

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Carlos Mayans at 1:30 p.m. on March 11, 1996 in Room 423-S of the State Capitol.

All members were present except: Representative Merritt
Representative Yoh

Committee staff present: Norman Furse, Revisor of Statutes
Francie Marshall, Committee Secretary

Conferees appearing before the committee:

Gary Robbins, Kansas Optometric Association
Jerry Slaughter, Kansas Medical Society
Dr. Joseph Philipp, Kansas State Ophthalmological Society
Harold E. Riehm, Kansas Association of Osteopathic Medicine
Patsy Johnson, Kansas State Board of Nursing
Joseph P. Conroy, Kansas Association of Nurse Anesthetists
Terri Roberts, Kansas State Nurses Association
Dr. Greg Unruh, Kansas State Society of Anesthesiologists

Others attending: See Guest List: Attachment 1.

The minutes of the meeting held on March 7, 1996 were approved.

The hearing on **SB 684** was opened.

SB 684 - Practice of optometry defined

The following proponents testified in support of **SB 684**:

Gary Robbins, Executive Director of the Kansas Optometric Association (Attachment 2),
Jerry Slaughter, Executive Director of Kansas Medical Society (Attachment 3),
Dr. Joseph Philipp, President Kansas State Ophthalmological Society (Attachment 4),
Harold E. Riehm, Executive Director, Kansas Association of Osteopathic Medicine (Attachment 5).

The hearing was opened for questions to the proponents from the committee.

Questions concerning the "risks" were directed to Dr. Philipp. Dr. Philipp stated that doctors need more than two years to understand glaucoma, an insidious disease, and the drugs used are very powerful with the possibility of death occurring if incorrectly used. Other issues discussed were reimbursement expenses, drug applications, and requirements for continuing education for optometrists. Several members thanked the group for working together on this important bill.

The hearing was closed on **SB 684**.

The hearing on **SB 152** was opened.

SB 152 - Registered nurse anesthetists licensure

The following proponents testified in support of **SB 152**:

Patsy Johnson, Executive Administrator Kansas State Board of Nursing, proposed an amendment for certification of RNA's as ARNP's (Attachment 6),
Joseph Conroy, President of the Kansas Association of Nurse Anesthetists (Attachment 7),

Terri Roberts, Executive Director for the Kansas State Nurses Association (Attachment 8),
Jerry Slaughter, Executive Director Kansas Medical Society (Attachment 9),
Dr. Greg Unruh, President of the Kansas Society of Anesthesiologists (Attachment 10).

The hearing was opened for questions to the proponents from the committee.

Questions regarding the specific language on page 3 line 26 & 27 that was deleted on the floor of the Senate were addressed to the proponents, who indicated that leaving the language in could cause more paper work and legal complications. Several other concerns were raised about the wording and the language that was deleted by the Senate. Norman Furse asked if the Senate amendment on page 4, line 33 to insert "person" in place of "licensed professional nurse or licensed practical nurse" was a problem. He noted that "person" was a broad term and suggested the original term as an alternative. Representative Mayans suggested that the groups get together and work out these problems before the committee would consider any action on the bill.

The hearing was closed on **SB 152**.

Chairperson Mayans then called for action on **SB 684 - Practice of optometry defined**

On motion of Representative Haley, seconded by Representative O'Connor, the committee voted to pass SB 684 favorably. Representative Landwehr will carry the legislation.

The next meeting is scheduled for Tuesday, March 12, 1996.

The meeting was adjourned at 2:40 p.m.

House Health & Human Services COMMITTEE GUEST LIST

DATE March 11, 1996

NAME	REPRESENTING
MARY Robbins	Ks ODT Assn
Rebecca Pi	Ks Ophthalm. Society
Ruth Mann	Ks. Health Institute
Melissa Wangerman	Hein Ebert & Weir
Sue Philipp	KSOA
Meg Henson	Ks Medical Society
Bill Henny	Ks Optometric Assn
Jeff Johnson	Intern, Kearney & Assoc.
PHILIP HURLEY	PHILIP HURLEY & CO.
DAVID KRAM	KADM
Joe Foyair	KCA
Doug Sank	Ks Society of Anesthesiologists
Greg Unruh	Ks Society of Anesthesiologists
Terri Roberts	Kansas State Nurses Assn.

