

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE

The meeting was called to order by Senator Jan Meyers at
Chairperson

10 a.m. ~~xxx~~ on February 9, 1983 in room 526-S of the Capitol.

All members were present except:

Senator Bogina - excused

Committee staff present:

Emalene Correll and Bill Wolff

Conferees appearing before the committee:

Dr. John Harvey, Obstetrician and Gynecologist, Emporia, Kansas
Leonore Rowe, Emporia, Kansas
Abby Horak, Emporia, Kansas
Jerry Slaughter, Kansas Medical Society
Dr. James Gleason, Kansas Obstetric Society, Topeka, Kansas
Audrey Kennedy, Health Systems Agency of Northeast Kansas
Dr. Heather Irwin, Emporia, Kansas

Others present: see attached list

SB 13 - providing for issuance of certificates of qualification for
advanced registered nurse practitioners

Dr. John Harvey, Obstetrician and Gynecologist, Emporia, Kansas testified in support of SB 13, and stated that his testimony is based on years of experience with nurse practitioners. He said his office nurse is a nurse practitioner and is extremely helpful to clients in terms of education, explaining procedure, and taking time with explanations. The nurse practitioner is very good at determining deviations from the normal. They follow certain protocols, and he has had no problems.

Leonore Rowe, Emporia, Kansas, representative to the Lyon County Joint Board of Health, testified in support of SB 13, and stated that the primary purpose of the nurse practitioner is preventive health care. Nurse practitioners are now screening clients and routing them to physicians. Nurse practitioners provide care in rural communities that otherwise might not be available. She said nurses spend more time with clients and provide educational benefits to clients.

Abby Horak, nurse practitioner, Emporia, Kansas, testified in support of SB 13, and said she provides a level of health care needed - evaluation of illness, preventive health care, accessibility to community, and lower cost for more people. Ms. Horak stated that the nurse practitioner provides a broad aspect of care, not just illness care, but health care.

Jerry Slaughter, Kansas Medical Society, distributed testimony to the committee stating that KMS supports the basic concept of the ARNP, and recognizes that an appropriately educated nurse can perform selected, delegated medical tasks traditionally performed by the physician; however, the provision of these services remains the responsibility of the physician, and the ARNP should function as a member of a physician-directed health care team. Mr. Slaughter stated that KMS could not support SB 13 unless an amendment relating to the ARNP's scope of practice is added. This amendment states that "An advanced registered nurse practitioner may also perform selected medical functions within the context of a physician-directed health care team, and according to written protocols

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON PUBLIC HEALTH AND WELFARE,
room 526-S, Statehouse, at 10 a.m. ~~5:30~~ on February 9, 1983.

between a person licensed to practice medicine and surgery and the advanced registered nurse practitioner". KMS feels that the ARNP should not be independent, nor outside of appropriate contact with a physician, since such nurses will be working in that gray area between nursing and medicine. Appropriate agreements or written protocols are all that are necessary to assure good continuity. If the amendment proposed is not incorporated into the bill, KMS opposes SB 13. (Attachment #1).

There was some discussion concerning the phrase "within the context of a physician-directed health care team". Senator Johnston asked if the meaning would be changed, if that phrase were dropped from the amendment. Mr. Slaughter said he could not answer at that time, and could not determine what the net effect would be.

Dr. Heather Irwin, resident Obstetrician-Gynecologist, Emporia, Kansas, testified in opposition to SB 13, and said that she had been a nurse eleven years, and was in her seventh year of training since leaving nursing. She stressed how much training is involved before getting a license to practice medicine, and stated her concern as to the quality of care given by people who are not adequately trained in medicine.

Dr. James Gleason, Topeka, Kansas, representing the Kansas Obstetric Society, testified in opposition to SB 13, and said that most nurse practitioners do not work in a hospital setting, but in a physician's office. He agreed with the importance of protocols and said they work extremely well, but felt that this bill needed a total clarification.

Audrey Kennedy, Health Systems Agency of Northeast Kansas, testified in support of SB 13, and distributed testimony stating that the primary concerns of HSANEK are availability of appropriate manpower; the quality of health care delivery; and health care cost containment. The passage of this bill would allow Kansas ARNP's the same right to practice in the expanded role that exists for ARNP's in 49 other states. HSANEK believes that SB 13 will be beneficial to Kansans by providing available, affordable, and quality health care. (Attachment #2).

Senator Meyers announced that the Subcommittee on SB 11 would meet this afternoon at 4 p.m. in Room 526-S.

The meeting was adjourned.

