KANSAS MEDICAL SOCIETY
Established 1859

To: Senate Public Health and Welfare Committee

From: Jerry Slaughter
Executive Director

Date: January 29, 2015

Subject: SB 69; concerning Advanced Practice Registered Nurses (APRN)

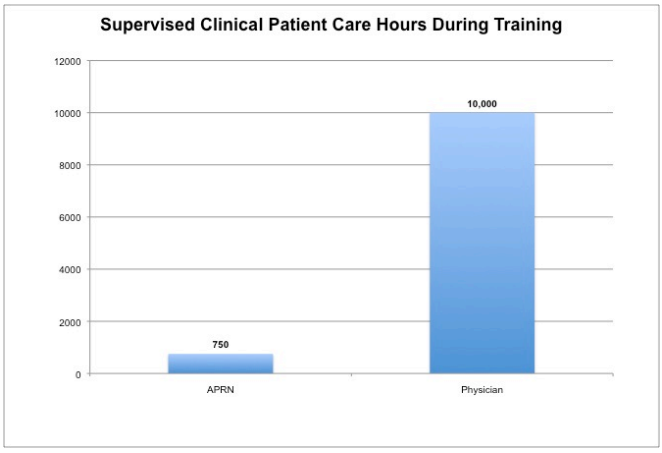
The Kansas Medical Society appreciates the opportunity to submit the following comments on SB 69, which amends the APRN provisions in the Nurse Practice Act, as well as making changes in numerous other statutes which reference APRNs. We are opposed to this legislation.

If enacted, this bill would eliminate the legal requirement that, in order to practice, APRNs must have a collaborative practice agreement with a physician, and a protocol for prescribing signed by a physician. It would also allow APRNs to sign for or authorize any service for which a physician's signature or authorization is required.

In effect, this bill would authorize APRNs to practice completely independently of any physician collaboration, oversight or supervision, and it would allow the Board of Nursing to authorize an APRN scope of practice that is virtually without limits.

The fundamental premise of this bill is that APRNs and physicians are essentially interchangeable, and that the two professions have a body of knowledge and clinical skills that are equivalent. That is simply not the case.

A physician must complete over 10,000 hours of supervised clinical education and training in order to safely evaluate, diagnose, treat and manage a patient's full range of medical conditions and needs. According to the Institute of Medicine's *Future of Nursing* report, APRNs have just 500-720 total patient care hours required through their training.



We believe education and training matters. While APRNs are a very important part of the health care team, they cannot take the place of a fully-trained physician. APRN education and training is not equivalent to that of a physician, and it lacks the clinical depth and breadth to prepare an APRN, at least under the terms of SB 69, to essentially practice medicine and surgery independent of any physician collaboration, oversight or supervision. APRNs and physicians have training and clinical skills that are not equivalent, but are complementary. The most effective way to maximize the talents of the complementary skill sets of both professionals is to work as a health care team.

The APRNs argue that nurse practitioners should be granted legal authority to practice independently as a way to meet the health care - particularly the primary health care needs – of our state. This comes at a time when health care delivery is heading in the opposite direction. Virtually all of health care, and particularly primary care with patient centered medical homes, is moving towards greater coordination and teamwork among providers as a way to promote quality, improve outcomes and slow the growth in health care costs. SB 69 would further compartmentalize and fragment health care delivery, instead of promoting better coordination and integration. We believe that physician-led, team-based care is the best model to safely and efficiently meet the health care needs of our state, including primary care in rural and underserved areas.

As the Committee no doubt has heard, we met during the interim with the group of APRNs promoting this legislation. Our group included physician representatives from KMS, the Kansas Academy of Family Physicians, the Kansas Association of Osteopathic Medicine, and several other medical specialty societies. We approached those meetings with the hope that we could not only get a more complete understanding of their proposal, but also find an approach that addressed their principal concerns without completely discarding a collaborative practice structure that we believe has merit in many practice situations. Although the meetings did help us get a clearer picture of their education, training, the Board of Nursing's regulatory approach, and the APRNs main concerns with the current practice structure, unfortunately we weren't able to come to any agreement on main issue that separated us - our belief that meaningful collaborative practice agreements or protocols are essential to promote high quality care and patient safety in most clinical situations.

During our discussions the APRNs did express concerns that in some cases the collaborative practice agreements are not meaningful, and that they can impose an unnecessary and potentially disruptive burden on them and their practices in the event that their collaborating physician moves or retires, etc. We did express our willingness to find a way to provide more flexibility in the use of collaborative practice agreements and protocols, taking into consideration the different practice and clinical settings in which APRNs function, and the differing degree of collaboration or consultation appropriate for such settings. However, the APRNs were not interested in such an approach. They made it clear to us that they intend to continue to pursue their proposal as long as it takes.

Consequently, at the end of the day, we felt we had an obligation to provide the legislature with an alternative to their bill that represented an approach we believe is reasonable, responsible, and provides regulatory flexibility to adjust as APRN practice and training evolve in the coming years.

Our foundational policy position and our recommendations are as follows:

- Because of the significant differences in the education and clinical training of physicians and APRNs, KMS cannot support the APRN proposal to completely eliminate the requirement for written collaborative practice agreements or protocols.

- Because much of what APRNs seek to do constitutes the practice of medicine, meaningful collaborative practice agreements are essential to promote patient safety in most clinical situations.

- Because much of what APRNs already do are delegated acts which constitute the practice of medicine, the Board of Healing Arts should have a role in defining the scope of practice, appropriateness of collaborative practice agreements in various clinical settings, and the regulation of APRNs.

- In order to promote consistent regulation and to enhance coordination between agencies, a joint committee of physicians and APRNs should be established by the Boards of Nursing and Healing Arts to lead the development of joint regulations on APRN licensure, discipline, regulation, and scope of practice.

This approach would create a formal structure and process involving both the Board of Nursing and the Board of Healing Arts, utilizing a statutorily created advisory committee structure that would promote better communication and coordination between the APRN and physician communities, and their respective licensing agencies. It would put in place a public, accountable process to address practice issues through jointly adopted regulations that are important to APRNs and physicians, to the licensing agencies, and to the patients and public they serve. It would provide an ongoing, public forum that can deal with the issues that are certain to arise at the intersection of medicine and advanced practice nursing as it continues to evolve in the future.

Our proposal would provide a means to address all of the issues that the APRNs have identified as problematic, including the “global signature authority” issue and the necessity for collaborative practice agreements when they are not meaningful or necessary to promote patient safety. It would also create a better regulatory approach that relies on the cooperation of both licensing agencies to work together and regulate consistently.

Our proposal should be in bill form very shortly, and when it is we will provide it to the committee so we can have a more complete discussion of its details and implications. We would urge you to not pass SB 69 as it has been introduced, but to consider the alternative proposal that we will providing to you as an amendment. Thank you.