H+HS Comm
3-11-96
Attmt # 1

Kansas Optometric Association

1266 SW Topeka Blvd., Topeka, KS 66612
913-232-0225

TESTIMONY
HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
March 11, 1996

I am Gary Robbins, Executive Director of the Kansas Optometric Association. I appreciate the opportunity to appear in support of Senate Bill 684. This legislation is the result of many hours of dialogue and discussion between our association, the Kansas Medical Society and the Kansas State Ophthalmological Society. Senate Bill 684 is a compromise which allows Kansas law to more accurately reflect the training and education of optometrists.

Briefly, I would like to provide some background about optometry and the origin of this legislation. Students wishing to attend optometry school are required to take a pre-med four-year undergraduate course of study which also includes an emphasis on mathematics. Students are required to pass an entrance examination before being admitted to optometry school. Optometry school is a four-year program with an emphasis on the clinical care and treatment of eye disease. Before entering practice, optometrists are also required to pass national board examinations which cover pharmacology, anatomy, diagnosis and treatment of eye disease and the symptoms of other serious diseases which may appear in the eye.

In 1977, Kansas optometrists were given the right to use diagnostic topical drugs to diagnose and detect eye disease. In 1987, Kansas optometrists were authorized by the Legislature to use topical drugs to treat eye disease and remove foreign bodies from the eye. The passage of the 1987 bill was the subject of intensive lobbying by optometry

and medicine in both health committees over a two year period. One of the key issues during 1987 was the treatment of glaucoma by optometrists. We were unsuccessful in obtaining the authority to treat glaucoma at that time. Currently, it is authorized in some form in over 30 states.

This bill will allow optometrists to treat their patients who have glaucoma. Glaucoma is a disease which is potentially sight threatening. These patients are treated with eye drops and must be monitored several times annually.

This act will enable patients to travel less and to receive care from their current eye doctor. It would improve accessibility to needed eye care for Kansans.

The Kansas optometry law has not remained current with the educational training provided to students in optometry school. This is an important step in that direction. Both medicine and optometry don't desire to repeat the 1986-87 battle. I should point out that signs were posted in many legislators offices stating that optometrists and ophthalmologists would be shot on sight if they attempted to enter. Seriously, neither side wanted to repeat the last legislative battle. We have taken a cooperative approach of constructive dialog and negotiation to keep this situation from developing again.

I want to commend the Kansas Medical Society for taking a strong leadership role over the past four months in facilitating discussion between optometry and ophthalmology. It was not an easy process to get everyone to the table. Jerry Slaughter did an excellent job in facilitating a cooperative approach to negotiations between the Kansas State Ophthalmological Society and the Kansas Optometric Association. One of

the keys to this successful negotiation process was that the President of the Kansas Medical Society, Dr. Linda Warren, served as the facilitator and moderator for these discussions. She did an excellent job in assuring that the tone was positive and that both groups stayed on the issues. We also want to commend Dr. Joe Philipp who is the President of the Kansas State Ophthalmological Society for his hard work in the negotiation process. He faced a diverse membership consisting of members with different concerns including some who would have preferred not to even negotiate with optometry. Kansas State Ophthalmological Society Executive Director Rebecca Rice has also been very supportive of all attempts to negotiate a resolution to our differences. Attendance at these sessions consisted of three doctors representing each side, along with Dr. Warren who acted as the moderator and the lobbyists for the respective associations. The result is Senate Bill 684.

There are several sections in Senate Bill 684 that I want to highlight. This legislation allows optometrists after appropriate education and clinical training to treat adult open-angle glaucoma with topical drugs. The law requires that an optometrist complete a course of instruction of at least 24 hours and co-manage with an ophthalmologist for at least two years and not less than 20 diagnoses of suspected or confirmed glaucoma. Currently, optometrists and ophthalmologists are already co-managing glaucoma, but this process will allow independent treatment after meeting the educational and clinical requirements outlined in this bill. We have attempted to address concerns of ophthalmology by providing for an Interprofessional Advisory Committee composed of optometrists and ophthalmologists to assist the State Board of Examiners in

Optometry in developing the education and review the co-management process. This committee will submit a report to the State Board of Examiners in Optometry to update the legislature on this process by January 1, 1999.

