

Approved: February 14, 2005

Date

MINUTES OF THE HOUSE HEALTH AND HUMAN SERVICES COMMITTEE

The meeting was called to order by Chairman Jim Morrison at 1:33 P.M. on February 10, 2005, in Room 526-S of the Capitol.

Committee members absent:

Representative Brenda Landwehr- excused

Committee staff present:

Melissa Calderwood, Kansas Legislative Research Department
Mary Galligan, Kansas Legislative Research Department
Renaë Jefferies, Revisor of Statutes' Office
Gary Deeter, Committee Secretary

Conferees appearing before the committee:

Jerry Slaughter, Executive Director, Kansas Medical Society
Dennis Tietze, MD, Family Physician in Topeka
Dr. Mary Beth Miller, MD, representing Kansas Academy of Family Physicians
Chip Wheelen, Executive Director, Kansas Association of Osteopathic Medicine
Loretta Hoerman, Kansas Academy of Physician Assistants

Others attending:

See attached list.

The hearing continued on **HB 2256** with opponents testifying.

Jerry Slaughter, Executive Director, Kansas Medical Society, testified as an opponent, saying that the bill amends current law to allow an Advanced Registered Nurse Practitioner (ARNP) to prescribe medications without collaboration with a physician and substantially expands a nurse practitioner's scope of practice. (Attachment 1) He stated that current law has established a medical team that enhances patient care, a status which would be eroded by this bill. Stating that there are different levels of competence that create teamwork, Mr. Slaughter said the bill would authorize nurse practitioners to practice medicine, a level of skill for which neither their education nor their clinical experience would be adequate. He said the language of the bill is so broad that almost no medical practice would be prohibited to nurse practitioners, blurring the lines between what is medical practice and what is nursing practice. Further, he said that the bill will neither improve access to medical care nor lower costs, but will drive a wedge between physicians and nurse practitioners.

Dennis Tietze, a family physician in Topeka, saying he had been in practice for over 23 years, spoke in opposition to the bill but said he was not opposed to nurse clinicians. (Attachment 2) Stating that the bill implied equal competency and shared liability, he said medical competency ranged from boy scouts doing first aid up through nurse clinicians, noting that there is a significant step between a nurse clinician and a physician in education and clinical training, further commenting that a primary-care physician has seven years of training post-baccalaureate, whereas a nurse clinician has 18-24 months. He said an unintended consequence of the bill would be to separate a physician's collaborative relationship with nurse clinicians, whose expertise

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:33 P.M. on February 10, 2005, in Room 526-S of the Capitol.

is developed on the job through association with physicians, not through education.

Dr. Mary Beth Miller, MD, representing the Kansas Academy of Family Physicians, said she was the only physician in Cheyenne County and, without a nurse practitioner, could not keep up her practice, the nurse practitioner being an integral part of health care. (Attachment 3) However, she said only 13 states offer unrestricted practice for nurse practitioners; since most do not, she concluded that collaboration is a crucial value in providing a spectrum of services, much as a pharmacist relies on a pharmacy technician, a physical therapist depends on a physical therapist technician. She stated that giving a nurse practitioner unrestricted prescription rights would increase risk to patients.

Chip Wheelen, Executive Director, Kansas Association of Osteopathic Medicine, testified in opposition to the bill. (Attachment 4) He noted two objections to the bill: One, that it is a major departure from the established health-care policy of the state, since the privilege of prescribing medication is reserved for doctorate-level health-care professionals—optometrists, dentists, podiatrists, veterinarians. Second, that it is a major expansion in practice without improving the standards of practice and accountability, saying that there is a significant difference between a physician assistant (PA) and a nurse practitioner in the practice acts of each profession. A physician can delegate any activity to a PA. However, the nurse practice act defines the practice of nursing, which, developed into rules and regulations by the Board of Nursing, does not define scope of practice beyond nursing practice, but specifies collaboration with a physician. Mr. Wheelen said he added to his testimony a new Advanced Registered Nurse Practitioner Act, and he recommended it as a replacement for the bill before the committee.

Doug Smith, Executive Director, Kansas Academy of Physicians Assistants, gave testimony provided by Loretta Hoerman. (Attachment 5) He said under current law a PA works under a physician's order and supervision, saying that this bill contemplates placing an ARNP in a supervisory role, a role which current statutory licensing laws would prohibit. He suggested an amendment to clarify this issue in the bill.

Written testimony in opposition was provided by LaDonna Schmidt, ARNP, MD, representing the Kansas Academy of Family Physicians (Attachment 6) and Dr. David Anderson, Kansas Society of Anesthesiologists. (Attachment 7)

Committee members queried the conferees, questions which elicited the following answers:

Mr. Slaughter said any confusion as to who was writing the prescription could be remedied in the Pharmacy Act, obviating any need for this bill. To another question, he replied that medical schools limit their enrollment based on budget restrictions, not market strategies.

Dr. Miller said the shortage in rural areas did not indicate a shortage of doctors in general, only that many preferred urban settings. She said competition would not change her fee schedule, that in effect Medicare (85% in her practice) and insurance companies set her fees for her.

CONTINUATION SHEET

MINUTES OF THE House Health and Human Services Committee at 1:33 P.M. on February 10, 2005, in Room 526-S of the Capitol.

Dr. Tietze, answering the same question, said Kansans spend more on pharmaceuticals each year than they do on primary care, implying that physician fees were not driving up health care. Stating that there were 10,000 fewer applicants to medical schools last year, he said there was no physician shortage, but maldistribution—that certain specialities were popular; others, like primary care, were less so, and that technology affected costs more than any other factor.

Mr. Slaughter replied that current statutes were not a leash on nurse practitioners, but were the template by which thorough health care can be provided. He stated that health-care costs are driven by increased utilization, not increased fees, that fees are set by outside forces, that costs are driven up by technology, and that the current collaboration model is a more rational allocation of resources than the fragmentation envisioned by this bill. Acknowledging that other states have a joint nurse-physician board, he replied that some middle ground might be possible.

Dr. Miller said that the bill does not accurately represent the desires of most ARNPs; most do not want independence and are content with the current arrangement. She said the bill, if implemented, would not affect her revenue stream. She stated that the bill, if passed as written, would allow nurse practitioners the unrestricted practice of medicine.

Mr. Wheelen said the Board of Healing Arts imposes stringent requirements for continuing education for physicians to assure their continued competence.

Dr. Tietze said the bill, if passed, would diminish patient care, since nurse practitioners do not have the wide range of knowledge of physicians, especially in pharmacology.

A member recommended that the physicians and nurses engage in dialogue to discover what the 13 states that allow unrestricted ARNP practice find valuable, and what the remainder of the states do to encourage collaboration.

The Chair announced that the staff briefing for **HB 2156** and **HB 2336** would be delayed until the Monday meeting.

The meeting was adjourned at 3:10 p.m. The next meeting is scheduled for Monday, February 14, 2005.

**HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST**

DATE: February 10 2005

NAME	REPRESENTING
Mary Struller	KAFP
DENNIS J. Tietze MD	KAFP, KMS
Elizabeth Tietze	KMS
Rebecca Bailey	KMS
Chip Wheeler	KAOM
Liz Ann Nauman	KSNA
Karen Gilpin	KSBN-HSNA
Judith Hines	KSBN-KSNA
Annette Adelhard ARNP	KSNA
GARY Robbirs	Optometric Assn
Jenny Davis	Contra Consulting
Jake Walker	ESU WDN
Scott McHorn	KAPA
Doug Smith	KAPA
Patty Brown	KSBN
Kristyn Wohlen	WUNS
Mora Clark	KSNA/Washburn University
Katie Weybrauch	KSNA/Baker University
DEBORAH STEIN	KS-HOSP. ASSN

HOUSE HEALTH AND HUMAN SERVICES COMMITTEE
GUEST LIST

DATE: 2/10/05

NAME	REPRESENTING
John Kieffer	KS Pharmacist Assoc.
J. C. Brown	KSNA
Jenny Swanson	KSNA/WSU
Julie Wiens	KSNA / Bethel College
Jodi Ostlund, BSN, RN	KSNA / Bethel College
Brenda Kuder	SRS/HCP-MP
Greta Hamm	SRS/HCP/MP
Christine Weikelman	KSNA
Sarah Tidwell	KSNA
Shabae Haeley	KSNA
Tami Roberts	KSNA
Jeani Crystew	KSNA
Carla A. Lee	KSNA / News Service
Merilyn Douglass	KSNA
Patrice Rawlins	KSNA
Sherri White	Butler Community College
Janet K. Wheeler	Southwestern College Nursing
Karen McDonald	Southwestern College
Candice E. Henry	Southwestern College



To: House Health and Human Services Committee

From: Jerry Slaughter
Executive Director

Subject: HB 2256; concerning nurse practitioner prescribing

Date: February 10, 2005

The Kansas Medical Society appreciates the opportunity to appear today in opposition to HB 2256, which would substantially expand the scope of practice of advanced registered nurse practitioners (ARNP). The bill expands ARNP authority in two ways: 1) it allows nurse practitioners to prescribe independent of any physician supervision or involvement by eliminating the provisions of KSA 65-1130(d) which require a written prescribing protocol between the ARNP and a physician; and 2) on page 2, lines 23-25, it amends KSA 65-1130(c)(3) to allow ARNPs to “perform acts of medical diagnosis and prescription of medical, therapeutic and corrective measures,” which in effect would allow nurse practitioners to practice medicine, including performing surgery and using any medical diagnostic or therapeutic modality available to physicians.

