Approved: *February 23, 1999*
Date

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on February 11 at the Dillon House

All members were present except: Representative Gerald Geringer, Excused
Representative Brenda Landwehr, Excused

Committee staff present: Emalene Correll, Kansas Legislative Research
Norman Furse, Revisor of Statutes
June Evans, Secretary

Conferees appearing before the committee: Patsy Johnson, Executive Administrator, Kansas State Board of Nursing
Debbie Folkerts, ARNP,–C, President Kansas State Nurses Association
George S. Thompson, Jr., M.D., Director of the Menninger Community Service Office
Terri Roberts, J.D., R.N., Executive Director, Kansas State Nurses Association
Joyce Volmut, Executive Director, State Primary Care Assn.
Dr Kendall Wright, Emporia
Amy Siple, Student, Wichita State University
Rita Rogers, Wichita

The Chairperson opened the hearing on **HB 2168 - Concerning health care providers; relating to advanced registered nurse practitioners.**

Norman Furse, Revisor of Statutes Office, gave a briefing on **HB 2168**, stating that one of the key changes was that 'training' and 'expanded' were deleted throughout the bill. Another major change is an advanced registered nurse practitioner may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. The advanced registered nurse practitioner may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples to patients. In order to prescribe controlled substances, the advanced registered nurse practitioner shall (1) register with the federal drug enforcement administration; and (2) notify the board of the name and address of the responsible physician or physicians.

The Chairperson asked the committee since there weren't any opponents would there be any objection from the committee working the bill today. The committee was in agreement to working the bill.

Patsy L. Johnson, M.N., A.R.N.P., Executive Administrator, Kansas State Board of Nursing, testified in support of **HB 2168**, stating 'training' has been removed as an update in the language and 'expanded' has also been struck in several places. Some registered professional nurses may perform in expanded roles such as critical care or oncology. They have attended inservice or continuing nursing education courses and may be certified through a professional organization.

The major change in the bill is in Section 1 (d) that starts on page 2, line 21, which allows ARNP's to write prescriptions for controlled substances. (See Attachment #1)

Debbie Folkerts, A.R.N.P.–C., President, Kansas State Nurses Association, testified as a proponent to **HB 2168**, stating that Advanced Practice Nursing was authorized by statute in the State of Kansas in 1978. At that time prescriptive authority was unclear. Prescriptions were verbally called to the pharmacy only. In 1989 there was a keen awareness of the under utilization of Advanced Practices Nurses with the restriction of the ability to write prescriptions. Greater than 60% were practicing in rural areas and many were the only healthcare provider in their community. Statutes were changed to permit APNs to transmit prescription orders in writing per protocols established with a responsible physician. Controlled substances were not included. Regulations were implemented in 1995 which allowed APNs to verbally transmit orders for controlled substances according to protocols. Currently, Kansas APNs are prohibited from writing prescriptions for controlled substances. It is felt it is imperative APNs be allowed to

prescribe controlled substances in writing. This prevents the misinterpretation of telephonic communications of medicines such as hydrocodone for hydrocortisone or Meperidine for imipramine and increases public safety. (See Attachment #2)

George S. Thompson, Jr., M.D., a physician, a psychiatrist, Director of the Menninger Community Service Office, and Director of Outpatient Mental Health Training at Menninger, was a proponent of **HB 2168**, stating the opinions of this bill are his personal opinions. Advanced Registered Nurse Practitioners (ARNP's) are professional, ethical and provide quality treatment. Nurse practitioners can currently write prescriptions for "non-scheduled" medications. Non-scheduled medications can be powerful, dangerous and complex to prescribe. Nurse Practitioners are currently prohibited from writing prescriptions for scheduled medications, those same medications they are allowed to prescribe verbally. They are prohibited from calling in prescriptions for Schedule II medications except in an emergency. Scheduled medications, also known as controlled substances, are medications with addictive potential. Nurse Practitioners have the skills, abilities, professionalism and ethical standards to prescribe even the most addictive substances. Schedule II medications are actually safer and easier to prescribe and monitor than many non-scheduled medications. Nurse Practitioners like physicians are trained to manage the addictive risk of these medications. (See Attachment #3)

Joyce Volmut, Executive Director, State Primary Care Association, a proponent to **HB 2168**, stated this would improve access to care and assure that clients are able to follow through with medical treatment. There are 27 primary care clinics and health centers in Kansas which provide a valuable service to the state of Kansas because they serve as a safety net for the increasing number of uninsured and under insured in the state. In many of the clinics, the majority of care is provided by Nurse Practitioners or PA's. The object of care is to provide the most economical service possible - while still assuring that all aspects of care are covered - such as medications. Current law, however, does not afford clinics the most affordable method of care. If approved by the Board of Nursing and the Pharmacy Board an amendment to the bill would be requested to allow for distribution of prepackaged medications in primary care clinics and health centers. (See Attachment #4)

Kendall Wright, M.D., Emporia, testified in support of **HB 2168**, stating that Nurse Practitioners are competent and should be allowed to write prescriptions for controlled substances.

Amy Siple, student, Wichita State University, testified in support of **HB 2168**, to provide care to Kansans in order to meet their individual health needs and decrease health care costs. (See Attachment #5)

Rita Rogers, ARNP, Jewell, Kansas, supported **HB 2168**, stating she is dual licensed in Kansas and Nebraska and have practiced in both states. Nebraska regulations covering nurse practitioners allow for ARNPs to sign for samples and write prescriptions for controlled substances, but Kansas does not allow writing prescriptions and this has created obstacles in delivering health care. (See Attachment #6)

Meg Draper, Director of Government Affairs, Kansas Medical Society, stated the KMS is not opposed to the general concepts contained in **HB 2168**, but would like to offer some amendments that were later moved into the bill. (See Attachment #7)

Harold Riehm, Executive Director, Kansas Association of Osteopathic Medicine, testified asking for an amendment to **HB 2168.** On page 2, line 30, after "patients" add "pursuant to a written protocol as authorized by a responsible physician." (See Attachment #8)

After discussion the Chairperson closed the hearing on **HB 2168**.

Representative Morrison moved and Representative Bethell seconded to accept amendment requested by the Kansas Medical Society and Kansas Association of Osteopathic Medicine in Section 1, Page 2 to require that any written prescription order include the name, address and phone number of the ARNP's responsible physician and Section 2, Page 7, amending the pharmacy act, and Section 3, Page 11, the controlled substances act, for clarification and Section 2 on Page 6 that clarifies that mid-level practitioners may sign prescriptions. Also, on page 2, line 30, add, pursuant to a written protocol as authorized by a responsible physician. The motion carried.

CONTINUATION SHEET

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES, at the Dillon House at 1:30 p.m. on February 11, 1999.

Representative Morrison moved and Representative Long seconded to move **HB 2168** out as amended. The motion carried.

Written testimony only: Martha Kuhlmann, ANRP, Asssociates in Healthcare, LLC (See Attachment #9) and Susan C. Fry (See Attachment #10)

The Chairperson stated there would not be time to open the hearing on **HB 2169**, and time permitting, that would be scheduled at a later date.

The meeting adjourned at 3:10 p.m. The next meeting will be February 15.

Unless specifically noted, the individual remarks recorded herein have not been transcribed verbatim. Individual remarks as reported herein have not been submitted to the individuals appearing before the committee for editing or corrections.