We have encountered some resistance within the Kansas Optometric Association membership to the Interprofessional Advisory Committee concept from those who believe it is inappropriate. However, we strongly believe that this is a unique opportunity to continue constructive discussions and foster cooperation between both professions which is ultimately in the best interest of the patient. We have high expectations that this will be a positive process. The area with the most concern from my members is the lack of authority to use oral drugs with ocular applications. Various categories of oral drugs are authorized for optometrists in twenty-nine states. It is very difficult for me to explain to my members who have graduated over fifteen years ago why the State of Kansas hasn't allowed them to use all of their training in pharmacology and oral drugs to better serve their patients. We believe that the failure of the legislature to address this issue is placing us at a severe disadvantage in recruiting new optometrists to Kansas. Obviously, medicine has concerns and questions about the extent of our training and education to use oral drugs. We are pleased that this bill encourages the Interprofessional Advisory Committee to continue studying this issue and develop recommendations for the legislature within the next few years. It is possible that some of you may receive letters from some of the optometrists who are very frustrated about this delay in updating the

optometry law to allow oral drugs. We strongly believe that this is an excellent compromise, and it sets a mechanism in place to resolve the remaining issue of oral drugs. The bottom line is this is a compromise which can be sold to most of my members and addresses the concerns of most ophthalmologists. If both sides continue this constructive dialogue through the Interprofessional Advisory Committee, we believe it can further strengthen cooperation between optometrists and ophthalmologists which will benefit everyone.

Thank you for the opportunity to appear in support of Senate Bill 684.



KANSAS MEDICAL SOCIETY

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WATS 800-332-0156 FAX 913-235-5114

March 11, 1996

TO: House Health and Human Services Committee

FROM: Jerry Slaughter
Executive Director

SUBJECT: SB 684; concerning the optometry practice act

The Kansas Medical Society appreciates the opportunity to appear today in support of SB 684, which amends the scope of practice of optometrists. This bill is the result of several meetings between optometrists, ophthalmologists and other physicians from the KMS. It expands the authorized scope of practice of optometrists by removing restrictions on the use of topical pharmaceuticals and allowing the treatment of glaucoma, after a specified co-management period. In addition, it establishes an advisory committee of optometrists and ophthalmologists to supervise the co-management process, for purposes of quality assurance.

This legislation is truly a compromise. Last summer we were requested by the Chairman to meet and see if any common ground existed between the groups, in the hope that a legislative fight could be avoided. There are members of each group which disagree vehemently with the provisions of the bill. In all, however, we were able to fashion a reasonable compromise which both sides can live with. There were some areas in which the groups remained divided, and the advisory committee will be looking at those proposals over the next few years. For example, the use of oral medications could not be agreed upon, with both sides feeling equally strongly about the issue.

We hope the dialogue which resulted in SB 684 will continue in the arena of the interprofessional advisory committee. It is hoped that issues of quality and scope of practice can first be addressed there, with both optometrists and ophthalmologists participating in meaningful give and take where quality is the bottom line.

Lastly, I would like to compliment Gary Robbins, and the KOA leadership, for their efforts on developing this bill. I know not everyone in their group is happy with the outcome, but I do believe the process was fair, open and productive. We support the bill and look forward to working through the advisory committee to see that its provisions are implemented smoothly. Thank you.

H. & H.S. Comm.
3-11-96
Attr. #3

KSOs

Kansas State Ophthalmological Society

Joseph Philipp, M.D.
President

K. Dwight Hendricks, M.D.
Immediate Past President

Thomas McDonald, M.D.
Vice-President

Jemshed Khan, M.D.
Secretary-Treasurer

Perry Schuetz, M.D.
AAD Councillor

Rebecca Rice, J.D.
Executive Director

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TESTIMONY PRESENTED TO THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

Re: SB 684

March 11, 1996

by Joseph Philipp, M.D., President
Kansas State Ophthalmological Society

Thank you, Mr. Chairman and members of the committee. I am Joe Philipp and a physician from Manhattan. I am a board certified ophthalmologist and currently president of the Kansas State Ophthalmological Society. I am here to speak in favor of SB 684. During the last three months, representatives of the state ophthalmological and optometric associations have been discussing the expansion of optometric practice. SB 684 is the result of those discussions.

Although this bill is not perfect, nor is it totally without certain risks, the state ophthalmology society believes this collaborative approach to the expansion of optometry is in the best interest of our patients and the people of Kansas. If the intent of this law is followed by ophthalmologists, optometrists, and the state board of optometry; we sincerely believe the potential for improving medical care can become a reality. The intent of this law is to provide an expansion of optometric practice through a collaborative effort. This law provides for experienced supervision and advice, as well as documented quality controls.