To say that this legislation is somewhat overreaching is a huge understatement. However, before I address the bill itself, I would like to provide the committee with some context, and comment on the process which brings us all to this point.

We have great respect for the nursing profession, and recognize their substantial contributions to the health care team. Physicians see nurses as colleagues and essential members of that team. Our approach in public policy matters involving nursing practice has always been among the most progressive of any state, because we recognize that as a rural state, our practice framework needs to be pretty flexible to accommodate the unique needs of medically underserved areas. We supported extending prescriptive authority to nurse practitioners years ago, and made sure the law and regulations allowed a wide range of practice models. The only limitation in the current law and regulation is that nurse practitioners must prescribe within the context of a physician-directed team, according to written protocols. We believe that requirement promotes quality patient care, because physicians have substantially more training and clinical experience than nurses. Direct, over-the-shoulder supervision isn't required, and nurse practitioners often work with relative independence, but with physician backup and support. What is important about our

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current structure is that physicians and nurse practitioners work *together*, a concept which this bill will erode significantly.

We have always been willing to discuss practice matters with the nursing profession, and I believe our record has been one of working hard to find common ground and cooperate for the betterment of patient care. It troubles us that we were never approached by the nurses association or the sponsors of this bill to discuss the current practice structure and explore whether it needed to be revisited, updated or altered in some way.

As to the bill itself, we have serious concerns about the magnitude of changes it contains. First, we are opposed to allowing nurse practitioners to prescribe without any physician collaboration. Nurse practitioners are capable of prescribing safely in the context of a physician-directed health care team, where the responsible physician and nurse practitioner jointly agree on the range of conditions that the nurse is competent to treat. This bill effectively severs any requirement that nurse practitioners work with physicians in prescribing. While nurse practitioners are valuable members of the health care team, they simply do not have the same training and clinical experience as physicians. Allowing them to prescribe for any medical condition without any physician involvement or supervision does not promote quality patient care.

Second, the new language on page 2, lines 23-25, would substantially expand the scope of practice of nurse practitioners to include virtually anything the board of nursing felt was authorized. The nurse practice act is unique in Kansas law, in that, as it relates to nurse practitioners, their scope of practice is largely defined by the Board of Nursing, not the legislature. For example, nothing in the proposed language would keep the board of nursing from authorizing nurse practitioners to do surgery, or from ordering or interpreting any diagnostic tests, or from ordering therapeutic interventions of any kind which under current law may only be authorized by physicians. The expansion of this practice authority is completely unwarranted, and not supported by the training received by nurse practitioners. It is as if the sponsors of this legislation are suggesting by their proposal that nurse practitioners have comparable training to that of physicians. That is simply not the case. Physicians specializing in surgery, for example, must complete four years of medical school, and then a surgical postgraduate residency program of five or more years. The fact that the sponsors of this bill included such broad language in their proposal signals to us what their ultimate goals are.

We are not sure what public objective the sponsors of this legislation are seeking to achieve, but we do not see how it promote better quality patient care. Current law is working well, and there is no compelling need to change it. Nurse practitioners work in interdependent, collaborative relationships with physicians that are very flexible, can be tailored to meet the needs of the particular practice and community, don't require over-the-shoulder supervision, allow the prescribing of drugs under jointly developed protocols that recognize the unique competencies and practice characteristics of the nurse practitioner and physician, and protect the patient by involving physicians in that process. This legislation will drive a wedge between physicians and nurse practitioners, to the detriment of patient care. We urge you to oppose HB 2256.

To: House Health and Human Services Committee
From: Dennis Tietze, MD
Subject: HB 2256; Concerning nurse practitioner prescribing
Date: February 9, 2005

Mr. Chairman and members of the Committee, I am Dr. Dennis Tietze. I have practiced family medicine in Topeka for 23 years and I appreciate the opportunity to speak in opposition to HB 2256 which would allow unrestricted prescribing by nurse clinicians and nurse practitioners. Currently, I work in a group of 13 family physicians which also employs two nurse clinicians and one physician assistant. I have supervised our physician assistant for about 10 years and have worked with our nurse practitioners for a number of years in both clinical and administrative settings.

My opposition to HB 2256 is because I believe it does nothing to improve access to health care or to improve the quality of health care. I am unclear as to what problem this bill attempts to correct and am very concerned that this bill will do harm to the delivery of health for the citizens of the State of Kansas.

Health care delivery is a complex fabric of interdependent systems that attempts to provide coordinated patient care. The health care system should be centered on the needs of the patient. We have evolved a health care system that depends upon demonstrated clinical competence and accountability. This system is embodied by the team approach with the patient at the center and the ultimate team responsibility residing with the physician. HB 2256 would have a negative destabilizing effect upon this team approach.

As a family physician, I am broadly trained to manage patient care across the divides of age and organ system. The concern I want to share today with HB 2256 is the negative effect it will have on meeting the needs of my patients that require higher medical expertise. As a primary care family physician I must be aware the limits of my ability and know when to seek a higher level of expertise. During the course of my daily practice I often turn to the expertise of medical specialties or subspecialties such as cardiology, gastroenterology, nephrology, and vascular surgery. Often, the first contact my patient has with a specialist is with the nurse clinician. I have attached several examples of how this works. My concern with HB 2256 is that it will alter the close collaborative relationship between the medical specialist and the nurse clinician.

When I seek the advise of a medical specialist and find myself interacting with a nurse clinician I know I am receiving the expertise of the specialist because it accrues to the nurse clinician by the nature of collaboration. For example, when a nurse clinician writes a prescription for a cardiac medication, I am confident that the issues have been reviewed with the specialist and the medication was chosen based upon his or her expertise. HB 2256 would break this relationship

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and destroy my confidence in the specialty management of my patient. The nurse clinician in this example only has specialty expertise with medications by virtue of the close association with the medical specialist. To remove the requirement of this close collaboration would harm the specialty care of my patients. This bill, then, could also potentially lead to problems with quality of care for Kansans. I urge the committee to oppose HB 2256.

Kansas Academy Of Family Physicians



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*The largest medical
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February 8, 2005

To: House Health & Human Services
Re: House Bill 2256
From: Mary Beth Miller, MD, St. Francis, KS

Chairman Morrison and Members of the Committee:

My name is Mary Beth Miller M.D. I am a board certified family physician in private practice in Cheyenne County, KS. I am here today to represent the Kansas Academy of Family Physicians, a membership association for the family physicians of the state. KAFP has over 1,450 members across the state of Kansas, including over 825 practicing physicians. We stand with the Kansas Medical Society on HB 2256, and urge you to oppose this bill.

My professional situation is that I am the only physician for our northwestern Kansas county of nearly 3,000. Because of this fact, I understand very well the importance of the physician extenders such as nurse practitioners and physician assistants. I could not have made the trip to be here today without the coverage that my nurse practitioner and physician's assistant provide. They bring quality healthcare to many Kansas citizens across the state in multiple settings. However, I have come today to speak in opposition to HB 2256, which would allow unrestricted prescriptive rights to nurse practitioners. Currently, only 13 of 50 states offer prescriptive rights to nurse practitioners. (Source: *The Nurse Practitioner: The American Journal of Primary Health Care*. 2000 Annual Legislative Update.) When we evaluate the information from states that have chosen not to offer these rights, we find a very simple reason. The most efficacious care of the patient occurs when there is a collaboration between the nurse practitioner and the physician. The same theme is seen throughout multiple professions today. The paralegal collaborates with the lawyer. The physical therapy tech extends a physical therapist. The pharmacy tech assists the pharmacist. The LPN works with the RN. The assistant coach works with the head coach. And in the best interest of the patient or client, these professionals work together in collaboration with the more highly trained individual to achieve the maximal outcome.

Physicians complete four years of medical school above and beyond a four-year bachelors' degree. To this lengthy training they then add an additional 3-5 years of residency training. During all this preparation, there is a great deal of instruction in pharmacology, drug kinetics, drug interactions, and the most appropriate use of medications. It takes extensive education to thoroughly grasp this complex and ever-changing piece of medicine in the modern age, and to be ready for independent practice.

Nurse practitioners have advanced training beyond their bachelor's degree to the equivalent of a master's degree. But it is not to the level that they would need to have

The mission of the Kansas Academy of Family Physicians is to promote access to and excellence in health care for all Kansans through education and advocacy for family physicians and their patients.

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Kansas Academy Of Family Physicians



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Executive Director

independent prescriptive rights. They can, however, marry the best of their clinical skills with the knowledge and background of their physician collaborator, to provide the safest and most effective use of medications for the patient.

Health care is in a wonderful period where physicians have many good drugs available to choose from to improve the health of our patients. But as we are all aware, there are hazards, side effects and interactions with many drugs as well. We can minimize the risks to our patients by making sure the most highly trained individuals are allowed to prescribe the most appropriate medication to the right patient.