HEALTH AND HUMAN SERVICES

Date: February 11, 1999

Staci Glynn	KSBN
Patsy Johnson	KSBN
Nancy Bleume	Fort Hays State University
[illegible] Marick	Fort Hays State University
Sheri Rowe	NCCC
Jennifer Moore	NCCC Mary Grimes School of Nursing
Rhonda Nelson	NCCC
Leela B. Moore, RN	Baker Univ. School of Nsg.
Charlotte Perry, RN	Baker Univ. School of Nsg.
Sara Petersen	Southwestern College
Marcy N. Stapleton	Southwestern College
Tracy M. Dial	Southwestern College
Jane Schlickau MN, RN	Southwestern College
Jackie Berryman MSN, RN ARNP	Southwestern College
Martha Butler	Southwestern College
Patty Hastings, RN, MSN, CNS ARNP	KSNA
Mary Koehn RN MSN ARNP	Wichita State University
Sarah Tidwell	KSBN
Lynona Murrayless, ARNP, CS	KSNA
Marlene Schmor, MN, ARNP	KSNA
Amy Dayoren	WSU
Natalie Ccayllar	WSU
Julia Hanan	WSU
Libby Vickery	WSU
Eva Marie Winkler RN CNN	Saline Co. Dialysis / Salina Regional Health Center WSU
Honora Murphy	St Francis Hospital & Med Ctr

HEALTH AND HUMAN SERVICES

Date: Feb 11, 1999

Joyce Volmut	KS Assoc. Medically Underserved
Jane Mullen	KSNA
Linda McCann	KSNA
Meg Draper	KS Medical Society
Janice Mangano ARNP	KSNA
Karlye Shiltz Bethel College NS	KSNA
LaVonne Mullins	KSNA

Kansas State Board of Nursing

Landon State Office Building
900 S.W. Jackson, Rm. 551 S
Topeka, Kansas 66612-1230
785-296-4929
FAX 785-296-3929

Patsy L. Johnson, R.N., M.N.
Executive Administrator
785-296-5752
ksbn0@ink.org

To: Representative Garry Boston Chairperson
And Members of the Health and Human Services Committee

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

Date: February 11, 1999

Re: HB 2168

Thank you for allowing me to testify on HB 2168 for the Board of Nursing. The Board proposes the following changes:

- "Training" has been removed throughout K.S.A. 65-1130 as an update in the language.

- "Expanded" has also been struck in several places. Some registered professional nurses may perform in expanded roles such as critical care or oncology. They have attended inservice or continuing nursing education courses and may be certified through a professional organization. ARNP's practice in an advanced role following completion of formalized education and are certification by Kansas law.

- The major change in the bill is in Section 1 (d) that starts on page 2, line 21. It allows ARNP's to write prescriptions for controlled substances.

Janette Pucci, R.N., M.S.N.
Education Specialist
296-3782
ksbn1@ink.org

Patricia McKillip, R.N., Ph.D.
Education Specialist
296-3782
ksbn1@ink.org

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

Rex G. Beasley, J.D.
Assistant Attorney General
Disciplinary Counsel
296-8401

HHS
2-11-99
Atch #1

➢ Current practice:

ARNP may transmit prescription orders pursuant to a written protocol as authorized by a responsible physician. Based on the protocol, the ARNP takes a prescription blank which has the physician's name on it, writes an order, signs the prescription, and hands it to a client who then takes it to a pharmacist to be filled.

This can be done for all medications except controlled substances. If a client needs a controlled substance, then the ARNP may telephone the order to a pharmacy as per K.A.R. 60-11-104a (d). (See Attachment A) The physician's name and DEA number is used by the pharmacist for the prescription.

There are 32 states that allow ARNP's to prescribe controlled substances, 16 that do not, and 2 states where ARNP's do not have any prescriptive authority.

➢ Change in practice based on HB 2168:

The ARNP will have authority to write an order for controlled substances.
A new definition for mid-level practitioner (page 7, line 29 and page 11, line 11) has been added to the pharmacy and controlled substances acts to allow for the written prescription under state law.

The ARNP will obtain a DEA number that can be used at the pharmacy as a means of identification if any tracking is needed. The reason for changing language from "transmitting" to "prescribing" is to meet federal requirements to get the DEA number. The actual practice is no different whether it be transmit or prescribe. It is still based on protocol with a physician.

The Kansas Medical Society also asked that the name and address of the responsible physician or physicians be on file at a regulatory agency. That requirement has been

added so the ARNP will file that information with the Board of Nursing.

The Board does not believe there is any expansion of practice with this change since the ARNP may already telephone orders for controlled substances. The Board does believe this is safer practice since the prescription is in written form with less chance of error in the transmission of the verbal order. Having a DEA number allows for better tracking if there are any problems with misuse of the controlled substances.

- **Professional samples.** At this time only physicians may request, receive, and sign for professional samples (page 2, line 28-30).

  Since many ARNP's work in different locations from the physician, they may not have the opportunity to obtain professional samples which they may provide to their clients. Also, the contact with the pharmaceutical representative offers an educational opportunity. If the sales representatives cannot leave samples with ARNP's, they do not call on them.

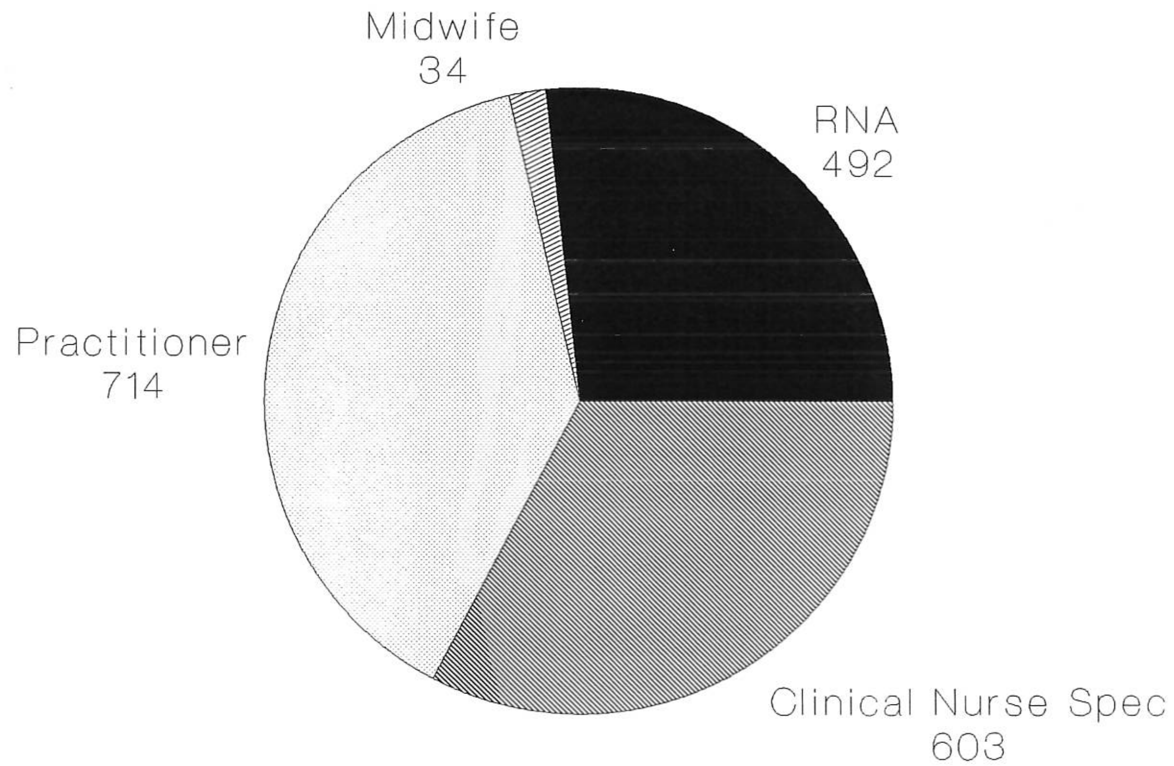
  While the physician needs to know what samples are being used by the ARNP as per protocol, the Board believes that education is critical for the safe use of the new medications.