This bill contains activities that, by law, have never been done independently by optometrists in a clinical setting in Kansas. The expansion by any group of non-physicians into the practice of medicine must be accomplished with caution and in a slow, supervised manner to assure appropriate public safeguards. The Kansas State Ophthalmological Society believes SB 684 accomplishes these objectives and is the best approach to the expansion of optometric practice. We urge your support of this bill.

Thank you for your attention. I will stand for questions at the committee's request.

H. & H.S. Comm.
3-11-96
Attn. #4

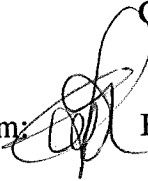
Kansas Association of Osteopathic Medicine

Harold E. Riehm, Executive Director

1260 S.W. Topeka Blvd.
Topeka, Kansas 66612
(913) 234-5563
(913) 234-5564 Fax

March 11, 1996

To: Chairman Mayans and Members, House Committee on Health & Human Resources

From:  Harold E. Riehm, Executive Director, KAOM

Subject: Testimony in Support of S.B. 684

I appear in support of S.B. 684, as amended in the Senate. One of the amendments was suggested by KAOM, the amended language appearing on Page 7, lines 21 through 24.

We think this is a positive example of provider groups working together. There are times it will result in a compromise; there will be times when it will not.

But one message should be clear. All groups representing providers affected by the proposed compromise or change, should be parties to the deliberations. In this case KAOM was not included. We regret the exclusion. Admittedly there are only a handful of osteopathic ophthalmologists in Kansas, but the decision reached would impact upon their practice as an individual practitioner, just as much as any other ophthalmologist.

The amended language we suggested does not guarantee that there will be a D.O. ophthalmologist on the Interprofessional Advisory Committee, it just establishes a nomination procedure by which there might be a D.O. We think that is a fair resolution of the initial omission.

I will be pleased to respond to questions you may have.

H → H.S. Comm.

3-11-96

HR # 5



Michael D. David, D.O.

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- Smoking cessation
- Diabetes management

March 8, 1996

To Members of the House of Representatives Committee on Public Health

I write as President of the Kansas Association of Osteopathic Medicine, regarding S.B. 684. This Association requested an amendment to the Bill when it was heard by the Senate Committee. That Amendment was adopted and appears in the Bill before you today.

The Osteopathic Profession in Kansas is a distinct minority physician profession. While the vast majority of osteopathic physicians are in primary care, mainly family practice, there is a rapidly increasing number of osteopathic physicians entering specialties. In some of these specialties, there may be only a very few practitioners in Kansas, such as Ophthalmology.

Even though a minority, we think it important that deliberations and compromises that occur preliminary to drafting a Bill and its introduction in the Kansas legislature, include all provider groups that will be affected by the Bill's contents. In this case, we were not included, and thus had no opportunity to state our case on representation on the Interprofessional Advisory Committee provided in the Bill.

The Amendment that has been added does not guarantee a D.O. ophthalmologist will serve on the Interprofessional Advisory Committee. Instead, it must present an opportunity for a D.O. to be a member.

As amended, we support S.B. 684. Thank you for your consideration.

Sincerely,

Michael D. David, D.O. (Independence)
President, Kansas Association of Osteopathic Medicine

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5-2

TRUSTEE: Kansas Association of Osteopathic Medicine; **CHIEF OF MEDICINE:** Mercy Hospital; **CERTIFIED:** AME-FAA; **BOARD MEMBER:** Medical Advisory Committee, Automotive Controls Corporation and Emerson Electric primary care network insurance, Kansas Blue Cross, Kansas Blue Shield; **MEMBER:** AOA, ACGP, AAFP, KAOM, SEKOA, SEKMS; **MEDICAL ADVISOR:** Midwest Crisis Pregnancy Center, Independence Emergency Medical System; *Over 75 hours in continuing education each year*

900 West Myrtle, Suite 101 • Independence, KS 67301 • Call (316) 331-7700

Kansas State Board of Nursing

Landon State Office Building
900 S.W. Jackson, Rm. 551
Topeka, Kansas 66612-1230
913-296-4929
FAX 913-296-3929



Patsy L. Johnson, R.N., M.N.
Executive Administrator
913-296-5752

To: The Honorable Representative Carlos Mayans, Chairman
and Members of the Health and Human Services Committee

From: Patsy L. Johnson, M.N., R.N., A.R.N.P.
Executive Administrator
Kansas State Board of Nursing

Date: March 8, 1996

Re: SB 152

A handwritten signature in black ink, appearing to read "P. Johnson", written over the typed name of the Executive Administrator.