As a physician, I think my collaboration with a well-trained nurse practitioner brings the best of all worlds to our patients: the highest quality healthcare available to the citizens of Kansas. With this goal firmly in mind, I urge the committee to oppose HB 2256.

Thank you for your attention and consideration of these important issues. I'd be happy to answer any of your questions.

Mary Beth Miller, MD

Family Physician, St. Francis, KS
Legislative Committee Co-Chair
District 8 Director

*The largest medical
specialty group in
Kansas.*

The mission of the Kansas Academy of Family Physicians is to promote access to and excellence in health care for all Kansans through education and advocacy for family physicians and their patients.

Testimony To
House Health and Human Services Committee
In Opposition to House Bill 2256

By Charles L. Wheelen
February 10, 2005

The Kansas Association of Osteopathic Medicine is opposed to the provisions of HB2256 for two principal reasons.

1. Prescription-only drugs are potentially harmful. Most of them have deleterious side effects and can be particularly harmful if taken in the wrong dosage or frequency. That's why they may be lawfully dispensed only upon a prescription order by a licensed practitioner.

It has always been the public policy of this State to reserve prescribing privileges to doctorate level health care professionals. This includes dentists, optometrists, podiatrists, and veterinarians as well as physicians. House Bill 2256 constitutes a major departure from an established health care policy of this State.

2. We are also opposed to HB2256 because this proposed legislation would grant a scope of practice to advanced registered nurse practitioners (ARNPs) that would constitute the equivalence of independent practice of medicine, without establishing commensurate standards of practice and accountability.

Several years ago the nursing profession requested prescribing authority for ARNPs and the Legislature agreed to a compromise which allows ARNPs to prescribe medication pursuant to a protocol agreement with a responsible physician. This arrangement is similar to the relationship between physician assistants (PAs) and the responsible physician. But PAs and ARNPs are inherently different.

Physician assistants are actually authorized to engage in the practice of medicine and surgery because of their relationship with a responsible physician. And PAs are licensed and regulated by the Board of Healing Arts, the same agency that regulates the responsible physician. In contrast, ARNPs are authorized to engage in one of four categories of advanced nursing (not medicine and surgery) and they are licensed and regulated by a completely separate agency, the Board of Nursing.

We would prefer to tell you the protocol system is working well and does not need to be changed. Unfortunately the existing system is not perfect. It is for this reason we have spent several hours working with a special committee of the Board of Healing Arts in an effort to improve standards and accountability for those physicians who agree to assume responsibility for allied health professionals (PAs, naturopathic doctors, and pharmacists as well as ARNPs). The product of our efforts is a set of draft administrative regulations that will be presented to the entire Board of Healing Arts in the near future.

Advanced registered nurse practitioners are well-trained professionals who make important contributions in the health care delivery system. But unlike most health care professionals, their scope of practice is not defined in statute. It is presumably the practice of nursing as further defined by the Board of Nursing by

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way of administrative regulations. Those regulations could be repealed or amended by simply publishing an announcement in the *Kansas Register* and conducting a public hearing.

Despite statutory provisions and administrative laws defining differences between the practice of medicine and surgery versus the practice of advanced nursing, in a clinical setting those differences are not as meaningful. In a practice setting, ARNPs often function much the same as physician assistants. They practice medicine and surgery pursuant to delegation by a licensed physician who may or may not provide direct supervision.

We believe that if nurse practitioners are to be granted a scope of practice that equates to doctorate level health care, they should be held to similar standards of practice and accountability as persons who are licensed to practice the healing arts. For those reasons we offer you an alternative to HB2256.

This draft substitute bill would establish a new "Advanced Nursing Practice Act." It is based on the principle that if nurse practitioners should be allowed to diagnose and treat patients, including the authority to prescribe medication, they should be governed by rules similar to those governing physicians, chiropractors, and podiatrists, and be regulated by a board that includes health care professionals who prescribe medications.

Section one resembles existing law by allowing the Board to establish different categories of advanced nursing. Section two makes it unlawful to engage in advanced nursing without a license and also makes it clear that nurse practitioners may perform invasive procedures as well as prescribe medication.

Sections three through five are routine sections pertaining to the licensure process. Section six deals with disciplinary actions and would establish ethical standards for nurse practitioners similar to those expected of physicians, chiropractors, and podiatrists. The definitions of "professional incompetency" and "unprofessional conduct" make reference to a section of the Healing Arts Act. Most of the remaining sections of this draft bill closely resemble the Healing Arts Act. Section sixteen would add nurse practitioners to the list of health care professionals who are required to participate in the Health Care Stabilization Fund. In other words, nurse practitioners would be required to have professional liability insurance.

Section 17 of the draft bill is similar to the original version of HB2256 because it would remove ARNPs from the definition of "mid-level practitioner" in the law pertaining to critical access hospitals and rural health networks. Section 18 would amend the Pharmacy Act to assure that nurse practitioners would be authorized to prescribe medication without a protocol agreement or responsible physician requirement. A similar amendment to the Controlled Substances Act is contained in section 19 of the bill.

This substitute bill is superior to the original version because it provides greater assurance of public protection from unqualified or unethical individuals. It establishes a new standard for nurse practitioners at the same level as physicians, chiropractors, podiatrists, and other doctorate level health care professionals.

We urge you to either **recommend that HB2256 not be passed** or that the following substitute for HB2256 be passed in lieu of the original version. Thank you for considering our position on this legislation.

Draft Substitute for HB2256
By Chip Wheelen, Kansas Association of Osteopathic Medicine

AN ACT enacting the advanced nursing practice act.

Be it enacted by the Legislature of the State of Kansas:

Section 1. As used in this act, unless the context otherwise requires:

- (a) "Board" means the state board of healing arts.
- (b) "Nurse practitioner" means a person who has been licensed pursuant to this act to engage in the practice of advanced nursing.
- (c) "Advanced nursing" means the scope of practice for a specific category of advanced nursing established by the board at a level adequate to assure the competent performance by a nurse practitioner licensed by the board.

Sec. 2. (a) It shall be unlawful for any person to profess to be a nurse practitioner, to practice or assume the duties incidental to advanced nursing, to advertise or hold oneself out to the public as a nurse practitioner, or to use any sign or advertisement with the word or words nurse practitioner, or any other term or terms indicating that such person is a nurse practitioner or that such person practices or holds oneself out as practicing advanced nursing in any manner, without first obtaining from the board a license authorizing the practice of advanced nursing in this state, except as hereinafter provided.

(b) A licensed nurse practitioner shall be authorized to prescribe such drugs or medicine, and to perform such invasive procedures as may be necessary to the proper practice of advanced nursing.

(c) This act shall not prohibit or otherwise limit the authority of a person licensed to practice medicine and surgery in this state to delegate such acts that constitute the practice of medicine and surgery to a nurse practitioner who is under the direction or supervision of the person licensed to practice medicine and surgery.

Sec. 3. (a) Examinations for a license to practice advanced nursing in this state may be held at the same time and place as the examinations held by the board under the Kansas healing arts act. All applicants for a license to practice advanced nursing under the provisions of this act: (1) Shall have attained the age of 21 years; (2) shall have completed at least four years of instruction in, and be graduates of, a school of nursing which is recognized by the board; and (3) commencing with applicants for a license to be granted on or after January 1, 2006, shall have completed acceptable postgraduate study as may be established by the board by rules and regulations.

(b) Applicants who on the effective date of this act are licensed by the state board of nursing and have been issued a certificate of qualification as an advanced registered nurse practitioner may be granted, upon payment of the appropriate fee, a license without examination.

(c) Applicants licensed, registered or certified by a board of examiners of any other state or country whose requirements for licensure, registration or certification are substantially equal to those of this state in the opinion of the state board of healing arts may be granted, upon payment of the appropriate fee, a license without examination.

Sec. 4. (a) Except as provided in section 3, each applicant for a license to practice advanced nursing shall be examined by the board in the following subjects: Anatomy, bacteriology, chemistry, dermatology, histology, pathology, physiology, pharmacology, diagnosis, and therapeutics. If the applicant possesses the qualifications required by section 3, completes the examination prescribed with the passing grade as established by rules and regulations of the board, and pays to the board the appropriate license fee, such applicant may be issued a license by the board to practice advanced nursing in this state.

(b) Each applicant before taking the examination shall pay to the board the appropriate examination fee. Any applicant failing the examination may have a reexamination in accordance with criteria established by rules and regulations of the board, which criteria may limit the number of times an applicant may retake the examination.

Sec. 5. (a) A licensee under this act shall be designated a licensed nurse practitioner and shall not use any title or abbreviations without the designation licensed nurse practitioner, and shall not mislead the public as to such licensee's professional qualifications to treat human ailments. Whenever the phrase advanced registered nurse practitioner, or words of like effect, is referred to or designated by any statute, contract or other document, such reference or designation shall be deemed to refer to or designate a licensed nurse practitioner.