There are two very practical changes in this bill. I hope the committee will pass HB 2168 out favorably.

Thank you. I am available for questions.

7-1

1999 A.R.N.P.'s



Total 1,843

60-11-104a. Protocol requirements; transmitting prescription orders. (a) Each written protocol pursuant to which an advanced registered nurse practitioner may transmit prescription orders shall:

(1) specify for each classification of disease or injury the corresponding class of drugs for which the advanced registered nurse practitioner is permitted to transmit a prescription order;

(2) be maintained in either a looseleaf notebook or a book of published protocols. The notebook or book of published protocols shall include a cover page containing:

(A) the names, telephone numbers and signatures of the advanced registered nurse practitioner and a responsible physician who has authorized the protocol; and

(B) the date the protocol was adopted or last reviewed; and

(3) be kept at the advanced registered nurse practitioner's principal place of practice.

(b) An advanced registered nurse practitioner shall ensure that each protocol is reviewed by the advanced registered nurse practitioner and physician at least annually.

(c) Any prescription order transmitted in written form shall:

(1) include the name, address and telephone number of a responsible physician;

(2) be signed by the advanced registered nurse practitioner with the letters A.R.N.P.

(3) not be for any controlled substance drug; and

(4) be from a class of drugs transmitted pursuant to protocol.

(d) An advanced registered nurse practitioner may orally transmit a prescription order pursuant to protocol for:

(1) a schedule II controlled substance in the case of an emergency situation as defined in K.A.R. 68-20-19(a); and

(2) a controlled substance listed in schedule III, IV, or V.

(e) Nothing in this regulation shall be construed to prohibit any registered nurse or licensed practical nurse or advanced registered nurse practitioner pursuant to a lawful direction of a person licensed to practice medicine and surgery or dentistry, or certified as an advanced registered nurse practitioner from conveying a prescription order orally, or from administering a drug.

(f) When used in this section, terms shall be construed to have the meanings set forth in the pharmacy act of the state of Kansas, K.S.A. 65-1626. (Authorized by K.S.A. 65-1129 and K.S.A. 65-1130; implementing K.S.A. 65-1130, effective T-60-9-12-88, Sept. 12, 1988; effective Feb. 13, 1989; amended May 7, 1990; amended Jan. 3, 1995.)

KANSAS STATE NURSES ASSOCIATION
700 SW Jackson, Suite 601
Topeka, Kansas 66603-3758
785/233-8638 * FAX 785/233-5222
www.nursingworld.org/snas/ks
the Voice of Nursing in Kansas

Debbie Folkerts, A.R.N.P.--C.
President

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

FOR MORE INFORMATION CONTACT:
Terri Roberts, JD, RN
700 SW Jackson, Suite 601
Topeka, Kansas 66603-3758
785.233.8638
February 11, 1999

H.B. 2168 PRESCRIPTIVE AUTHORITY FOR ARNP'S

Chairperson Boston and members of the House Health and Human Services Committee, KANSAS STATE NURSES ASSOCIATION asks for your consideration and support of H.B. 2168.

Chairman Boston and members of the committee my name is Debbie Folkerts. I am a Nurse Practitioner from Manhattan Kansas and President of the Kansas State Nurses Association. I speak in support of H.B. 2168. Advanced Practice Nursing was authorized by statute in the State of Kansas in 1978. At that time prescriptive authority was unclear. Prescriptions were verbally called to the pharmacy only. In 1989 there was a keen awareness of the under utilization of Advanced Practices Nurses with the restriction of the ability to write prescriptions. Greater than 60% were practicing in rural areas and many were the only healthcare provider in their community. Subsequently, statutes were changed to permit Advanced Practice Nurses to transmit prescription orders in writing per protocols established with a responsible physician. Controlled substances were not included. Again, noting the patient restriction to needed medication, regulations were implemented in 1995 which allowed Advanced Practice Nurses to verbally transmit orders for controlled substances according to protocols. Currently, in Kansas Advance Practice Nurses are prohibited form writing prescriptions for controlled substances.

In todays ever changing environment of cultural diversity of providers we feel it is imperative Advanced Practice Nurses be allowed to prescribe controlled substances in writing. This prevents the misinterpretation of telephonic communications of medicines such as hydrocodone for hydrocortisone, or Meperidine for imipramine and increases public safety.

HHS
2-11-99
Atch #2

This is not an expansion of practice it is a safety issue therefore allowing written documentation of medication prescribed and a tracking mechanism for controlled substances.

Additionally,the prescription language makes it clear that Advanced Practice Nurses are authorized to receive medication samples from pharmaceutical companies. Thereby allowing patients living in rural area's without full-time pharmacy's the ability to receive sample medications therefore expediting treatment. Furthurmore, it provides the opportunity to provide sample medications to those who are unable to afford them.

Currently, there are explicit statutory or regulatory provisions for Advance Practice Nurses prescribing in approximately forty jurisdictions, and proposals are pending in several others. We urge your support of HB 2168.

Thank you!

A:legislative files\yell\hb2168.deb

Kansas--Facts About Nurses In Advanced Practice

Advanced Registered Nurse Practitioners (ARNP) 1999

The following four categories of ARNP's in Kansas, and the number in each category are listed below:

Nurse Practitioners (NP)	714
Midwives (CNM)	34
Clinical Nurse Specialists (CNS)	603
Registered Nurse Anesthetists (RNA)	492

A brief description of educational requirements of each category of ARNP is provided below. Additionally statistical information and schools preparing each category in Kansas is listed.

NURSE PRACTITIONER (NP)

Number:	Kansas	714
	U.S.	25,000 - 30,000

Education: Most of the approximately 150 NP education programs in the United States today confer a master's degree. At least 36 states require NPs to be nationally certified by the ANA or a speciality nursing organization. Kansas has two schools, Fort Hays State University and Wichita State University. Both programs began August of 1992. Kansas University began a Nurse Practitioner program in the fall of 1993. Pittsburg State University began a program in the fall of 1995.

CERTIFIED NURSE MIDWIFE (CNM)

Number:	Kansas	34
	US	about 5,000

Education: An average one and one-half years of specialized education beyond nursing school, either in an accredited certificate, or like NPs, increasingly at the master's level. Kansas has no nurse midwifery school.

CLINICAL NURSE SPECIALISTS(CNS)

Number:	Kansas	603
	US	about 40,000

Education: Registered nurses with advanced nursing degrees—master's or doctoral— who work in clinical settings, community or office-based settings, and hospitals and are experts in a specialized area such as cardiac or cancer care, mental health, or neonatal health. Kansas has four programs preparing CNS's, University of Kansas, Wichita State University, Pittsburg State University and Fort Hays State University.

CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)

Number:	Kansas	492
	US	25,000

Education: Registered nurses who complete 2-3 years additional education beyond the four-year bachelor of science in nursing, as well as meeting national certification and recertification requirements. Kansas has two schools preparing RNA's, University of Kansas in Kansas City and an outreach program from Texas Wesleyan in Wichita.

a:\red\Advanced Practice\facts.pm4 mk 2/10/99

George S. Thompson, Jr., M.D.
205 S.W. Broadmoor Ave.
Topeka, Kansas 66606
(785) 232-7214
thompsgs@menninger.edu

TESTIMONY IN SUPPORT OF H.B. 2168

Representative Boston and members of the House Health and Human Services Committee, I am George Thompson, a physician, a psychiatrist, Director of the Menninger Community Service Office, and Director of Outpatient Mental Health Training at Menninger and a member of the Kansas Medical Society. Thank you for allowing me to speak in favor of H.B. 2168. The opinions I present today are my own and do not represent the policies or opinions of Menninger or the Kansas Medical Society.

We employ four Advanced Registered Nurse Practitioners (ARNP's) at the Community Service Office. They are professional, ethical and provide quality treatment to our clients. My personal experience working with these fine clinicians leads me to come before you today in support of this bill which expands the prescriptive authority for ARNP's.

Role of Nurse Practitioners

I want to give you an example of how Nurse Practitioners and physicians work together in actual practice. In our office, Nurse Practitioners treat many of our patients, both children and adults. They perform diagnostic evaluations, provide psychotherapy, and manage our patients' medication treatment under physician protocol. I serve as their protocol physician. It is in our clinic's standards that patients whose conditions are especially complex or unresponsive to traditional treatments are referred to me for physician consultation. I meet with the Nurse Practitioners to review their cases and provide guidance where appropriate. The Nurse Practitioners have been able to assess when cases are too complex for their abilities, and have consulted with me responsibly.

What Can Nurse Practitioners Do Under Current Law and Regulations?

Nurse Practitioners can currently write prescriptions for "non-scheduled" medications. Non-scheduled medications can be powerful, dangerous and complex to prescribe. In our office, Nurse Practitioners prescribe medications such as Lithium Carbonate which is used to treat Manic-Depression. Lithium requires regular monitoring of laboratory tests and can be lethal when taken in overdose. Again, Nurse Practitioners currently have authority to write prescriptions for this type of powerful and effective medication, and do so skillfully and responsibly.

Nurse Practitioners can currently call in prescriptions for most scheduled medications. They telephone the pharmacy and verbally inform the pharmacist that a patient should be prescribed the scheduled medication.

What is Currently Prohibited?

Nurse Practitioners are currently prohibited from writing prescriptions for scheduled medications, those same medications that they are allowed to prescribe verbally. They are also prohibited from calling in prescriptions for Schedule II medications except in an emergency. They are prohibited from calling in a particular class of Schedule II medication, the stimulant medications, as are physicians.

What are Scheduled Medications?

What are these scheduled medications which Nurse Practitioners are allowed to prescribe verbally, but not in writing? Scheduled medications, also known as controlled substances, are medications with addictive potential. That is the only difference between scheduled and non-scheduled medications. There are five "schedules" or categories for these medications. Lower category numbers represent higher addictive potential of medication. For example Schedule I medications cannot be prescribed, except in research settings. The Schedule II list includes codeine, which is used as cough syrup. The Schedule V list includes medications which are not as addictive, or which are addictive but prescribed in smaller quantities.

Should Nurse Practitioners Write Prescriptions for Scheduled Medications?

YES

1. Nurse Practitioners already have the skills and experience necessary to handle the complexity of prescribing medication with the potential for serious side-effects. They can handle the complexity of prescribing medications, which are potentially addictive.

2. Nurse Practitioners are as ethical and as responsible as physicians when it comes to prescribing addictive substances. There are unethical medical professionals in our state, but we already have laws to prohibit illegal prescription of addictive substances. There are medical professionals who become addicted themselves, but we already have laws and regulations governing impaired professionals. We need not limit Nurse Practitioners prescribing authority because of these types of concerns.

3. Nurse Practitioners already prescribe most scheduled medications verbally. Written prescriptions are safer than verbal prescriptions because they provide documentation that can be referred to in situations of ambiguity.

Should Nurse Practitioners Prescribe Schedule II Medications?

YES

1. Again, Nurse Practitioners have the skills, abilities, professionalism and ethical standards to prescribe even the most addictive substances. Schedule II medications are actually safer and easier to prescribe and monitor than many non-scheduled medications. Nurse Practitioners like physicians are trained to manage the addictive risk of these medications.

2. According to the Journal of the American Academy of Child and Adolescent Psychiatry, Kansas does not have enough Child Psychiatrists to treat all of the children who suffer from emotional

problems in our state. One of the most common childhood emotional disturbances is Attention Deficit Hyperactivity Disorder, which is treated with Schedule II medications like Ritalin, Dexedrine and Adderall. Granting Nurse Practitioners authority to write prescriptions for Schedule II medications will fill a much-needed gap in services to children in Kansas.

Again thank you for allowing me to speak in favor of H.B. 2168. I have enjoyed a collaborative and collegial relationship with Nurse Practitioners. I encourage the House Health and Human Services Committee to:

- Approve H.B 2168, and
- Grant authority to Nurse Practitioners to prescribe Schedule II through Schedule V medications <u>in writing</u>.

These actions on your part will help to enhance treatment for many patients and provide for better access to care for the children and adults in Kansas.

Kansas Association for the Medically Underserved

The State Primary Care Association

February 11, 1999

Testimony - House Bill 2168

Representative Boston and Members of the Committee, my name is Joyce Volmut. I am the Executive Director of the State Primary Care Association, the Kansas Association of Medically Underserved, which is an association of primary care clinics and health centers that serve as a medical home to thousands of Kansans who would other wise be without primary care.

I am here to speak in support of HB2168 and to provide you information on why we believe passage of this bill would support our mission, that is to improve access to care and to assure that clients are able to follow through with medical treatment.

Throughout Kansas there are 27 primary care clinics and health centers. These include Health Centers that receive funds through a federal grant from the Department of Health and Human Services or have been certified by HCFA as a Federally Qualified Health Center (FQHC), Centers who receive funding through the State-funded Community Based Primary Care Program, that was initiated by state legislation in 1991, and a few other primary care clinics who receive funding through other sources, such as private foundations, church affiliation or other local public support.

These primary care clinics and health centers provide a valuable service to the state of Kansas because they serve as a safety net for the increasing number of uninsured and under insured in the state. All of these clinics are required to have a medical director, though the medical director does not have to be full time. All of them also has a pharmacy consultant. Many have pharmacists who serve on their board.

Clinics and health centers work diligently to assure that clients are able to follow their prescribed treatment plan. In 1997, these organizations provided full medical (primary care) services to more than 70,000 individuals. Approximately 87% of the individuals they serve have no health insurance. About 20,000 are children.