Thank you for allowing me to testify on SB 152 on behalf of the Board of Nursing. After an initial hearing during the 1995 legislative session, the Board of Nursing has worked with interested groups to format several changes to the bill. Except for one issue the Board supports the bill as amended by the Senate Public Health and Welfare Committee.

The one amendment proposed by the Senate Public Health and Welfare Committee eliminates the requirement that the registered nurse anesthetist (RNA) also be certified as an advanced registered nurse practitioner (ARNP). Language to eliminate the requirement is on page 6, lines 1-8. The Board of Nursing with support from the Kansas Association of Nurse Anesthetists would like to maintain the ARNP certification for RNA's. With comprehensive authorization statutes we realize it is a duplication, but on a national level the RNA is recognized as a category of ARNP. We would like to continue to maintain consistency with national standards.

The Board proposes new language in Section 4 which will certify the RNA as an ARNP at the same time as being authorized (page 3, lines 8 and 10). The Board is proposing that no additional fee be charged for the certification as an ARNP (line 18). The current procedure incorporates processing for both the RNA and ARNP. Also, the language added by the

H&H S. Comm.
3-11-96
Attn #6

Janette Pucci, R.N., M.S.N.
Education Specialist
296-3782

Patricia McKillip, R.N., Ph.D.
Education Specialist
296-3782

Diane Glynn, R.N., J.D.
Practice Specialist
296-4325

Mark S. Braun, J.D.
Assistant Attorney General
Disciplinary Counsel
296-4325

Senate committee on page 6 (lines 1-8) would be deleted. If no one is opposing the RNA's maintaining ARNP certification and there is no additional fee for it, could certification not be left just as it is?

The Board of Nursing is particularly pleased with the revisions in K.S.A. 65-1158, Section 5, (page 3, lines 23-43 and page 4, lines 1-2) This statute sets the scope of practice for the RNA. Upon the order of a physician (line 24), the RNA shall be authorized to provide anesthetic or analgesia services. There may be some concern over the removal the new language "perform and shall assure the following are completed with each anesthetic procedure" on page 3 (lines 26-27). The nine functions listed in subsection (a) are recognized as necessary to provide safe anesthesia care. Usually the same RNA performs all nine functions for each case, but there are times when another RNA or an anesthesiologist may assist. Without the language in lines 26-27, there will be no difference in what the Board does when we receive a complaint. Staff will review documentation and gather information to determine if all nine functions are carried out. In addition, there are regular quality assurance reviews of RNA practice to determine if standards are being met. The Board does not believe the language is needed, but is not opposed to it if left in.

In summary, SB 152 contains a broad revision of the RNA statutes. The most significant was to clarify that the RNA selects anesthetic agents for surgical procedures. Two new exceptions to the RNA practice act allows other professionals to provide anesthetics in selected circumstances. I believe the changes in SB 152 are indicative of the collaborative effort between anesthesiologists, RNA's, other physicians and nurses. That collaborative effort is not unfamiliar but is reproduced day after day in providing safe care for the operative patient.

The Board asks that you consider the balloon which will maintain ARNP certification for the RNA. The Board hopes you will act favorably upon SB 152 as amended.

Thank you.

1 period of not to exceed 180 days; and

2 (c) for a period not to exceed ~~60~~ 90 days ~~when a reinstatement ap-~~
3 ~~plication has been made.~~ *The 90-day temporary permit may be renewed*
4 *for an additional 30 days but not to exceed a combined total of 120 days.*

5 Sec. 4. K.S.A. 65-1154 is hereby amended to read as follows: 65-
6 1154. Upon application to the board by any licensed professional nurse
7 in this state and upon satisfaction of the standards and requirements es-
8 tablished under this act ~~and K.S.A. 65-1130 and amendments thereto,~~
9 the board shall grant an authorization to the applicant to perform the
10 duties of a registered nurse anesthetist. An application to the board for
11 an authorization, for an authorization with temporary authorization, for
12 biennial renewal of authorization, for reinstatement of authorization and
13 for reinstatement of authorization with temporary authorization shall be
14 upon such form and contain such information as the board may require
15 and shall be accompanied by a fee to assist in defraying the expenses in
16 connection with the administration of the provisions of this act. The fee
17 shall be fixed by rules and regulations adopted by the board in an amount
18 fixed by the board under K.S.A. 65-1118 and amendments thereto. The
19 executive administrator of the board shall remit all moneys received pur-
20 suant to ~~K.S.A. 65-1151 to 65-1163, inclusive, and amendments thereto,~~
21 to the state treasurer as provided by K.S.A. 74-1108 and amendments
22 thereto.