(b) The license of each licensed nurse practitioner shall expire on the date established by rules and regulations of the board which may provide renewal throughout the year on a continuing basis. In each case in which a license is renewed for a period of time of less than one year, the board may prorate the amount of the fee. The request for renewal shall be on a form provided by the board and shall be accompanied by the renewal fee which shall be paid not later than the expiration date of the license. At least 30 days before the expiration of a licensee's license, the board shall notify the licensee of the expiration by mail addressed to the licensee's last mailing address as noted upon the office records. If a licensee fails to pay the renewal fee by the date of expiration, the licensee shall be given a second notice that the licensee's license has expired and the license may be renewed only if the renewal fee and the late renewal fee are received by the board within the thirty-day period following the date of expiration and that, if both fees are not received within the thirty-day period, such licensee's license shall be canceled for failure to renew and shall be reissued only after the licensee has been reinstated under subsection (c).

(c) Any licensee who allows the licensee's license to be canceled by failing to renew may be reinstated upon recommendation of the board and upon payment of the renewal fee and the reinstatement fee and upon submitting evidence of satisfactory completion of the applicable continuing education requirements established by the board. The board shall adopt rules and regulations establishing appropriate continuing education requirements for reinstatement of persons whose licenses have been canceled for failure to renew.

(d) The board, prior to renewal of a license, shall require the licensee, if in the active practice of advanced nursing within Kansas, to submit to the board evidence satisfactory to the board that the licensee is maintaining a policy of professional liability insurance as required by K.S.A. 40-3402 and amendments thereto and has paid the annual premium surcharge as required by K.S.A. 40-3404 and amendments thereto.

(e) The board may issue a temporary permit to practice advanced nursing in this state to any person making application for such temporary permit upon a form provided by the board who meets the requirements prescribed by the board and who pays to the board the temporary permit fee. A temporary permit shall authorize the

permittee to practice within the limits of the permit until the license is issued or denied to the permittee by the board, except that where a graduate nurse practitioner is working under the supervision of a licensed nurse practitioner in a training program approved by the board, the temporary permit issued to such graduate nurse practitioner shall be valid for the period of such training program.

(f) The board may issue, upon payment to the board of a temporary license fee, a temporary license to a nurse practitioner of another state or country who is appearing as a clinician at meetings, seminars or training programs approved by the board, if the nurse practitioner holds a current license, registration or certificate as a nurse practitioner from another state or country and the sole purpose of such appearance is for promoting professional education.

(g) There is hereby created a designation of exempt license. The board is authorized to issue an exempt license to any licensee who makes written application for such license on a form provided by the board and remits the fee for an exempt license. The board may issue an exempt license only to a person who has previously been issued a license to practice advanced nursing within Kansas, who is no longer regularly engaged in such practice and who does not hold oneself out to the public as being professionally engaged in such practice. An exempt license shall entitle the holder to all privileges attendant to the practice of advanced nursing. Each exempt license may be renewed annually subject to the other provisions of this section and other sections of the this act. Each exempt licensee shall be subject to all provisions of the this act, except as otherwise provided. The holder of an exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing education required under the this act. Each exempt licensee may apply for a license to regularly engage in the practice of advanced nursing upon filing a written application with the board and submitting evidence of satisfactory completion of the applicable and continuing education requirements established by the board. The request shall be on a form provided by the board and shall be accompanied by the license fee. The board shall adopt rules and regulations establishing appropriate and continuing education requirements for exempt licensees to become licensed to regularly practice advanced nursing within Kansas.

(h) Each license or permit granted under this act shall be conspicuously displayed at the office or other place of practice of the licensee or permittee.

Sec. 6. (a) The board, upon hearing, may revoke, suspend or limit any license or permit to practice advanced nursing, may deny issuance or renewal of any such license or permit, or may publicly or privately censure a licensee or permittee, if the person holding or applying for such license or permit is found by the board to:

- (1) Have committed fraud in securing the license or permit;
- (2) have engaged in unprofessional or dishonorable conduct or professional incompetency;
- (3) have been convicted of a felony if the board determines, after investigation, that such person has not been sufficiently rehabilitated to warrant the public trust;
- (4) have used untruthful or improbable statements or exaggerated or extravagant claims in advertisements concerning the licensee's or permit holder's professional abilities;
- (5) be addicted to or have distributed drugs for any other than lawful purposes;
- (6) have willfully or repeatedly violated the advanced nursing act, the pharmacy act or the uniform controlled substances act, or any rules and regulations adopted thereunder, or any rules and regulations of the secretary of health and environment which are relevant to the practice of advanced nursing;

(7) have unlawfully invaded the field of practice of any branch of the healing arts;

(8) have failed to submit proof of completion of a continuing education course required pursuant to the advanced nursing act;

(9) have engaged in the practice of advanced nursing under a false or assumed name or impersonated another nurse practitioner, but practice by a licensee or permit holder under a professional corporation or other legal entity duly authorized to provide advanced nursing services in this state shall not be considered to be practice under an assumed name;

(10) be unable to practice advanced nursing with reasonable skill and safety to patients by reason of any mental or physical condition, illness, alcoholism or excessive use of drugs, controlled substances or chemical or any other type of material;

(11) have had the person's license or permit to practice advanced nursing revoked, suspended or limited, or have had other disciplinary actions taken or an application for a license or permit denied, by the proper licensing authority of any state, territory or country or the District of Columbia;

(12) have violated any rules and regulations of the board or any lawful order or directive of the board;

(13) have knowingly submitted a misleading, deceptive, untrue or fraudulent misrepresentation on a claim form, bill or statement; or

(14) have assisted suicide in violation of K.S.A. 21-3406 and amendments thereto as established by any of the following:

(A) A copy of the record of criminal conviction or plea of guilty for a felony in violation of K.S.A. 21-3406 and amendments thereto.

(B) A copy of the record of a judgment of contempt of court for violating an injunction issued under K.S.A. 60-4404 and amendments thereto.

(C) A copy of the record of a judgment assessing damages under K.S.A. 60-4405 and amendments thereto.

(b) In determining whether or not a licensee or permit holder is unable to practice advanced nursing with reasonable skill and safety to patients the board, upon probable cause, shall have authority to compel a licensee or permit holder to submit to mental or physical examination by such persons as the board may designate. Failure of a licensee or permit holder to submit to such examination when directed shall constitute an admission of the allegations against the licensee or permit holder, unless the failure was due to circumstances beyond the licensee's or permit holder's control. A person affected by this subsection shall be offered, at reasonable intervals, an opportunity to demonstrate that such person can resume the competent practice of advanced nursing with reasonable skill and safety to patients. Each licensee or permit holder accepting the privilege to practice advanced nursing in this state, by practicing advanced nursing in this state or by making and filing an application for a license or permit, or renewal of a license or permit, to practice advanced nursing in this state, shall be deemed to have consented to submit to a mental or physical examination when directed in writing by the board pursuant to this subsection and to have waived all objections to the admissibility of the testimony or examination report of the person conducting such examination at any proceeding or hearing before the board on the ground that such testimony or examination report constitutes a privileged communication. The record of any board proceedings involving a mental or physical examination pursuant to this subsection shall not be used in any other administrative or judicial proceeding.

Whenever the board directs that a licensee or permit holder submit to an examination pursuant to this subsection, the time from the date of the board's

directive until the submission to the board of the report of the examination shall not be included in the computation of the time limit for hearing prescribed by the Kansas administrative procedure act.

(c) As used in this section, "professional incompetency" and "unprofessional conduct" shall have the meanings ascribed thereto by K.S.A. 65-2837 and amendments thereto.

(d) The procedure for revocation, suspension, limitation, temporary suspension, temporary limitation, or for denial of issuance or renewal pursuant to this section, of any license or permit to practice advanced nursing shall be in accordance with the provisions of the Kansas administrative procedure act.

Sec. 7. Any person who knowingly violates any of the provisions of this act shall, upon conviction thereof, be guilty of a class B misdemeanor.

Sec. 8. This act shall not apply to persons licensed by the state board of healing arts to practice medicine and surgery, nor to personnel of any branch of the United States military or the United States public health service when in actual performance of their official duties.

Sec. 9. An action to enjoin from the unlawful practice of advanced nursing may be brought and maintained in the name of the state of Kansas against any person who shall practice advanced nursing without being licensed by the board to practice advanced nursing. This authority shall be in addition to and not in lieu of authority to prosecute criminally any person unlawfully engaged in the practice of advanced nursing.

Sec. 10. (a) Every licensed nurse practitioner in the active practice of advanced nursing within Kansas shall submit with the request for renewal under this act evidence of satisfactory completion of continuing education courses approved by the board. The board shall revoke the license of any individual who fails to submit proof of completion of such continuing education. Where a license has been revoked for this cause, the board may later reissue such license if proof of completion of such continuing education is later provided.

(b) Every licensed nurse practitioner in the active practice of advanced nursing within Kansas, in order to comply with the provisions of this section, shall complete such hours of continuing education as may be required by the board by rules and regulations. The following categories of continuing education programs shall count toward satisfying the hourly requirement: (1) Advanced nursing programs offered by colleges of nursing, (2) veterans administration advanced nursing educational programs and (3) advanced nursing educational programs offered by national or state nursing associations recognized by the board.