Working with limited funds, these organizations struggle to meet the needs of the increasing number of clients they serve. This is why this bill is important step in the right direction. In many of the clinics, the majority of care is provided by Nurse Practitioners or PA's. The object of care is to provide the most economical service possible - while still assuring that all aspects of care are covered - such as medications. Current law however does not afford clinics the most affordable method

112 SW 6th Ave., Suite 201, Topeka, KS 66603 785-233-8483 Fax 785-233-8403

HHS
2-11-99
Atch# 4

of care. Because they do not have a full time physician on staff, NP's or PA's in clinics and health centers cannot utilize pharmaceutical discount programs, or pre-packaged medications because the law does not allow anyone but a physician or pharmacist to distribute the drug. Though not ideal, clinics, without a full time physician must rely on samples. HB 2168 at least assures that the client ~~leaves~~ receives with proper medication necessary to treat the diagnosis. If approved by the Board of Nursing and the Pharmacy Board we would ask for an amendment to the bill that also allowed for distribution of prepackaged medications in primary care clinics and health centers.

Some of you may be aware of primary care clinics or health centers in your own community or district or serve clients who live in your district - United Methodist Ministries of Harvey Co. In Newton, The Konza Prairie Community Health Center in Junction City, Johnson County Health Partnership in Overland Park, Douglas Community Health Center and the Duchesne Clinic in Kansas City, KS, St. Vincent's in Leavenworth, the Marian Clinic in Topeka, the United Methodist Mexican American Clinic in Garden City, United Methodist Health Center and the Hunter Health Clinic both in Wichita.

I want to thank you for giving me an opportunity to speak in behalf of HB 2168 and the support that you are giving to the primary care clinics and health centers in Kansas and for your consideration on the amendments that we have suggested.

Joyce Volmut
Executive Director
233-8483
jvolmut@idir.net

House Health and Human Services Committee Testimony on

H.B. 2168 ARNP's PRESCRIPTIVE AUTHORITY

February 11, 1999

Good afternoon. My name is Amy Siple. I am an RN and will be a Family Nurse Practitioner in just a few short months. It is an honor and privilege to present testimony before you today. I want to personally thank you for giving HB 2168 a fair hearing. After hearing all the evidence, I believe that you will conclude that this bill is not only good for Kansas, but good for individual Kansans as well. The research literature clearly supports that ARNPs are competent and qualified prescribers. I have included a reference page in your handout that lists study after study demonstrating that ARNPs are prudent, cost effective, and safe prescribers whether practicing under broad or limited authority. Many state have recognized this and have increase the prescriptive authority for the ARNP. ARNPs have proven through research that we can effectively care for patients. Please support HB 2168 and let ARNPs provide the care to Kansans in order to meet their individual health needs and decrease health care costs. Again, I thank you for giving careful consideration to how the passage of HB 2168 can benefit our state.

Amy Siple R.N.
678 Wetmore
Wichita, Kansas 67209
Phone 316.729.7838

HHS
2-11-99
Atch #5

References

Aprile, Ann E. (1995). Prescriptive Authority: A practice of medicine? CRNA: The Clinical Forum for Nurse Anesthetists, 6(1),2-8.

Bachus, Kay (1995). Advanced Registered Nurse Practitioners: Preparation, roles and practice settings. The Kansas Nurse, 70(9), 3-4.

Birkholz, G., Walker, D., (1994). Strategies for state statutory language changes granting fully independent nurse practitioner practice. Nurse Practitioner, 19, 54-58.

Blumenreich, G.A., Stallone, D.R., Tobin, M.H. (1990). Federal drug laws and CRNAs. Am. Assoc. Nurse Anesth, 5, 253-254.

Buppert, Carolyn Knight (1995). Justifying nurse practitioner existence: Hard facts to hard figures. Nurse Practitioner, 20(8), 43-48.

Carson, Sylvia (1995). Prescriptive authority for nurse practitioners in Kansas. The Kansas Nurse, 70(9), 8-9.

Craig, Elizabeth J., (1996). A review of prescriptive authority for nurse practitioners. The Journal of Perinatal and Neonatal Nursing, 10(1), 29-35.

Guido, Ginny Wacker (1995). Advanced nursing practice: Legal concerns. AACN Clinical Issues, 6(1), 99-104.

Hadley, Elizabeth Harrison (1989). Nurses and prescriptive authority: A legal and economic analysis. America Journal of Law and Medicine, 15(2&3), 245-99.

Hall, J., (1990). Performing quality, gender and professional role: a study of physicians and nonphysicians in 16 ambulatory care practices. Medical Care, 28, 489-501.

5.2

Kelly, Margaret (1996). Primary care across clinical settings. Advanced Practice Nursing, 31(3), 465-70.

Mahoney, D. (1995). Nurse practitioners as prescribers. Nurse Practitioner: The American Journal of Primary Care, 18(2), 15-24.

McDermott, Katherine C. (1995). Prescriptive authority for advanced practice nurses: current and future perspectives. ONF, 22(8), 25-30.

Minarik, P.A. (1993). Federal action on prescriptive authority. Clinical Nurse Specialist, 7(1), 45-46.

Pearson, Linda J. (1997). Annual update of how each state stands on legislative issues affecting advanced nursing practice. The Nurse Practitioner: The American Journal of Primary Health Care, 22(1), 18-86.

Roberts, Terri (1995). Why Kansas needs prescriptive authority for ARNP's. The Kansas Nurse, 70(9), 11.

Safriet, B. J. (1992). Healthcare dollars and regulatory sense: The role of advanced practice nursing. The Yale Journal of Regulation, 9(2), 417-487.

Salkever, D. S. (1992). Episode-based efficiency comparisons for physicians and nurse practitioners. Med. Care, 20, 143-53.

Schmidt, L., Brandt, J., Norris, K. (1995). The advanced registered nurse practitioner in rural practice. The Kansas Nurse, 70(9), 1-2.

Sekscenski, E. S., Sansom, S., Bazell, C., Salmon, M. E., & Mullin, F. (1994). State practice environments and the supply of physicians assistants, nurse practitioners, and certified nurse mid-wives. New England Journal of Medicine, 331, 1266-1271.

Wright, L. (1997). Interview with a practicing ARNP.

TO: House Health and Human Services Committee

FROM: Rita Rogers ARNP

DATE: February 11, 1999

RE: Support of H.B. 2168 Prescriptive Authority for ARNP's

I am Rita Rogers from Jewell, KS. I have been a registered nurse since 1969 and a nurse practitioner since 1996, thanks to the Kansas Health Foundation's linking together Kansas University, Wichita State University and Fort Hays State University for the interactive nurse practitioner program the last few years. This program has been beneficial to health care in rural western Kansas by placing nurse practitioners in communities without physicians or limited physician coverage.

I am dual licensed in Kansas and Nebraska and have practiced in both states. Most recently I have been practicing with Dr. Judy Butler, a family practice physician. We pull from a large population base with many patients driving over 60 miles to see us for their health care. Our practice includes a rural health clinic which is located in Nebraska. The Nebraska regulations covering nurse practitioners allow for me to sign for samples and write prescriptions for controlled substances. When I practice in Kansas, I am not allowed to do this and this has created obstacles in delivering health care.

While caring for clients I use drug samples everyday in initiating various therapies for my clients. At least 75% of my daily clients are elderly, on fixed incomes, and /or cannot afford expensive new drugs, like Aricept to treat Alzheimer's. Supplying them with these drugs to initiate therapy, increases their access to high tech care. It also allows them to know if these drugs will help their symptoms before they spend 100's of dollars in some cases, to sit in the cupboard if they do not work! The language in H.B. 2168 will make it clear that ARNP's in Kansas can accept samples from pharmaceutical representatives and receive important information about drugs from the pharmaceutical companies as the representatives go to the clinic where they leave samples.