23 Sec. 5. K.S.A. 65-1158 is hereby amended to read as follows: 65-
24 1158. (a) ~~Each~~ *Upon the order of a physician or dentist requesting*
25 *anesthesia or analgesia care, each* registered nurse anesthetist shall *be*
26 *authorized to perform and shall assure the following are completed*
27 *with each anesthetic procedure:*

- 28 (1) Conduct a pre- and post-anesthesia visit and assessment with ap-
29 propriate documentation;
- 30 (2) develop an anesthesia care plan with the physician or dentist
31 which includes procedures for administration of medications and anes-
32 thetic agents ~~plan which includes ordering appropriate medications and~~
33 ~~anesthetics for pre-operative, intra-operative and post-operative admin-~~
34 ~~istration a general plan of anesthesia care with the physician or den-~~
35 ~~tist;~~
- 36 (3) *select method for administration of anesthesia or analgesia;*
- 37 (4) *select appropriate medications and anesthetic agents;*
- 38 ~~(3)~~ (5) induce and maintain anesthesia or analgesia at the required
39 levels;
- 40 ~~(4)~~ (6) support life functions during the peri-operative period;
- 41 ~~(5)~~ (7) recognize and take appropriate action with respect to patient
42 responses during anesthesia;
- 43 ~~(6)~~ (8) provide professional observation and management of the pa-

Replace deletion on line 8

and K.S.A. 65-1130 and amendments thereto,

Add

{ and be certified as an advanced registered nurse practitioner

Add

{ There shall be no fee assessed for the initial, renewal or reinstatement of the advanced registered nurse practitioner certificate as long as the registered nurse anesthetist maintains authorization.

6-2

1 ~~A registered professional nurse who has obtained authorization~~
2 ~~from the board of nursing to practice as a registered nurse anesthe-~~
3 ~~tist is not required to be certified as an advanced registered nurse~~
4 ~~practitioner in any category of advanced registered nurse practi-~~
5 ~~titioner and is not subject to the provisions of subsection (b) of K.S.A.~~
6 ~~65-1114 and amendments thereto while practicing as a registered~~
7 ~~nurse anesthetist under K.S.A. 65-1151 to 65-1164, inclusive, and~~
8 ~~amendments thereto.~~

Delete whole section

9 Sec. 9. K.S.A. 65-1151, 65-1153, 65-1154, 65-1158, 65-1159, 65-
10 1161 and 65-1163 and K.S.A. 1994 1995 Supp. 65-1152 and 65-1162 are
11 hereby repealed.

12 Sec. 10. This act shall take effect and be in force from and after its
13 publication in the statute book.

6-11

KANSAS ASSOCIATION OF NURSE ANESTHETISTS



March 11, 1996

Representative Carlos Mayans
Chairman, House Health and Human Services Committee
State Capitol Building
Topeka, Kansas 66612

Chairman Mayans and members of the Committee,

My name is Joseph P. Conroy, and I am a Certified Registered Nurse Anesthetist from Emporia, Kansas, and President of the Kansas Association of Nurse Anesthetists.

I am here to provide testimony in support of S.B. 152, where changes are made in the Registered Nurse Anesthetists' Statutes, including modifications in the authorization language.

The changes made in 65-1158, scope of practice, were made as a result of discussion with the Board of Nursing, who indicated a need for language which reflected the actual practice of anesthesia in the state of Kansas by RNA's. The current language was felt to be ambiguous with regard to authorization. Other changes to the statutes were mainly technical.

Since our first hearing a year ago on S.B.152 in the Senate, our Association has had numerous discussions with the Kansas Society of Anesthesiologists and have agreed upon compromises to the original language.

The first change included adding to Scope of Practice, (a), Upon the order of a physician or dentist requesting anesthesia care, etc. This addition referenced the fact that CRNA's cannot provide anesthesia services without a physician order and therefore are not trying to "practice medicine".

The second change involved (a), (2), develop a general plan of anesthesia care with the physician or dentist. This compromise addressed the concern of the surgeons that they have little or no training in anesthesia to develop a "specific plan" but bring to the patient their medical expertise and judgment.