(c) Formal meetings and seminars which are not included in any category of subsection (b) shall be assigned credit by the board upon the licensee furnishing a copy of the program of such meetings and seminars to the board for the board's approval 30 days prior to the license renewal date. Nurse practitioners engaged in acceptable internships, residencies, military service or formal graduate study will fulfill their continuing education requirements by the nature of their activities and shall not be required to fulfill the normal requirements for continuing education while involved in the above training programs.

(d) Each licensed nurse practitioner shall be responsible for keeping a record of attendance for credit in compliance with the requirements of continuing education established by this section. Such record shall be submitted to the board at the time

required by subsection (a). The board may waive educational requirements set forth in subsections (a) and (b) for good cause shown.

Sec. 11. The state board of healing arts shall remit all moneys received by or for it under this act from fees, charges or penalties to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of such remittance, the state treasurer shall deposit the entire amount in the state treasury. Twenty percent of each such deposit shall be credited to the state general fund and the balance shall be credited to the healing arts fee fund.

Sec. 12. The following fees shall be established by rules and regulations adopted by the board and shall be collected by the board:

- (a) For a license to practice advanced nursing, issued on the basis of an examination, an amount of not more than \$300;
- (b) for a license to practice advanced nursing, issued without examination and by endorsement, an amount of not more than \$300;
- (c) for a license to practice advanced nursing, issued upon request of an exempt licensee, an amount of not more than \$300;
- (d) for an exempt license or renewal of an exempt license, an amount of not more than \$150;
- (e) for the annual renewal of a license to practice advanced nursing, an amount of not more than \$500;
- (f) for late renewal of any license, an amount of not more than \$200;
- (g) for reinstatement of a licensee whose license was lapsed or revoked, an amount of not more than \$1,000;
- (h) for a temporary permit, an amount of not more than \$60;
- (i) for a temporary license, an amount of not more than \$50;
- (j) for any examination given by the board, an amount equal to the cost to the board of the examination and its administration;
- (k) for a certified statement from the board that a licensee is licensed to practice advanced nursing in this state, an amount of not more than \$30;
- (l) for any copy of any license issued by the board, an amount of not more than \$30; and
- (m) for written verification of any license issued by the board, an amount of not more than \$25.

Sec. 13. The board shall adopt such rules and regulations as necessary to carry out the provisions of the advanced nursing act, and may adopt or revoke any existing rules and regulations adopted by the state board of nursing pertaining to advanced registered nurse practitioners.

Sec. 14. (a) The state board of healing arts, in addition to any other penalty prescribed under the advanced nursing act, may assess a civil fine, after proper notice and an opportunity to be heard, against a licensee for a violation of the advanced nursing act in an amount not to exceed \$5,000 for the first violation, \$10,000 for the second violation and \$15,000 for the third violation and for each subsequent violation. All fines assessed and collected under this section shall be remitted to the state treasurer in accordance with the provisions of K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the state general fund.

Sec. 15. The state board of healing arts shall establish and appoint a review committee for the practice of advanced nursing. The review committee shall be composed of not less than three members. The members shall be licensed nurse practitioners. Additional members of the review committee may be appointed on an ad hoc basis. Such additional members shall be licensed nurse practitioners.

Members of the state board of healing arts shall not be eligible to act as members of the review committee. Members of the review committee may be selected from names submitted by the state nurses association. The state board of healing arts shall ensure that no conflict of interest exists by reason of geography, personal or professional relationship, or otherwise, between any of the review committee members and any person whose conduct is being reviewed. Members of the review committee attending meetings of such committee shall be paid amounts provided in subsection (e) of K.S.A. 75-3223, and amendments thereto.

Sec. 16. K.S.A. 40-3401 is hereby amended to read as follows: 40-3401. As used in this act the following terms shall have the meanings respectively ascribed to them herein.

- (a) "Applicant" means any health care provider.
- (b) "Basic coverage" means a policy of professional liability insurance required to be maintained by each health care provider pursuant to the provisions of subsection (a) or (b) of K.S.A. 40-3402 and amendments thereto.
- (c) "Commissioner" means the commissioner of insurance.
- (d) "Fiscal year" means the year commencing on the effective date of this act and each year, commencing on the first day of that month, thereafter.
- (e) "Fund" means the health care stabilization fund established pursuant to subsection (a) of K.S.A. 40-3403 and amendments thereto.
- (f) "Health care provider" means a person licensed to practice any branch of the healing arts by the state board of healing arts with the exception of physician assistants, a person who holds a temporary permit to practice any branch of the healing arts issued by the state board of healing arts, a person engaged in a postgraduate training program approved by the state board of healing arts, a medical care facility licensed by the department of health and environment, a health maintenance organization issued a certificate of authority by the commissioner of insurance, a podiatrist licensed by the state board of healing arts, an optometrist licensed by the board of examiners in optometry, a pharmacist licensed by the state board of pharmacy, a licensed ~~professional-nurse practitioner who is authorized to practice as a registered nurse anesthetist~~, a licensed ~~professional-nurse practitioner~~ advanced nursing, a professional corporation organized pursuant to the professional corporation law of Kansas by persons who are authorized by such law to form such a corporation and who are health care providers as defined by this subsection, a Kansas limited liability company organized for the purpose of rendering professional services by its members who are health care providers as defined by this subsection and who are legally authorized to render the professional services for which the limited liability company is organized, a partnership of persons who are health care providers under this subsection, a Kansas not-for-profit corporation organized for the purpose of rendering professional services by persons who are health care providers as defined by this subsection, a nonprofit corporation organized to administer the graduate medical education programs of community hospitals or medical care facilities affiliated with the university of Kansas school of medicine, a dentist certified by the state board of healing arts to administer anesthetics under K.S.A. 65-2899 and amendments thereto, a psychiatric hospital licensed under K.S.A. 75-3307b and amendments thereto, or a mental health center or mental health clinic licensed by the secretary of social and rehabilitation services, except that health care provider does not include (1) any state institution for the mentally retarded, (2) any state psychiatric hospital, (3) any person holding an exempt license issued by the state board of healing arts or (4) any person holding a visiting clinical professor license from the state board of healing arts.

(g) "Inactive health care provider" means a person or other entity who purchased basic coverage or qualified as a self-insurer on or subsequent to the effective date of this act but who, at the time a claim is made for personal injury or death arising out of the rendering of or the failure to render professional services by such health care provider, does not have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider.

(h) "Insurer" means any corporation, association, reciprocal exchange, inter-insurer and any other legal entity authorized to write bodily injury or property damage liability insurance in this state, including workers compensation and automobile liability insurance, pursuant to the provisions of the acts contained in article 9, 11, 12 or 16 of chapter 40 of Kansas Statutes Annotated.

(i) "Plan" means the operating and administrative rules and procedures developed by insurers and rating organizations or the commissioner to make professional liability insurance available to health care providers.

(j) "Professional liability insurance" means insurance providing coverage for legal liability arising out of the performance of professional services rendered or which should have been rendered by a health care provider.

(k) "Rating organization" means a corporation, an unincorporated association, a partnership or an individual licensed pursuant to K.S.A. 40-956, and amendments thereto, to make rates for professional liability insurance.

(l) "Self-insurer" means a health care provider who qualifies as a self-insurer pursuant to K.S.A. 40-3414 and amendments thereto.

(m) "Medical care facility" means the same when used in the health care provider insurance availability act as the meaning ascribed to that term in K.S.A. 65-425 and amendments thereto, except that as used in the health care provider insurance availability act such term, as it relates to insurance coverage under the health care provider insurance availability act, also includes any director, trustee, officer or administrator of a medical care facility.

(n) "Mental health center" means a mental health center licensed by the secretary of social and rehabilitation services under K.S.A. 75-3307b and amendments thereto, except that as used in the health care provider insurance availability act such term, as it relates to insurance coverage under the health care provider insurance availability act, also includes any director, trustee, officer or administrator of a mental health center.

(o) "Mental health clinic" means a mental health clinic licensed by the secretary of social and rehabilitation services under K.S.A. 75-3307b and amendments thereto, except that as used in the health care provider insurance availability act such term, as it relates to insurance coverage under the health care provider insurance availability act, also includes any director, trustee, officer or administrator of a mental health clinic.

(p) "State institution for the mentally retarded" means Winfield state hospital and training center, Parsons state hospital and training center and the Kansas neurological institute.

(q) "State psychiatric hospital" means Larned state hospital, Osawatomie state hospital and Rainbow mental health facility.

(r) "Person engaged in residency training" means:

(1) A person engaged in a postgraduate training program approved by the

state board of healing arts who is employed by and is studying at the university of Kansas medical center only when such person is engaged in medical activities which do not include extracurricular, extra-institutional medical service for which such person receives extra compensation and which have not been approved by the dean of the school of medicine and the executive vice-chancellor of the university of Kansas medical center. Persons engaged in residency training shall be considered resident health care providers for purposes of K.S.A. 40-3401 *et seq.*, and amendments thereto; and

(2) a person engaged in a postgraduate training program approved by the state board of healing arts who is employed by a nonprofit corporation organized to administer the graduate medical education programs of community hospitals or medical care facilities affiliated with the university of Kansas school of medicine or who is employed by an affiliate of the university of Kansas school of medicine as defined in K.S.A. 76-367 and amendments thereto only when such person is engaged in medical activities which do not include extracurricular, extra-institutional medical service for which such person receives extra compensation and which have not been approved by the chief operating officer of the nonprofit corporation or the chief operating officer of the affiliate and the executive vice-chancellor of the university of Kansas medical center.

