



**To:** House Health and Human Services Committee

**From:** Jerry Slaughter  
Executive Director

**Subject:** HB 2447; Concerning advanced practice nursing scope of practice

**Date:** February 25, 2010

The Kansas Medical Society appreciates the opportunity to appear today as you conduct an informational hearing on the subject of advanced practice nurses, particularly as it is envisioned in the legislation before this committee.

Physicians have great respect for the nursing profession, and recognize their essential contributions to the health care team. Our approach in public policy matters involving nursing practice has always been among the most progressive of any state, because we recognize that as a state with both urban and very rural areas, our practice framework needs to be flexible to accommodate the unique needs of a diverse geography and population. For example, we supported extending prescriptive authority to nurse practitioners years ago, and made sure the law and regulations allowed a wide range of practice models. The only limitation in the current law and regulatory structure is that nurse practitioners must prescribe and work within the context of a physician-directed team, according to written protocols with a physician. We believe that requirement promotes quality patient care, because it engages both physicians and advanced practice nurses in a collaborative relationship. Within this structure nurse practitioners often work with relative independence, but with physician collaboration, backup and support. What is important about our current structure is that physicians and nurse practitioners work *together*, a concept that we believe is essential to quality patient care.

Patients benefit when physicians and nurses work together with each playing the unique role they are educated and trained to play. A physician's education includes four years of medical school and an additional three to seven years of residency training. This allows physicians to gain a thorough understanding of the human body, its complex systems, and how pharmaceuticals and other interventions may be helpful in diagnosing and treating patients. There are areas of advanced nursing practice that intersect, or overlap, with the practice of medicine. Addressing practice issues at those intersections requires that the two professions get together and work to find solutions that support appropriate care for patients.

We have always been willing to discuss practice matters with the nursing profession, and I believe our record has been one of working hard to find common ground and cooperate for the betterment of patient care. A recent example of that is the accord that was just

reached between medicine and nurse anesthetists, wherein the parties took the time to understand their respective concerns, and then we found a way to solve the problem without driving a wedge between the professions, and needlessly polarizing the legislative consideration of the issue.

As to this bill, we have expressed our willingness to meet with the advanced practice nurses and discuss what exactly they are seeking with HB 2447. This legislation is not dissimilar to the legislation the nurses introduced in the 2005 session, (HB 2256), except that the scope of practice included in this bill is even broader than the original. This bill would allow nurse practitioners to prescribe drugs independent of any physician protocol or collaboration. It would also authorize “*creating, managing, prescribing and executing a medical regimen.*” That is pretty broad language that is not well-defined, and it is one area that we are interested in gaining a better understanding of what the nurses are intending. We also would like to better understand the language in the bill that delegates very broad authority to the Board of Nursing to establish the parameters of advanced practice nursing scope of practice (“*Advanced practice registered nurses are licensed independent practitioners who shall practice within the roles established by the board.*” page 7-8, subsection (c), paragraph (3)).

As a result of the introduction of the 2005 bill we convened a fourteen person task force of physicians and nurse practitioners to discuss whether the laws governing advanced nursing practice needed to be revised or updated. We discussed mode of practice issues, collaboration models, education and training issues and workforce supply issues. The task force met three times over the course of a year and came to an agreement in principle on some revisions to the advanced practice nursing laws. Unfortunately, the draft changes to the law that would have implemented the agreement of the task force were never formally adopted by the group. At about the time the task force was to have met and considered the draft changes, the Kansas State Nurses Association (which was the convener of the advanced practice nurses who served on the task force) experienced a change in leadership, and essentially the task force process was suspended. Finally, about a year later, the new leadership at KSNA got back to us with their comments on the earlier agreement, and indicated that they were meeting with other nursing groups and would most likely be going in a different direction. We presume that HB 2447 is the outcome of those meetings.

We still believe there is much to be gained from re-starting our discussions with the nursing groups involved in this legislation. Hopefully we can find some common ground and bring those recommendations back to the legislature in the future. We look forward to continuing our discussions with the nurses, and appreciate the opportunity to offer these comments today.