

RE: House Bill 2358 Death Certifier

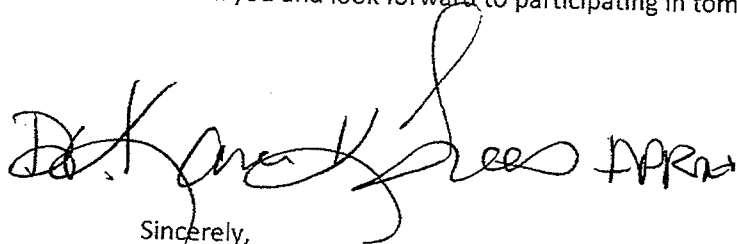
Dear Ms. Bahner and the House Committee on Federal and State Affairs,
My name is Dr. Karen Trees, APRN. I am Co-Owner of Phoenix Healthcare Clinic, the first Nurse Practitioner owned and managed primary care clinic/Urgent care clinic in Johnson County. I reached out earlier this year to several Senators, Representatives and to the Governor regarding the rights of nurse practitioners to sign a patient's death certificate. My business partner, Ms. Dana Hanson APRN and I have been in business for 13 years serving the citizens of Kansas.

First, we would like to thank all our representatives that supported the removal of collaborative practice agreement for APRNs, effective October 14th, 2022. I am writing to you as there has been an oversight in legislative policy regarding nurse practitioners right and privilege to sign death certificate and place their patients on hospice care. If possible, I would like to provide oral testimony for House Bill No. 2358 on Tuesday 1/30/24. My business partner and I have had the unfortunate experience recently to lose two of our most beloved elder patients in the practice, only a week apart, both age 86 and both long time patients of the practice. When we were contacted by the coroner's office and requested to sign the death certificate, we immediately reached out to the KSBN. The reason being, is that prior to full scope of practice, nurse practitioners were not allowed to sign a death certificate. As a midwife, I could sign a birth certificate but not a death certificate. To my dismay, I was informed that we are still not allowed to sign death certificates in the state of Kansas even in the face of full scope authority to practice. The first patient that passed away, we were told by the coroner's office, that if we did not sign the death certificate an autopsy would have to be performed, a cost endured by the family and an unwanted procedure. The family of course were very upset by this. In our attempt to problem solve, we reached out first to our admitting hospitalist group that we currently have a contract with for all our hospital admissions but were denied assistance because the patient died at home (a death without medical attendance). Not sure what to do next, we reached out to our past collaborating physician that we had just released contractually in December. He was gracious enough to assist us and agreed to sign the death certificate. The coroner's office stated they were backed up by 8 weeks in signing death certificates but again this would be in lieu of an unnecessary autopsy. We were very lucky to solve this first problem so quickly. But unfortunately, the following week we lost another elderly patient of the practice with dementia. This time we were called by the coroner's office on the Missouri side needing a signature on the death certificate. The caveat here was that physician's and/or nurse practitioners under collaborative agreement may only sign death certificates but must be registered with MoEVER. Our previous collaborating physician was not a registered user of MoEVER and neither were we as we did not have a collaborating physician. This left us in another conundrum. We then reached out to any specialist that this patient had ever seen, or recently seen, and with some fast talking were able to finally get his cardiologist to sign the death certificate who I might add was very hesitant. It required two phone calls. As you can imagine, signing a death certificate of a patient you have never seen before, or treated, or treated recently can be a bit unnerving. On the flip side, as the person who has cared for the patient for many years, it feels important to be able to sign the death certificate on your own patient. A commitment to seeing and caring for them all the way through to end of life. Prior to removal of collaborative agreement, I personally lost my eldest living patient of the practice, she was 102 years old. She passed at home on hospice. Again, another moment that I was not allowed to sign a death certificate. I cared not only for her but four generations of her family who trusted in me to support and guide them through this most difficult time while she was on hospice at home. Hospice care is another area of breakdown in legislation. Nurse Practitioners in Kansas are currently not allowed to place their patients on hospice at home. Hospice at home requires a physician's signature to admit

the patient and for the signing of any ongoing orders. This too is an issue for us as Nurse Practitioners as we do not have physicians on staff. There for we lose complete care and control of our patients in order to place outpatients on hospice. The only alternative we have is that we must turn over our patients to the hospice doctor.

I am hoping that sharing this story with you we can do something emergently to rectify both of these oversights as it is not good for patient care, a barrier to practice, limiting to nurse practitioners and/or not good for the citizens of Kansas, especially in rural Kansas.

I thank you and look forward to participating in tomorrow's hearing.

A handwritten signature in black ink, appearing to read "Dr. Karen K. Trees APRN". The signature is fluid and cursive, with a large initial "K" and "T".

Sincerely,

Karen K. Trees DNP, RNC, CNM, WHNP-BC, FNP-BC

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