(s) "Full-time physician faculty employed by the university of Kansas medical center" means a person licensed to practice medicine and surgery who holds a full-time appointment at the university of Kansas medical center when such person is providing health care.

(t) "Sexual act" or "sexual activity" means that sexual conduct which constitutes a criminal or tortious act under the laws of the state of Kansas.

Sec. 17. K.S.A. 2004 Supp. 65-468 is hereby amended to read as follows: 65-468. As used in K.S.A. 65-468 to 65-474, inclusive, and amendments thereto:

(a) "Health care provider" means any person licensed or otherwise authorized by law to provide health care services in this state or a professional corporation organized pursuant to the professional corporation law of Kansas by persons who are authorized by law to form such corporation and who are health care providers as defined by this subsection, or an officer, employee or agent thereof, acting in the course and scope of employment or agency.

(b) "Member" means any hospital, emergency medical service, local health department, home health agency, adult care home, medical clinic, mental health center or clinic or nonemergency transportation system.

(c) "Mid-level practitioner" means a physician's assistant or ~~advanced-registered nurse practitioner~~ who has entered into a written protocol with a rural health network physician.

(d) "Physician" means a person licensed to practice medicine and surgery.

(e) "Rural health network" means an alliance of members including at least one critical access hospital and at least one other hospital which has developed a comprehensive plan submitted to and approved by the secretary of health and environment regarding patient referral and transfer; the provision of emergency and nonemergency transportation among members; the development of a network-wide emergency services plan; and the development of a plan for sharing patient information and services between hospital members concerning medical staff credentialing, risk management, quality assurance and peer review.

(f) "Critical access hospital" means a member of a rural health network which makes available twenty-four hour emergency care services; provides not more than 15 acute care inpatient beds or in the case of a facility with an approved swing-bed agreement a combined total of extended care and acute care beds that does not

exceed 25 beds (provided that the number of beds used at any time for acute care inpatient services does not exceed 15 beds); provides acute inpatient care for a period that does not exceed, on an annual average basis, 96 hours per patient; and provides nursing services under the direction of a licensed professional nurse and continuous licensed professional nursing services for not less than 24 hours of every day when any bed is occupied or the facility is open to provide services for patients unless an exemption is granted by the licensing agency pursuant to rules and regulations. The critical access hospital may provide any services otherwise required to be provided by a full-time, on-site dietician, pharmacist, laboratory technician, medical technologist and radiological technologist on a part-time, off-site basis under written agreements or arrangements with one or more providers or suppliers recognized under medicare. The critical access hospital may provide inpatient services by a physician's assistant, nurse practitioner or a clinical nurse specialist subject to the oversight of a physician who need not be present in the facility.

(g) "Hospital" means a hospital other than a critical access hospital which has entered into a written agreement with at least one critical access hospital to form a rural health network and to provide medical or administrative supporting services within the limit of the hospital's capabilities.

Sec. 18. K.S.A. 2004 Supp. 65-1626 is hereby amended to read as follows: 65-1626. For the purposes of this act:

(a) "Administer" means the direct application of a drug, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by:

- (1) A practitioner or pursuant to the lawful direction of a practitioner;
- (2) the patient or research subject at the direction and in the presence of the practitioner; or
- (3) a pharmacist as authorized in K.S.A. 65-1635a and amendments thereto.

(b) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor or dispenser but shall not include a common carrier, public warehouseman or employee of the carrier or warehouseman when acting in the usual and lawful course of the carrier's or warehouseman's business.

(c) "Board" means the state board of pharmacy created by K.S.A. 74-1603 and amendments thereto.

(d) "Brand exchange" means the dispensing of a different drug product of the same dosage form and strength and of the same generic name than the brand name drug product prescribed.

(e) "Brand name" means the registered trademark name given to a drug product by its manufacturer, labeler or distributor.

(f) "Deliver" or "delivery" means the actual, constructive or attempted transfer from one person to another of any drug whether or not an agency relationship exists.

(g) "Direct supervision" means the process by which the responsible pharmacist shall observe and direct the activities of a pharmacy student or pharmacy technician to a sufficient degree to assure that all such activities are performed accurately, safely and without risk or harm to patients, and complete the final check before dispensing.

(h) "Dispense" means to deliver prescription medication to the ultimate user or research subject by or pursuant to the lawful order of a practitioner or pursuant to the prescription of a mid-level practitioner.

(i) "Dispenser" means a practitioner or pharmacist who dispenses prescription medication.

(j) "Distribute" means to deliver, other than by administering or dispensing, any drug.

(k) "Distributor" means a person who distributes a drug.

(l) "Drug" means: (1) Articles recognized in the official United States pharmacopoeia, or other such official compendiums of the United States, or official national formulary, or any supplement of any of them; (2) articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals; (3) articles, other than food, intended to affect the structure or any function of the body of man or other animals; and (4) articles intended for use as a component of any articles specified in clause (1), (2) or (3) of this subsection; but does not include devices or their components, parts or accessories, except that the term "drug" shall not include amygdalin (laetrile) or any livestock remedy, if such livestock remedy had been registered in accordance with the provisions of article 5 of chapter 47 of the Kansas Statutes Annotated prior to its repeal.

(m) "Electronic transmission" means transmission of information in electronic form or the transmission of the exact visual image of a document by way of electronic equipment.

(n) "Generic name" means the established chemical name or official name of a drug or drug product.

(o) (1) "Institutional drug room" means any location where prescription-only drugs are stored and from which prescription-only drugs are administered or dispensed and which is maintained or operated for the purpose of providing the drug needs of:

(A) Inmates of a jail or correctional institution or facility;

(B) residents of a juvenile detention facility, as defined by the Kansas code for care of children and the Kansas juvenile justice code;

(C) students of a public or private university or college, a community college or any other institution of higher learning which is located in Kansas;

(D) employees of a business or other employer; or

(E) persons receiving inpatient hospice services.

(2) "Institutional drug room" does not include:

(A) Any registered pharmacy;

(B) any office of a practitioner; or

(C) a location where no prescription-only drugs are dispensed and no prescription-only drugs other than individual prescriptions are stored or administered.

(p) "Medical care facility" shall have the meaning provided in K.S.A. 65-425 and amendments thereto, except that the term shall also include facilities licensed under the provisions of K.S.A. 75-3307b and amendments thereto except community mental health centers and facilities for the mentally retarded.

(q) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a drug either directly or indirectly by extraction from substances of natural origin, independently by means of chemical synthesis or by a combination of extraction and chemical synthesis and includes any packaging or repackaging of the drug or labeling or relabeling of its container, except that this term shall not include the preparation or compounding of a drug by an individual for the individual's own use or the preparation, compounding, packaging or labeling of a drug by: (1) A practitioner or a practitioner's authorized agent incident to such practitioner's administering or dispensing of a drug in the course of the practitioner's professional practice; (2) a practitioner, by a practitioner's authorized agent or under a practitioner's supervision for the purpose of, or as an incident to, research, teaching or chemical analysis and not for sale; or (3) a pharmacist or the pharmacist's authorized agent acting under the direct supervision of the pharmacist for the purpose of, or incident to, the dispensing of a drug by the pharmacist.

(r) "Person" means individual, corporation, government, governmental

subdivision or agency, partnership, association or any other legal entity.

(s) "Pharmacist" means any natural person licensed under this act to practice pharmacy.

(t) "Pharmacist in charge" means the pharmacist who is responsible to the board for a registered establishment's compliance with the laws and regulations of this state pertaining to the practice of pharmacy, manufacturing of drugs and the distribution of drugs. The pharmacist in charge shall supervise such establishment on a full-time or a part-time basis and perform such other duties relating to supervision of a registered establishment as may be prescribed by the board by rules and regulations. Nothing in this definition shall relieve other pharmacists or persons from their responsibility to comply with state and federal laws and regulations.

(u) "Pharmacy," "drug store" or "apothecary" means premises, laboratory, area or other place: (1) Where drugs are offered for sale where the profession of pharmacy is practiced and where prescriptions are compounded and dispensed; or (2) which has displayed upon it or within it the words "pharmacist," "pharmaceutical chemist," "pharmacy," "apothecary," "drugstore," "druggist," "drugs," "drug sundries" or any of these words or combinations of these words or words of similar import either in English or any sign containing any of these words; or (3) where the characteristic symbols of pharmacy or the characteristic prescription sign "Rx" may be exhibited. As used in this subsection, premises refers only to the portion of any building or structure leased, used or controlled by the licensee in the conduct of the business registered by the board at the address for which the registration was issued.

(v) "Pharmacy student" means an individual, registered with the board of pharmacy, enrolled in an accredited school of pharmacy.

