicine and have been restricted to those with medical education and training or are granted in conjunction with formal supervision/collaboration.

By removing the requirement for physician supervision/collaboration and expanding their scope of practice, the bill grants nurses a scope of practice which is without any statutory limitations, and equivalent to that of a physician, despite the APRN not having medical education and training. Finally, under HB 2256, APRNs would be licensed and regulated by the board of nursing, despite the clear overlap into the practice of medicine and surgery. This is inconsistent with all other health care providers. HB 2256 creates two different standards for the practice of medicine and patient care – one for physicians, and another for APRNs, though the law would allow them to practice interchangeably. The Kansas Medical Society opposes allowing those without adequate training to practice medicine without limitation, supervision, or appropriate regulation.

The healing arts act outlines independent medical diagnosis and prescription as the sole purview of medical doctors (MD) and doctors of osteopathy (DO). Further, the practice of medicine and surgery, which is statutorily limited to MDs and DOs, is outlined in KSA 65-2869 as: *“persons who prescribe, recommend or furnish medicine or drugs, or perform any surgical operation of whatever nature by the use of any surgical instrument, procedure, equipment or mechanical device for the diagnosis, cure or relief of any wounds, fractures, bodily injury, infirmity, disease, physical or mental illness or psychological disorder of human beings.”*

The practice of medicine is intentionally limited to those who have completed medical school and residency and are licensed and regulated by a board with members who also have medical education and training - the Board of Healing Arts.

Physicians can delegate specific medical acts to those they supervise directly or indirectly, but they are responsible for the care provided under delegated authority. Proponents argue that this supervision is unnecessary, cumbersome and costly and that they do not wish to practice medicine, only nursing. But, the delegated acts they currently perform are the practice of medicine which is why they require physician supervision. If the requirement for physician supervision is eliminated, their statutory scope should not include the privileges outlined in HB 2256. Rather, they should be limited to the practice of nursing, which does not include diagnosis, initiation of treatment, or unlimited prescribing.

Proponents of HB 2256 also argue that the requirement for physician supervision is a barrier to practice that presents access to care hurdles in rural areas that their bill would solve. But, data from the Kansas Board of Nursing shows that the number of APRNs licensed in Kansas has grown by 300% in the last decade. In fact, Kansas ranks 3<sup>rd</sup> in the nation for the ratio of APRNs to patients per capita. Additionally, states that have granted scope expansions and relaxed supervision requirements have not realized a growth in the number of APRNs practicing in rural areas. (See attached).

Proponents claim more than twenty states allow “full practice authority for APRNs”. But in fact, only three states in the nation allow APRNs to practice without a collaborative practice agreement or some limitations on scope of practice. In fact, in many states where APRNs practice without supervision, they have a much narrower scope with more limitations on prescribing and procedures than what Kansas APRNs are currently allowed.

To ensure that Kansans in both rural and urban parts of the state have access to the same quality of care, providers must be licensed and regulated consistently and commensurate with their education and training. Providers independently practicing medicine ought to be held to the same standards as physicians. Alternately, independent practitioners not educated, trained and regulated as physicians, should not be allowed to practice medicine and surgery without appropriate oversight or collaboration. Though this perennial proposal is often reduced to being codification of current nursing practice, or necessary for more patient access – neither is true. HB 2256 represents a significant change in patient protection and the regulation of the practice of medicine. KMS respectfully requests your opposition to the passage of HB 2256.