I frequently see emergency patients in the rural health clinic who need immediate, short term, that is, less than 3 days of pain relief. Such injuries as sprains, simple fractures and cuts often require 24 to 72 hours of pain medicine. Having patients drive the sixty plus miles to get a signed prescription by Dr. Butler, when I am at the point of care in inhumane, costly, and increases suffering. Telephoning

HHS
2-11-99
Atch#6

verbal orders to the pharmacy for scheduled controlled substances presents a real safety issue. First, there is no "hard copy" signed by me and the pharmacist may misinterpret what I ordered. I've had this happen when calling orders to the nurses at the hospital. My patient was getting Darvocet, instead of the Motrin I had ordered. At least I checked the orders on evening rounds and found the error. With a phoned prescription, I would not see it in writing unless the client brought me the bottle. Written prescriptions protect the prescriber as well as the pharmacist, and in turn, increases the safety of the patient as well.

In summary, access to care is decreased when ARNPs, sometimes the only providers in rural areas, are unable to prescribe controlled substances. This bill is not an expansion of ARNP practice, but rather a method for ensuring safer and more effective process for communicating schedule drug orders. Secondly, ARNP's accepting samples from pharmaceutical representatives and in turn providing samples to patients is an area of Kansas law that is not clear. H.B. 2168 will change both of these obstacles to health care for Kansans. I urge you to support its passage.

Thank you.

Rita Rogers ARNP-Clinical Specialist, Family Nurse Practitioner-Certified
c/o Sterling Presbyterian Manor
204 Washington
Sterling, Kansas 67579
Phone: 316.278.3651
Fax: 316.278.3581

1999legislativefiles/yellow/hb2168.rit

KANSAS MEDICAL SOCIETY

February 11, 1999

TO: House Health and Human Service committee

FROM: Meg Draper
Director of Government Affairs

SUBJ: HB 2168: Nurse Practitioners

The Kansas Medical Society appreciates the opportunity to testify on HB 2168, which allows advanced registered nurse practitioners (ARNPs) to write prescriptions for controlled substances and receive drug samples. KMS is not opposed to the general concepts contained in the bill but would like to offer some amendments.

ARNPs are prohibited from prescribing drugs independently, but they may do so pursuant to a written protocol as authorized by an ARNP's responsible physician. By signing an ARNP's protocol, physicians accept legal responsibility for the ARNP's prescriptions and are required to adequately supervise the prescribing activities of the ARNP or face disciplinary measures by the board of healing arts. KMS believes that it is absolutely critical that this relationship be preserved to ensure that patients are given the best care possible.

While KMS does not believe allowing ARNPs to write prescription orders is absolutely necessary, we examined how the current system works and felt that allowing ARNPs to write prescriptions would not pose any additional threat to the public and could improve quality of care. Current law allows ARNPs to transmit controlled substance orders over the telephone or by fax, but does not permit them to reduce these prescriptions to writing. KMS believed that this limitation protected the public by creating accountability, understanding that when an ARNP phoned or faxed in a prescription, the pharmacist notified the ARNP's responsible physician and therefore fostered the supervisory relationship between the physician and ARNP. After discussing this with the Board of Pharmacy, however, we understand that this rarely happens in practice. Allowing ARNPs to prescribe controlled substances in writing could improve accountability by creating a "paper trail" of prescription orders.

We would like to offer some amendments, for clarification and to ensure that the prescription order contains information about an ARNP's responsible physician. The first amendment is to Section 1 of the bill on page 2. This amendment would require that any written prescription order include the name, address and phone number of the ARNP's responsible physician. We also propose amendments to Section 2 on page 7, amending the pharmacy act, and Section 3 on page 11, the controlled substances act, for clarification. Finally, a proposed amendment to Section 2 on page 6 clarifies that mid-level practitioners may sign prescription orders.

Thank you very much for considering our comments and amendments. I would be happy to respond to questions.

623 SW 10th Ave. • Topeka KS 66612-1627 • 913.235.2383 • 800.332.0156 • FAX 913.235.5114
Western Kansas office • 108 E 12th St. • Hays KS 67601 • 913.625.8215 • 800.293.2363 • FAX 913.625.8234

HHS
2-11-99
Atch#7

tioners and establish limitations and restrictions on such ~~expanded~~ role. The board shall adopt a definition of ~~expanded~~ *the* role under this subsection (c)(3) which is consistent with the education~~,~~ ~~training~~ and qualifications required to obtain a certificate of qualification as an advanced registered nurse practitioner, which protects the public from persons performing functions and procedures as advanced registered nurse practitioners for which they lack adequate education~~,~~ ~~training~~ and qualifications and which authorizes advanced registered nurse practitioners to perform acts generally recognized by the profession of nursing as capable of being performed, in a manner consistent with the public health and safety, by persons with postbasic education in nursing. In defining such ~~expanded~~ role the board shall consider: (A) The ~~training~~ ~~and~~ education required for a certificate of qualification as an advanced registered nurse practitioner; (B) the type of nursing practice and preparation in specialized practitioner skills involved in each category of advanced registered nurse practitioner established by the board; (C) the scope of practice of nursing specialties and limitations thereon prescribed by national organizations which certify nursing specialties; and (D) acts recognized by the nursing profession as appropriate to be performed by persons with postbasic education ~~and~~ ~~training~~ in nursing.

(d) An advanced registered nurse practitioner may ~~not~~ prescribe drugs ~~but may transmit prescription orders~~ pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury for which the advanced registered nurse practitioner is authorized to ~~transmit prescription orders~~ *prescribe* and shall specify all drugs which may be ~~transmitted~~ *prescribed* by the advanced registered nurse practitioner. *The advanced registered nurse practitioner may not dispense drugs, but may request, receive and sign for professional samples and may distribute professional samples to patients. In order to prescribe controlled substances, the advanced registered nurse practitioner shall (1) register with the federal drug enforcement administration; and (2) notify the board of the name and address of the responsible physician or physicians.* In no case shall the scope of authority of the advanced registered nurse practitioner exceed the normal and customary practice of the responsible physician. An advanced registered nurse practitioner certified in the category of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, shall be subject to the provisions of K.S.A. 65-1151 to 65-1164, inclusive, and amendments thereto, with respect to ~~medications~~ *drugs* and anesthetic agents and shall not be subject to the provisions of this subsection. For the purposes of this subsection, "responsible physician" means a person licensed to practice medicine and surgery *in Kan-*

Any written prescription order shall include the name, address and telephone number of the responsible physician