(w) "Pharmacy technician" means an individual who, under the direct supervision and control of a pharmacist, may perform packaging, manipulative, repetitive or other nondiscretionary tasks related to the processing of a prescription or medication order and who assists the pharmacist in the performance of pharmacy related duties, but who does not perform duties restricted to a pharmacist.

(x) "Practitioner" means a person licensed to practice medicine and surgery, dentist, podiatrist, veterinarian, optometrist licensed under the optometry law as a therapeutic licensee or diagnostic and therapeutic licensee, or scientific investigator or other person authorized by law to use a prescription-only drug in teaching or chemical analysis or to conduct research with respect to a prescription-only drug.

(y) "Preceptor" means a licensed pharmacist who possesses at least two years' experience as a pharmacist and who supervises students obtaining the pharmaceutical experience required by law as a condition to taking the examination for licensure as a pharmacist.

(z) "Prescription" means, according to the context, either a prescription order or a prescription medication.

(aa) "Prescription medication" means any drug, including label and container according to context, which is dispensed pursuant to a prescription order.

(bb) "Prescription-only drug" means any drug whether intended for use by man or animal, required by federal or state law (including 21 United States Code section 353, as amended) to be dispensed only pursuant to a written or oral prescription or order of a practitioner or is restricted to use by practitioners only.

(cc) "Prescription order" means: (1) An order to be filled by a pharmacist for prescription medication issued and signed by a practitioner or a mid-level practitioner in the authorized course of professional practice; or (2) an order transmitted to a

pharmacist through word of mouth, note, telephone or other means of communication directed by such practitioner or mid-level practitioner.

(dd) "Probation" means the practice or operation under a temporary license, registration or permit or a conditional license, registration or permit of a business or profession for which a license, registration or permit is granted by the board under the provisions of the pharmacy act of the state of Kansas requiring certain actions to be accomplished or certain actions not to occur before a regular license, registration or permit is issued.

(ee) "Professional incompetency" means:

(1) One or more instances involving failure to adhere to the applicable standard of pharmaceutical care to a degree which constitutes gross negligence, as determined by the board;

(2) repeated instances involving failure to adhere to the applicable standard of pharmaceutical care to a degree which constitutes ordinary negligence, as determined by the board; or

(3) a pattern of pharmacy practice or other behavior which demonstrates a manifest incapacity or incompetence to practice pharmacy.

(ff) "Retail dealer" means a person selling at retail nonprescription drugs which are prepackaged, fully prepared by the manufacturer or distributor for use by the consumer and labeled in accordance with the requirements of the state and federal food, drug and cosmetic acts. Such nonprescription drugs shall not include: (1) A controlled substance; (2) a prescription-only drug; or (3) a drug intended for human use by hypodermic injection.

(gg) "Secretary" means the executive secretary of the board.

(hh) "Unprofessional conduct" means:

(1) Fraud in securing a registration or permit;

(2) intentional adulteration or mislabeling of any drug, medicine, chemical or poison;

(3) causing any drug, medicine, chemical or poison to be adulterated or mislabeled, knowing the same to be adulterated or mislabeled;

(4) intentionally falsifying or altering records or prescriptions;

(5) unlawful possession of drugs and unlawful diversion of drugs to others;

(6) willful betrayal of confidential information under K.S.A. 65-1654 and amendments thereto;

(7) conduct likely to deceive, defraud or harm the public;

(8) making a false or misleading statement regarding the licensee's professional practice or the efficacy or value of a drug;

(9) commission of any act of sexual abuse, misconduct or exploitation related to the licensee's professional practice; or

(10) performing unnecessary tests, examinations or services which have no legitimate pharmaceutical purpose.

(ii) "~~Mid-level practitioner" means an advanced registered nurse practitioner-issued a certificate of qualification pursuant to K.S.A. 65-1131 and amendments thereto who has authority to prescribe drugs pursuant to a written protocol with a responsible physician under K.S.A. 65-1130 and amendments thereto~~ a licensed nurse practitioner who has been authorized to prescribe drugs pursuant to rules and regulations adopted by the state board of healing arts or a physician assistant licensed pursuant to the physician assistant licensure act who has authority to prescribe drugs pursuant to a written protocol with a responsible physician under K.S.A. 65-28a08 and amendments thereto.

(jj) "Vaccination protocol" means a written protocol, agreed to by a pharmacist and a person licensed to practice medicine and surgery by the state

board of healing arts, which establishes procedures and recordkeeping and reporting requirements for administering a vaccine by the pharmacist for a period of time specified therein, not to exceed two years.

(kk) "Veterinary medical teaching hospital pharmacy" means any location where prescription-only drugs are stored as part of an accredited college of veterinary medicine and from which prescription-only drugs are distributed for use in treatment of or administration to a non-human.

Sec. 19. K.S.A. 2004 Supp. 65-4101 is hereby amended to read as follows: 65-4101. As used in this act: (a) "Administer" means the direct application of a controlled substance, whether by injection, inhalation, ingestion or any other means, to the body of a patient or research subject by: (1) A practitioner or pursuant to the lawful direction of a practitioner; or

(2) the patient or research subject at the direction and in the presence of the practitioner.

(b) "Agent" means an authorized person who acts on behalf of or at the direction of a manufacturer, distributor or dispenser. It does not include a common carrier, public warehouseman or employee of the carrier or warehouseman.

(c) "Board" means the state board of pharmacy.

(d) "Bureau" means the bureau of narcotics and dangerous drugs, United States department of justice, or its successor agency.

(e) "Controlled substance" means any drug, substance or immediate precursor included in any of the schedules designated in K.S.A. 65-4105, 65-4107, 65-4109, 65-4111 and 65-4113, and amendments to these sections.

(f) "Counterfeit substance" means a controlled substance which, or the container or labeling of which, without authorization bears the trademark, trade name or other identifying mark, imprint, number or device or any likeness thereof of a manufacturer, distributor or dispenser other than the person who in fact manufactured, distributed or dispensed the substance.

(g) "Deliver" or "delivery" means the actual, constructive or attempted transfer from one person to another of a controlled substance, whether or not there is an agency relationship.

(h) "Dispense" means to deliver a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the packaging, labeling or compounding necessary to prepare the substance for that delivery, or pursuant to the prescription of a mid-level practitioner.

(i) "Dispenser" means a practitioner or pharmacist who dispenses.

(j) "Distribute" means to deliver other than by administering or dispensing a controlled substance.

(k) "Distributor" means a person who distributes.

(l) "Drug" means: (1) Substances recognized as drugs in the official United States pharmacopoeia, official homeopathic pharmacopoeia of the United States or official national formulary or any supplement to any of them; (2) substances intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or animals; (3) substances (other than food) intended to affect the structure or any function of the body of man or animals; and (4) substances intended for use as a component of any article specified in clause (1), (2) or (3) of this subsection. It does not include devices or their components, parts or accessories.

(m) "Immediate precursor" means a substance which the board has found to be and by rule and regulation designates as being the principal compound commonly used or produced primarily for use and which is an immediate chemical intermediary used or likely to be used in the manufacture of a controlled substance, the control of which is necessary to prevent, curtail or limit manufacture.

(n) "Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a controlled substance either directly or indirectly or by extraction from substances of natural origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis and includes any packaging or repackaging of the substance or labeling or relabeling of its container, except that this term does not include the preparation or compounding of a controlled substance by an individual for the individual's own lawful use or the preparation, compounding, packaging or labeling of a controlled substance: (1) By a practitioner or the practitioner's agent pursuant to a lawful order of a practitioner as an incident to the practitioner's administering or dispensing of a controlled substance in the course of the practitioner's professional practice; or

(2) by a practitioner or by the practitioner's authorized agent under such practitioner's supervision for the purpose of or as an incident to research, teaching or chemical analysis or by a pharmacist or medical care facility as an incident to dispensing of a controlled substance.

(o) "Marijuana" means all parts of all varieties of the plant *Cannabis* whether growing or not, the seeds thereof, the resin extracted from any part of the plant and every compound, manufacture, salt, derivative, mixture or preparation of the plant, its seeds or resin. It does not include the mature stalks of the plant, fiber produced from the stalks, oil or cake made from the seeds of the plant, any other compound, manufacture, salt, derivative, mixture or preparation of the mature stalks, except the resin extracted therefrom, fiber, oil, or cake or the sterilized seed of the plant which is incapable of germination.

(p) "Narcotic drug" means any of the following whether produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis or by a combination of extraction and chemical synthesis: (1) Opium and opiate and any salt, compound, derivative or preparation of opium or opiate;

(2) any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in clause (1) but not including the isoquinoline alkaloids of opium;

(3) opium poppy and poppy straw;

(4) coca leaves and any salt, compound, derivative or preparation of coca leaves, and any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions of coca leaves which do not contain cocaine or ecgonine.

(q) "Opiate" means any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability. It does not include, unless specifically designated as controlled under K.S.A. 65-4102 and amendments thereto, the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts (dextromethorphan). It does include its racemic and levorotatory forms.

(r) "Opium poppy" means the plant of the species *Papaver somniferum L.* except its seeds.

(s) "Person" means individual, corporation, government, or governmental subdivision or agency, business trust, estate, trust, partnership or association or any other legal entity.