The third change involved (a), (3)&(4), select method for administration of anesthesia or analgesia, and select appropriate medications and anesthetic agents. This language is the actual authorization language that is necessary to avoid the confusion over the original language.

H. & H.S. Comm.
3-11-96
Attn. #7

KANSAS ASSOCIATION OF NURSE ANESTHETISTS



Other amendments have been made by the Senate Public Health and Welfare Committee to "clean up the bill". We are satisfied with the other amendments except the Senate attempted to resolve a problem that has existed since December 13, 1993, when an attorney general's opinion stated that all advanced practice nurses were required to have mandatory certification, rather than voluntary certification, as advanced practice nurses. This was not the intent of the legislature in 1983 when the ARNP statutes were first introduced, and has caused our Association problems because of school accreditation approval and payment of three separate fees for licensure and renewal. Our Association, with the help of the Kansas State Board of Nursing, has resolved that problem by reducing the paperwork necessary for ARNP certification and by proposing a balloon amendment to S.B.152 that says there shall be no fee assessed for the initial, renewal or reinstatement of the advanced registered nurse practitioner certificate as long as the registered nurse anesthetist maintains authorization. This amendment would solve our problems resulting from the attorney general's opinion, but was removed by the Senate for some reason. We would ask that this amendment be reinstated.

In closing, the Kansas Association of Nurse Anesthetists would like to thank the Kansas Society of Anesthesiologists for their patience and help in modifying 65-1158 so that it more accurately reflects the practice of nurse anesthesia as it currently exists in the state of Kansas today, and is not intended to be a change in or expansion of our scope of practice. We have enjoyed a good relationship with the KSA and hope to continue to do so in the future.

There are over 430 CRNA's in Kansas supplying anesthesia services in rural and urban hospitals and we would like to thank Pat Johnson and the State Board of Nursing and the Kansas Legislature for their time and consideration.

Respectfully submitted,

A handwritten signature in cursive script that reads "Joseph P. Conroy".

Joseph P. Conroy, B.A., C.R.N.A., A.R.N.P
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the Voice of Nursing in Kansas

Betty Smith-Campbell, M.N., R.N., AHNP
President

Terri Roberts, J.D., R.N.
Executive Director

FOR MORE INFORMATION CONTACT
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Kansas State Nurses Association
700 SW Jackson, Suite 601
Topeka, KS 66603-3731
913-233-8638
March 11, 1996

**S.B. 152 REGISTERED NURSE ANESTHETIST STATUTE CHANGES AS AMENDED
BY THE SENATE**

Chairperson Mayans and members of the House Health & Human Services Committee, my name is Terri Roberts JD, RN, and I am the Executive Director for the Kansas State Nurses Association. I am here to testify in support of S.B. 152 as amended by the senate.

The Kansas Board of Nursing had a amendment in the Senate to K.S.A. 65-1163 which appears in section 8 new (g) which reads:

Nothing in this section shall...

(g) prohibit a registered professional nurse from administering general anesthetic agents to a patient on ventilator maintenance in critical care units when under the direction of a person licensed to practice medicine and surgery or a person licensed to practice dentistry.

This new (g) would permit RNs working in critical care units of hospitals to maintain patients on low dose anesthetic agents. This particular type of sedation has been found to be very effective in pediatric and trauma cases where the risk of combativeness warrant such sedation. Particularly with pediatric patients, there is a tendency if they are awake to pull out their intravenous lines and try to remove their breathing tubes. Most of the research that we reviewed was published in European journals but reflected a high efficacy and safety feature. The procedure is being used more in hospitals with trauma centers, hospitals in large cities. This particular provision relates only to maintaining patients for ventilator maintenance so it has a specific parameter that will be appropriately limiting.

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The Board of Nursing had also offered an amendment that was not accepted by the Senate committee that read:

(h) apply to the administration of a digital block by a person who holds a valid certificate of qualification as an advanced registered nurse practitioner.

The new (h) would permit Advanced Registered Nurse Practitioners to use digital blocks in the fingers or the toes. This is often used for lacerations that are going to receive stitches and instead of giving five or six individual shots of lidocaine or topical anesthetics, a digital block is done to reduce feeling and pain. It is a relatively safe procedure that ARNPs who are trained in should be authorized to perform. The Kansas Medical Society objected to this exclusion for the ARNP's in the RNA statutes. We would like to ask that this committee give some new consideration to including a (h). All ARNP's performing this function would of course be required to have it included in their jointly adopted protocol, signed by a "responsible physician."