7-3

1 supervision and control of a pharmacist, may perform packaging, manip-
2 ulative, repetitive or other nondiscretionary tasks related to the processing
3 of a prescription or medication order and who assists the pharmacist in
4 the performance of pharmacy related duties, but who does not perform
5 duties restricted to a pharmacist.
6 (x) "Practitioner" means a person licensed to practice medicine and
7 surgery, dentist, podiatrist, veterinarian, optometrist licensed under the
8 optometry law as a therapeutic licensee or diagnostic and therapeutic
9 licensee, or scientific investigator or other person authorized by law to
10 use a prescription-only drug in teaching or chemical analysis or to conduct
11 research with respect to a prescription-only drug.
12 (y) "Preceptor" means a licensed pharmacist who possesses at least
13 two years' experience as a pharmacist and who supervises students ob-
14 taining the pharmaceutical experience required by law as a condition to
15 taking the examination for licensure as a pharmacist.
16 (z) "Prescription" means, according to the context, either a prescrip-
17 tion order or a prescription medication.
18 (aa) "Prescription medication" means any drug, including label and
19 container according to context, which is dispensed pursuant to a prescrip-
20 tion order.
21 (bb) "Prescription-only drug" means any drug required by the federal
22 or state food, drug and cosmetic act to bear on its label the legend "Cau-
23 tion: Federal law prohibits dispensing without prescription."
24 (cc) "Prescription order" means: (1) An order to be filled by a phar-
25 macist for prescription medication issued and signed by a practitioner in
26 the authorized course of professional practice; or (2) an order transmitted
27 to a pharmacist through word of mouth, note, telephone or other means
28 of communication directed by such practitioner.
29 (dd) "Probation" means the practice or operation under a temporary
30 license, registration or permit or a conditional license, registration or per-
31 mit of a business or profession for which a license, registration or permit
32 is granted by the board under the provisions of the pharmacy act of the
33 state of Kansas requiring certain actions to be accomplished or certain
34 actions not to occur before a regular license, registration or permit is
35 issued.
36 (ee) "Professional incompetency" means:
37 (1) One or more instances involving failure to adhere to the appli-
38 cable standard of pharmaceutical care to a degree which constitutes gross
39 negligence, as determined by the board;
40 (2) repeated instances involving failure to adhere to the applicable
41 standard of pharmaceutical care to a degree which constitutes ordinary
42 negligence, as determined by the board; or
43 (3) a pattern of pharmacy practice or other behavior which demon-

or a mid-level practitioner

1 strates a manifest incapacity or incompetence to practice pharmacy.
2 (ff) "Retail dealer" means a person selling at retail nonprescription
3 drugs which are prepackaged, fully prepared by the manufacturer or dis-
4 tributor for use by the consumer and labeled in accordance with the
5 requirements of the state and federal food, drug and cosmetic acts. Such
6 nonprescription drugs shall not include: (1) A controlled substance; (2) a
7 drug the label of which is required to bear substantially the statement
8 "Caution: Federal law prohibits dispensing without prescription"; or (3)
9 a drug intended for human use by hypodermic injection.
10 (gg) "Secretary" means the executive secretary of the board.
11 (hh) "Unprofessional conduct" means:
12 (1) Fraud in securing a registration or permit;
13 (2) intentional adulteration or mislabeling of any drug, medicine,
14 chemical or poison;
15 (3) causing any drug, medicine, chemical or poison to be adulterated
16 or mislabeled, knowing the same to be adulterated or mislabeled;
17 (4) intentionally falsifying or altering records or prescriptions;
18 (5) unlawful possession of drugs and unlawful diversion of drugs to
19 others;
20 (6) willful betrayal of confidential information under K.S.A. 65-1654
21 and amendments thereto;
22 (7) conduct likely to deceive, defraud or harm the public;
23 (8) making a false or misleading statement regarding the licensee's
24 professional practice or the efficacy or value of a drug;
25 (9) commission of any act of sexual abuse, misconduct or exploitation
26 related to the licensee's professional practice; or
27 (10) performing unnecessary tests, examinations or services which
28 have no legitimate pharmaceutical purpose.
29 *(ii) "Midlevel practitioner" means* ~~a practitioner other than those de-~~
30 ~~fined in K.S.A. 1998 Supp. 65-1626 and 65-4101, and amendments~~
31 ~~thereto~~, *who has authority to prescribe drugs pursuant to written protocol*
32 *with a responsible physician under K.S.A. 65-1130, and amendments*
33 *thereto.*

an advanced registered nurse practitioner issued a certificate of qualification pursuant to K.S.A. 65-1131 and amendments thereto,

34 Sec. 3. K.S.A. 1998 Supp. 65-4101 is hereby amended to read as
35 follows: 65-4101. As used in this act: (a) "Administer" means the direct
36 application of a controlled substance, whether by injection, inhalation,
37 ingestion or any other means, to the body of a patient or research subject
38 by: (1) A practitioner or pursuant to the lawful direction of a practitioner;
39 or
40 (2) the patient or research subject at the direction and in the presence
41 of the practitioner.
42 (b) "Agent" means an authorized person who acts on behalf of or at
43 the direction of a manufacturer, distributor or dispenser. It does not in-

1 or 65-4107 and amendments thereto.
2 (2) "Controlled substance analog" does not include:
3 (A) A controlled substance;
4 (B) a substance for which there is an approved new drug application;
5 (C) a substance with respect to which an exemption is in effect for
6 investigational use by a particular person under section 505 of the federal
7 food, drug, and cosmetic act (21 U.S.C. 355) to the extent conduct with
8 respect to the substance is permitted by the exemption; or
9 (D) any substance to the extent not intended for human consumption
10 before an exemption takes effect with respect to the substance.
11 *(cc) "Midlevel practitioner" means* ~~*a practitioner other than those*~~
12 ~~*defined in 1998 Supp. 65-1626 and 65-4101, and amendments thereto,*~~
13 *who has authority to prescribe drugs pursuant to written protocol with*
14 *a responsible physician under K.S.A. 65-1130, and amendments thereto.*
15 Sec. 4. K.S.A. 65-1130 and K.S.A. 1998 Supp. 65-1626 and 65-4101
16 are hereby repealed.
17 Sec. 5. This act shall take effect and be in force from and after its
18 publication in the statute book.

an advanced registered nurse practitioner issued a certificate of qualification pursuant to K.S.A. 65-1131 and amendments thereto,

7-5

isas Association of Osteopathic Medicine
Harold E. Riehm, Executive Director
1260 SW Topeka Blvd
Topeka, KS 66614
(785) 234-5563
(785) 234-5564 fax
e-mail: kansasdo@aol.com

February 11, 1999

To: Chairman Boston and Members, House Health and Human Resources Committee

From: Harold E. Riehm, Executive Director, Kansas Association of Osteopathic Medicine

Subject: Suggested Amendment to HB 2168

Thank you for this opportunity to suggest an amendment to HB 2168.

Some of the physicians I represent are not without reservations about the changes made in HB 2186. Some are comfortable with this expansion of ARNP prescribing authority; some are not.

Any expansion of ARNP practice prerogatives calls to question the overall view of how mid-level practitioners fit into the scheme of health care delivery in Kansas. While mid-levels provide valuable heath care and many of the physicians I represent welcome them into their practice; there are long range development questions. Two, we suggest, are the impact this has on full service physicians locating in rural Kansas, and, the question of how far we are prepared to proceed toward making mid-level practitioners independent practitioners of medicine. We hope these questions will be periodically addressed within the legislative process.

We appear to day, however, to address one part of HB 2168, in Section 1 (d), on Page 2 of the Bill—the part permitting ARNP's to accept and "distribute" drug samples from pharmaceutical salespersons.

We are concerned with the lack of accountability to the responsible physicians, in the absence of any required reporting by the ARNP to the physician. Perhaps this would be included in the protocol arrangements between the two: perhaps not. The amendment we suggest would require that it be addressed in each protocol document and agreement.

We also are aware of an amendment being proposed by the Kansas Medical Society and are in support of that amendment.

I will be pleased to respond to questions.