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE

DATE 2-9-83

(PLEASE PRINT)
NAME AND ADDRESS

ORGANIZATION

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Keith R Landis	TOPEKA	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Lynelle King	"	Ka State Nurses' Assn.
Abby HORA K.	Emporia	Lyon Co. Health Dept
Leonore H. Rowe	EMPORIA	SELF.
Nickie Stein	Topeka	KS, ST. Nurses' Assn.
Gudney Kennedy	Topeka	Health Systems Agency NEK
Rosemary Shackle	Topeka	Washburn U. Dept. of Hyg.
Dr Lois B. Schulta	"	KS BN
Guillermo Barreto-Vega	Topeka	HSANEK
Donoahy Fritton	Topeka	R.N.
Jim Pearson	"	M.D.
Hearnes Jovan K.C.		M.D.
ARMY GAUGHER		KS MEDICAL SOCIETY
Steve Carter		KS medical Society
Yvonne Dillard		" " "
Judy Runnels		RN
Michele Hinds		Legislative Interd
Brenda Gill	Topeka	Washburn University Nursing
Becky Whallon	"	" " "
Donna Howell	"	" " "
Glenn Hulbertson		Budget Interd
Carl Schmittbender		Ks Dental Assn.
Frank Fritton		Observer

SENATE
PUBLIC HEALTH AND WELFARE COMMITTEE
DATE 2/9/83

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Ken Schatermeyer

KS Pharmacists Assoc.

Jay Hayes

KSNA

John E. Hawey MD

KSVA

Joyce Baskendorf

KSNA

Sister Lucy Callaghan

U. of Kansas Sch of Nursing

Jean Denny

Nurse-Midwife

Jennifer Carr

RN (SRN, Gen England)

Alaine Withnow RDH

KS Dental Hygienists Assoc.

Susan Brooks RDH

KDNA

Thomas A Jensen

Close-up Program

Jeff Henry

Close-up Program

Damela S. Doan

Close-up Program

James L. Bauer MD

Augusta, Kansas

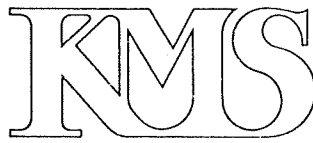
HAROLD E. RIEM

KS ASSN of OSTEOPATHIC MED

Roger Miller

KS Pharmacists Assoc.

2-9-83 (1)



Kansas Medical Society

Incorporated 1859

February 9, 1983

TO: Senate Public Health and Welfare Committee

FROM: Jerry Slaughter
Director of Governmental Affairs

SUBJECT: SB 13; Concerning Nurse Practitioners

The Kansas Medical Society appreciates the opportunity to appear today as you continue consideration of Senate Bill 13.

At the outset, let me restate the position of the Kansas Medical Society on the concept of the "expanded role" nurse. This position was adopted in May, 1980:

The Kansas Medical Society supports the basic concept of the ARNP and recognizes that an appropriately educated nurse can competently perform selected, delegated medical tasks traditionally performed personally by the physician. However, the provision of these services remains the responsibility of the physician, and the ARNP should function as a member of a physician-directed health care team.

Our continued involvement in this issue is based on our fundamental belief that the law and regulations which outline the role of nurse practitioners should be clear, concise and easily understood by all those affected. The previous law and the regulations were ambiguous and vague. They raised more questions than they answered. The amendments in SB 13 which you are currently considering in effect again delegate considerable authority to the Board of Nursing to define a scope of practice for the ARNP. Based on the regulations which were adopted last year, and the limited guidelines in SB 13, we cannot

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Val Braun

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support the bill unless an amendment relating to the ARNP's scope of practice is added. We would like to suggest such an amendment.

First, let me explain our concept of the role of the ARNP in greater detail. A nurse with specialized, additional training will be working at an advanced level of nursing, and to a certain extent that role will include the "gray areas" between nursing and medicine. We do not believe such nurses were intended to be primary, independent practitioners, who fulfill the same role as physicians. Increased medical school enrollments and this state's program to encourage physicians to practice in underserved areas were designed to assure an abundance of physicians for the entire state. Although more autonomous than a traditional nurse, the ARNP should not be independent, nor outside of appropriate contact with a physician, especially since such nurses will be working in that gray area between nursing and medicine. We are not suggesting that there should be personal, on site supervision of the ARNP. However, appropriate agreements or written protocols are all that are necessary to assure good continuity and quality of patient care.

In fact, in 1978 the special committee on Public Health and Welfare, in describing the expanded role nurse referred to this concept:

"In those areas in which there is an overlap between nursing care and medical care, the expanded role nurse frequently functions under protocols or written agreements with a physician."

Our sole interest is to see that this concept is clearly stated in the statute, and not delegated to a non-legislative body, the Board of Nursing. We believe the following amendment clearly states this concept, and we would urge its adoption:

On page 2, line 82, add the following:

An advanced registered nurse practitioner may also perform selected medical functions within the context of a physician-directed health care team, and according to written protocols between a person licensed to practice medicine and surgery and the advanced registered nurse practitioner.