Thank you for the opportunity to present today and support this modification to S.B. 152.



KANSAS MEDICAL SOCIETY

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March 11, 1996

TO: House Health and Human Services Committee

FROM: Jerry Slaughter
Executive Director

SUBJECT: SB 152; concerning nurse anesthetists scope of practice

The Kansas Medical Society appreciates the opportunity to appear today as you consider SB 152. As you know, after consideration last year, the parties were asked to get together and see if something could be worked out. We participated in those deliberations through one of our specialty organizations, the Kansas Society of Anesthesiologists.

We did not support this bill last year because we felt it went too far in virtually eliminating any physician involvement in the care of patients by CRNAs. For the past several years, CRNAs have worked in collaboration with physicians, a concept we believe is important to the preservation of quality care. Following the discussions over the past several months, we now believe the changes that are included in the bill are reasonable, both meeting our goal of maintaining the team approach, while allowing CRNAs to deliver anesthetic care in an appropriate manner. The changes to Section 5 of the bill are designed to allow physicians to order anesthetic care and participate in the overall anesthetic care plan, and allow nurse anesthetists to select appropriate anesthetic agents and their method of administration, within the context of a physician directed health care team.

We support SB 152, as amended by the Senate, and appreciate the opportunity to offer these comments. We would be happy to respond to any questions. Thank you.

H+HS Comm
3-11-96
Attn # 9

KANSAS STATE SOCIETY OF ANESTHESIOLOGISTS
Component Society of
The American Society of Anesthesiologists, Inc.

**TESTIMONY PRESENTED TO
THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE**

BY

KANSAS STATE SOCIETY OF ANESTHESIOLOGISTS

SENATE BILL NO. 152

MARCH 12, 1996

Chairman Mayans and members of the Health and Human Services Committee:

Good afternoon. My name is Greg Unruh. I am the President of the Kansas Society of Anesthesiologists. I want to thank you for this opportunity to provide testimony of Senate Bill No. 152. I have personally been involved in the evolution of this bill and would now like to voice the support of our Society for Senate Bill No. 152 before this committee. We thought that some of the proposed changes in the original version of Senate Bill No. 152 were quite broad and diminished or removed the role of physicians and dentists in care of patients receiving anesthetic care from Certified Registered Nurse Anesthetists. We have studied these issues and attempted to arrive at language that would be reasonable, preserve the role of the physician in this type of anesthetic care, and allow nurse anesthetists to deliver anesthetic care in an appropriate, lawful manner. These discussions were held with the goal of securing the best care for the surgical patients in the State of Kansas. This proposed language represents that hard work.

The wording in Section 5 is designed specifically to ensure that a physician or dentist orders the anesthetic care for their patients. The CRNA must then develop a general plan for the anesthetic with the physician or dentist.

We believe that the language in Section 5 allows the physician to order anesthetic care without ordering specific medications and anesthetics that are outside of their surgical expertise but yet it allows them to provide their valued input in the form of patient evaluation and knowledge of the planned surgical procedures. It allows the CRNAs to do what they are trained to do in choosing specific types of anesthesia and anesthetic medications along with their routes of administration.

The original statute contained language in Section 5 that read that "nurse anesthetists shall" (my emphasis) perform the listed duties. It now reads, "shall be authorized to" perform the listed duties. We have some concern that this language moves away from keeping these items as requirements. We had proposed language to the Senate Health and Welfare Committee, which they sent to the full Senate,

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Attn. #10

stating, "nurse anesthetists... shall be authorized to perform and shall assure the following are completed with each anesthetic." That language was taken out during Senate debate. We would like to see this original language amended back into Senate Bill No. 152, so there would be no ambiguity.

We also feel very strongly that section (b) should stay as in the original statute stating that "A registered nurse anesthetist shall perform duties and functions in an interdependent role as a member of a physician or dentist directed health care team." We are please that all of the groups here today are in agreement with that concept.

On behalf of the Kansas Society of Anesthesiologists, I am pleased to offer our support for Senate Bill No. 152. I would like to thank the Kansas Association of Nurse Anesthetists for their efforts on this statute as well as Jerry Slaughter of the Kansas Medical Society and Pat Johnson of the State Board of Nursing. Thank you for allowing me to testify here today. I would be pleased to answer any questions you might have.

Gregory K. Unruh, M.D