HHS
2-11-99
Atch #8

tioners and establish limitations and restrictions on such ~~expanded~~ role.
2 The board shall adopt a definition of ~~expanded~~ *the* role under this sub-
3 section (c)(3) which is consistent with the education ~~, training~~ and quali-
4 fications required to obtain a certificate of qualification as an advanced
5 registered nurse practitioner, which protects the public from persons per-
6 forming functions and procedures as advanced registered nurse practi-
7 tioners for which they lack adequate education ~~, training~~ and qualifications
8 and which authorizes advanced registered nurse practitioners to perform
9 acts generally recognized by the profession of nursing as capable of being
10 performed, in a manner consistent with the public health and safety, by
11 persons with postbasic education in nursing. In defining such ~~expanded~~
12 role the board shall consider: (A) The ~~training and~~ education required
13 for a certificate of qualification as an advanced registered nurse practi-
14 tioner; (B) the type of nursing practice and preparation in specialized
15 practitioner skills involved in each category of advanced registered nurse
16 practitioner established by the board; (C) the scope of practice of nursing
17 specialties and limitations thereon prescribed by national organizations
18 which certify nursing specialties; and (D) acts recognized by the nursing
19 profession as appropriate to be performed by persons with postbasic ed-
20 ucation ~~and training~~ in nursing.
21 (d) An advanced registered nurse practitioner may ~~not~~ prescribe
22 drugs ~~but may transmit prescription orders~~ pursuant to a written protocol
23 as authorized by a responsible physician. Each written protocol shall con-
24 tain a precise and detailed medical plan of care for each classification of
25 disease or injury for which the advanced registered nurse practitioner is
26 authorized to ~~transmit prescription orders~~ *prescribe* and shall specify all
27 drugs which may be ~~transmitted~~ *prescribed* by the advanced registered
28 nurse practitioner. *The advanced registered nurse practitioner may not*
29 *dispense drugs, but may request, receive and sign for professional samples*
30 *and may distribute professional samples to patients, In order to prescribe*
31 *controlled substances, the advanced registered nurse practitioner shall (1)*
32 *register with the federal drug enforcement administration; and (2) notify*
33 *the board of the name and address of the responsible physician or phy-*
34 *sicians.* In no case shall the scope of authority of the advanced registered
35 nurse practitioner exceed the normal and customary practice of the re-
36 sponsible physician. An advanced registered nurse practitioner certified
37 in the category of registered nurse anesthetist while functioning as a reg-
38 istered nurse anesthetist under K.S.A. 65-1151 to 65-1164, inclusive, and
39 amendments thereto, shall be subject to the provisions of K.S.A. 65-1151
40 to 65-1164, inclusive, and amendments thereto, with respect to ~~medica-~~
41 ~~tions~~ *drugs* and anesthetic agents and shall not be subject to the provisions
42 of this subsection. For the purposes of this subsection, "responsible phy-
sician" means a person licensed to practice medicine and surgery *in Kan-*

KANSAS ASSOCIATION OF OSTEOPATHIC MEDICINE

PROPOSED AMENDMENT TO HB 2168

pursuant to a written protocol as authorized by a responsible physician.

H.B. 2168 Prescriptive Authority for ARNP's

WRITTEN TESTIMONY

Chairperson Boston and members of the House Health and Human Services, KANSAS STATE NURSES ASSOCIATION asks for your consideration and support of H.B. 2168.

Chairperson Boston and members of the committee, my name is Martha Kuhlmann. I hold licensure as an Advanced Practice Nurse (ARNP) as both a Family Nurse Practitioner (FNP) (1975) and as a Psychiatric-Mental Health Clinical Nurse Specialist (1995). Currently I am in private practice, serve as psychiatric consultant for long term care, have allied health privileges at Wesley Medical Center, privileges are in process with Via Christi Health Systems and Riverside Hospital, serve as Adjunct Professor with Wichita State University, and serve as a primary care provider for State of Kansas Medicaid Health Connect patients.

I speak in support of H.B. 2168. As early as the 1970's the University of Arkansas began preparing Advanced Practice Nurses, of which I was one, to provide primary health care to improve the state's access to health care and to provide health promotion activities. Therapeutic interventions available for our use included prescriptive authority in collaboration with an attending physician. Then, as now, prescriptive authority was identified as an integral part of the holistic health care provision, a model for which nursing has become so well known. In my present practice, it is also an integral part of my ability to provide accessible, quality health care. I choose not to call in prescriptions for controlled substances nor do I carry blank prescriptions signed by either of my collaborative physicians. These methods of delivering pharmacotherapy for clients increases the liability for my collaborative physicians and for me. Telephonic communications are not always clear, no real identification is required of the prescribing provider, no written record in the providers handwriting is available for review, and it becomes an issue of safety when prescribing practices for controlled substances cannot be tracked. This inability to prescribe controlled substances presents yet another barrier for access to quality health care and overburdens already burdened health care providers. I ask that you vote to change the terminology to include prescriptive authority for controlled substance as this would bring about virtually no change in prescribing practices or authority but would clearly identify ARNP's authority to utilize these pharmaceuticals and provide a safer mechanism for review and usage.

Federal law allows for ARNP's to obtain DEA numbers in states where prescriptive authority for controlled substances is allowed. Pharmaceutical companies require DEA numbers and the provider's signature in order for samples of medication (both non-controlled and controlled) to be furnished to the provider. Providers who do not have this DEA number are passed over for others who do, and the resulting loss of information and samples are a detriment to both providers and patients, especially those patients on fixed incomes.

ARNP' prescribing practices have been researched for more than twenty (20) years. A study by the Office of Technology (OTA) found ARNP's to provide both safe and effective care equal to physicians with a difference in the increased number of non-pharmacological prescriptions for

HHS
2-11-99
Atch #9

care. With the Graduate Medical Education (GME) reform which began in 1997, less residents will be funded for both primary health care and speciality care. It is well established that ARNP's are nationally accepted by patients, insurance companies, and other health care disciplines as providers of quality health care. I ask you to approve H.B. 2168 in order for ARNP's to provide the most efficient and easily accessible health care to the residents of the State of Kansas.

Thank you.

Martha Kuhlmann, ARNP

Martha Kuhlmann, MSN, ARNP, FNP, CNS
Associates in Healthcare, LLC
706 North Main
Wichita, Kansas 67203

316-263-6200 * Fax 316-263-1148

KONL

Kansas Organization of Nurse Leaders

February 11, 1999

Representative Garry G. Boston
State Capitol
Room 156-E
Topeka, KS 66612

Dear Chairman Boston and Members of the Committee on Health and Human Services:

I am writing on behalf of the Kansas Organization of Nurse Leaders (KONL) in support of two bills you are hearing on February 11.

KONL supports HB 2168 (relating to Advanced registered nurse practitioners and Mid-level practitioners) as proposed.

HB 2169 (Nurse Practice Act) we support as proposed with the exception of Sec. 14.9.f. related to expungement and diversion. Lines 30, 32-35 (page 21) are of concern to us. The need for expunged information by the Kansas State Board of Nursing is unclear to us. How would this impact current practitioners? Potentially current licensees could have years of successful practice, but be found to have expunged convictions that are problematic to KSBN. No provision has been made for such situations. We believe expungement would add cost and time delays to the current license process, at a time that cost and timeliness are of importance.

We ask the committee to delete the words "expungements and diversions" from Section 14.9(f).

Other than this one recommendation, KONL supports HB 2169. Thank you for considering our comments.

Sincerely,

Susan C. Fry

Susan C. Fry
Chairperson, KONL Policy and Legislative Committee

Phone 785-233-7436
Fax 785-233-6955
P.O. Box 2308
Topeka, KS 66601-2308

HHS
2-11-99
Atch #10