This language does not restrict the role of a nurse practitioner. Nor does it prohibit innovative and unique practice settings and arrangements. It does clearly state that when a nurse practitioner is working in the gray area between nursing and medicine, that there will be some physician input in the form of protocols or agreements. On previous occasions, you have heard nursing conferees state that the use of protocols and agreements is consistent with the training and education of nurse practitioners. Yesterday, Ms. Denney, a certified nurse midwife, stated that a competent nurse midwife always practices in conjunction with a physician, according to written protocols. She went on to state that written protocols are essential to her practice and required by standards of her profession. It is this very concept that we would like spelled out in the law.

We ask your consideration and support of our amendment. If it is incorporated into the bill, we can support its favorable consideration. If not, we must oppose SB 13. Thank you for your patience and consideration of our comments.

8-9-83 12/

HEALTH SYSTEMS AGENCY
OF NORTHEAST KANSAS
TESTIMONY ON
SENATE BILL 13
PRESENTED TO THE
SENATE PUBLIC HEALTH AND WELFARE COMMITTEE
STATE CAPITOL, ROOM 526 S
FEBRUARY 9, 1983

Atch. 2

Good Morning, Madam Chairperson Meyers, and members of the Senate Public Health and Welfare Committee. My name is Audrey Kennedy. I hold a diploma in Nursing, a Bachelor of Science Degree in Nursing, a Master of Science Degree in Nursing and earned a Certificate as a Nurse Practitioner from the University of Massachusetts, at Amherst. I am testifying today as a member of the Board of Directors of the Health Systems Agency of Northeast Kansas (HSANEK). The HSANEK is non-profit organization with a 50 member volunteer Board of Directors that serves the health plan development needs of a twenty-five county area in Northeast Kansas. The volunteer Board of Directors has 25 representatives appointed by each County Commission and the remaining Board members come from a wide range of rural and urban community groups and organizations.

The health planning function of the HSANEK is to guide the development of the health care delivery system in such a manner that appropriate manpower, quality health care and affordable health care services are available to the residents of Northeast Kansas.

In view of the primary concerns of the HSANEK, which are the availability of appropriate manpower, the quality of health care delivery, and health care cost containment, I appreciate this opportunity to present the following testimony on S.B. 13, concerning the Advanced Registered Nurse Practitioner (ARNP).

This testimony will be three fold:

First, I will address the availability of appropriate manpower. The 1982 State Plan for the Health of Kansans and the 1982-83 HSANEK Health Systems Plan identify the need for more primary care providers. Twenty-two of the twenty-five counties in the health service area in Northeast Kansas are designated as primary care shortage areas by the Kansas Department of Health and Environment. In addition, six counties and parts of two other counties in

Northeast Kansas are designated by the Federal Government as Health Manpower Shortage Areas, which are in need of primary health care services. A major resource to fill this need in Kansas is the ARNP. These ARNPs have expanded their skills for assessing and treating patients through advanced formal education and clinical practice. The ARNPs can serve as "primary health providers", are often the first health provider to see the patient, provides preventive health care, and/or contributes to the maintenance of the patient's health.

The Federal Government, as well as other State Governments encourage the use of ARNPs as primary health providers. One health goal of the United States is to increase the number of Nurse Practitioners (NP) available across the Nation. The passage of S.B. #13 will allow Kansas ARNPs the same right to practice in the expanded role that exists for ARNPs in 49 other states.

Second, I will address the quality of health care delivery. The quality of care that a patient receives is directly related to the professional education and experience of the provider. The ARNPs have educational background and experience, which provides them with the broad base of knowledge from which to draw in providing nursing care to patients. The ARNP is competent to make nursing assessments and therefore is capable of directing the patients to the appropriate level of health care when indicated. K.S.A. ✓ 65-113 Sec. 6 (g) of the proposed bill clearly defines the qualifications for the ARNP and therefore, I support the qualifications stated therein.

Third, I will address the issue of health care costs. Governor Carlin and Kansas Insurance Commissioner Bell have stated that health care costs in Kansas must be contained. Consequently, innovative, cost effective and proven methods of primary care delivery must be implemented in order to reduce health care costs for Kansans. The use of the ARNP is a proven method of

primary care delivery and based on other states and national experiences is cost effective. In the arena of health care, the greater the degree of specialization the higher the cost. Cost effectiveness is attained when the appropriate health care professional is providing the appropriate level of care. When a patient needs nursing care, a nurse is the appropriate provider. When a patient needs specialty care, a specialist is the appropriate provider. The average salary cost per year for an ARNP is approximately \$22,000. The average cost per year for specialty primary care providers is approximately \$60,000. Where appropriate, the use of the ARNP is a cost effective method of primary health care delivery.

In summary, Kansans especially those in rural areas as well as inner-city areas, where primary care resources are scarce will benefit by the increase availability of ARNPs. ARNPs will guarantee these persons access to quality health care at an affordable cost.

The passage of this bill will be beneficial to Kansans by providing available, affordable and quality health care. Therefore, the HSANEK strongly supports the passage of S.B. #13.

I would like to thank you for the opportunity to provide this testimony. I will be happy to respond to any questions that you may have.