(t) "Poppy straw" means all parts, except the seeds, of the opium poppy, after mowing.

(u) "Pharmacist" means an individual currently licensed by the board to practice the profession of pharmacy in this state.

(v) "Practitioner" means a person licensed to practice medicine and surgery, dentist, podiatrist, veterinarian, optometrist licensed under the optometry law as a therapeutic licensee or diagnostic and therapeutic licensee, or scientific investigator or other person authorized by law to use a controlled substance in teaching or chemical analysis or to conduct research with respect to a controlled substance.

(w) "Production" includes the manufacture, planting, cultivation, growing or harvesting of a controlled substance.

(x) "Ultimate user" means a person who lawfully possesses a controlled substance for such person's own use or for the use of a member of such person's household or for administering to an animal owned by such person or by a member of such person's household.

(y) "Isomer" means all enantiomers and diastereomers.

(z) "Medical care facility" shall have the meaning ascribed to that term in K.S.A. 65-425 and amendments thereto.

(aa) "Cultivate" means the planting or promotion of growth of five or more plants which contain or can produce controlled substances.

(bb) (1) "Controlled substance analog" means a substance that is intended for human consumption, and:

(A) The chemical structure of which is substantially similar to the chemical structure of a controlled substance listed in or added to the schedules designated in K.S.A. 65-4105 or 65-4107 and amendments thereto;

(B) which has a stimulant, depressant or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled substance included in the schedules designated in K.S.A. 65-4105 or 65-4107 and amendments thereto; or

(C) with respect to a particular individual, which the individual represents or intends to have a stimulant, depressant or hallucinogenic effect on the central nervous system substantially similar to the stimulant, depressant or hallucinogenic effect on the central nervous system of a controlled substance included in the schedules designated in K.S.A. 65-4105 or 65-4107 and amendments thereto.

(2) "Controlled substance analog" does not include:

(A) A controlled substance;

(B) a substance for which there is an approved new drug application; or

(C) a substance with respect to which an exemption is in effect for investigational use by a particular person under section 505 of the federal food, drug, and cosmetic act (21 U.S.C. 355) to the extent conduct with respect to the substance is permitted by the exemption.

(cc) "~~Mid-level practitioner" means an advanced registered nurse practitioner issued a certificate of qualification pursuant to K.S.A. 65-1131 and amendments thereto, who has authority to prescribe drugs pursuant to a written protocol with a responsible physician under K.S.A. 65-1130, and amendments thereto~~ a licensed nurse practitioner who has been authorized to prescribe drugs pursuant to rules and regulations adopted by the state board of healing arts or a physician assistant licensed under the physician assistant licensure act who has authority to prescribe drugs pursuant to a written protocol with a responsible physician under K.S.A. 65-28a08 and amendments thereto.

Sec. 20. K.S.A. 65-1130 through 65-1133, K.S.A. 2004 Supp. 65-468, 65-1626 and 65-4101 are hereby repealed.

Sec. 21. This act shall take effect and be in force from and after its publication in the statute book.

Kansas Academy of Physician Assistants

House Bill 2256

10 February 2005

Health and Human Services Committee

The Kansas Academy of Physician Assistants appreciates the opportunity to express opposition to House Bill 2256. While the intent of this bill is to redefine the role of our Advanced Registered Nurse Practitioner (ARNP) colleagues, we find that the bill, as written, redefines the role of the Physician Assistant as well. It is only this issue with which the Kansas Academy of Physician Assistants is concerned today.

Since the inception of the Physician Assistant (PA) profession in 1967, the foundation of the profession is the relationship of the PA with the supervising physician. Physician Assistants today remain committed to our relationships with our supervising physicians and our patients. We have enjoyed a good relationship with our ARNP colleagues. We are therefore entirely perplexed that House Bill 2256 appears to want to redefine our profession by removing the cornerstone, replacing our supervising physician with the option of a supervising ARNP as set forth in Sec. 1. (c). Physician Assistants enter into written protocols with physicians only. The rewording of this Statute would allow a PA to enter a written protocol with an ARNP. This is in direct conflict with PA statutes. Moreover, PAs are regulated by the Kansas State Board of Healing Arts. Yet, ARNPs are not supervised by the Board of Healing Arts, but by the Board of Nursing. Allowing for the supervision of PAs by ARNPs simply does not make sense.

In conclusion, PAs remain committed to dependent practice, with physicians at the head of the physician-PA team. This team concept has flourished since those first three PAs were graduated from Duke University in 1967. We do not believe that the State of Kansas needs to redefine the entire PA profession.

Thank you for your consideration.

Loretta M. Hoerman, PA-C
Legislative Chair
Kansas Academy of Physician Assistants

We suggest amending Page 1 - Lines 28 through 31 by reinserting the stricken language "or advanced registered nurse practitioner" after "physician assistant" on line 28 and striking the rest of the sentence through line 31.

28 (c) "Mid-level practitioner" means a physician assistant ~~or advanced~~
29 ~~registered nurse practitioner who has entered into a written protocol with~~
30 ~~(1) a rural health network physician or (2) an advanced registered nurse~~
31 ~~practitioner.~~

HHS Attachment 5
2-10-05



CARE
comprehensive family health care

Elm Street

- Charles H. Bossemeyer II, M.D.
- Kyle D. Elmore, M.D.
- Elaine L. Ferguson, D.O.
- Mark A. Krehbiel, M.D.
- Chad R. Schroeder, M.D.
- James J. Shafer, M.D.
- Gary G. Williams, M.D.
- Dennis C. Woodall, M.D.
- Ann McConkey, ARNP-C

Republic Street

- W. Reese Baxter, M.D.
- Michael Guhr, PA-C

Santa Fe

- Larry E. Burnett, D.O.
- Joffrey S. Ehrlich, M.D.
- Sara L. Johnston, M.D.
- Kevin D. Norris, M.D.
- LaDona M. Schmidt, M.D.
- Alan K. Wedel, M.D.

Cassandra Muff, ARNP/FNP/BC

Minneapolis

- Bruce L. Labes, M.D.
- Kenneth D. Wedel, M.D.
- Kermit G. Wedel, M.D.
- Kelly E. Yoxall, M.D.

StatCare

- Michael D. Grant, M.D.
- John M. Shotlar, D.O.
- Monique Herbel, PA-C

Wellplan

- Carla Dill, RD/LD
- Sandi Martens, MS/RD/LD/CDE
- Julle Redden, RD/LD
- Adrienne L. Gapter, M.S.

Administration

- Darrell Ehrlich
- Larry Muff
- Duane Wedel

February 9, 2005

TO: Rep. Jim Morrison
Chair House Health and Human Services
Topeka, KS

FROM: LaDona M. Schmidt, M.D
520 S. Santa Fe Suite 300
Salina, Kansas 67401

Re: HB2256

I am writing a letter of testimony opposing HB2265. I am a Family Physician in Salina, KS, and believe our patients deserve excellent healthcare. I was a practicing Nurse Practitioner prior to medical school.

Mid level practitioners do not have the pathophysiology behind them to be allowed independent prescription rights. I wish I could be there to personally testify, but I am unable to, please forward my testimony.

Sincerely,

LaDona M. Schmidt, M.D.

COMCARE Elm Street / 617 East Elm / Salina, Kansas 67401 / (785) 825-8221
 COMCARE Republic Street / 1101 East Republic / Salina, Kansas 67401 / (785) 820-9565
 COMCARE Santa Fe Street / 520 S. Santa Fe Ste. 300 / Salina, Kansas (785) 823-7470
 COMCARE Minneapolis / 311 North Mill / Minneapolis, Kansas 67467 / (785) 392-2144
 STATCARE / 1001 S. Ohio / Salina, Kansas 67401 / (785) 827-6453

Attachment 6
HHS 2-10-05

KANSAS SOCIETY OF ANESTHESIOLOGISTS
3901 RAINBOW BOULEVARD - KANSAS CITY, KANSAS 66160-7415

**Testimony before the House Health and
Human Services Committee on House Bill NO. 2256
February 10, 2005**

To the Honorable Jim Morrison, Chairman, and Members of the Committee:

Thank you for the opportunity to present these written remarks on House Bill No.2256. My name is David J. Anderson. I am a licensed physician and my primary practice is anesthesiology and pain management in Overland Park, Kansas. I also serve as President of the Kansas Society of Anesthesiologists and I present these remarks in that capacity.

The Kansas Society of Anesthesiologists was organized to raise and maintain the standards of the medical practice of anesthesiology and improve the care of the patient in Kansas. We are a component Society of the American Society of Anesthesiologists (ASA). The ASA serves as an important voice in American Medicine and the foremost advocate for all patients who require anesthesia or relief from pain.

As physicians, anesthesiologists are responsible for administering anesthesia to relieve pain and for managing vital life functions, including breathing, heart rhythm and blood pressure, during surgery. After surgery, we maintain the patient in a comfortable state during the recovery, and are involved in the provision of critical care medicine in the intensive care unit.

The Kansas Society of Anesthesiologists supports the Kansas Medical Society and the other physician groups and would like to offer our strong opposition to House Bill No. 2256.

We believe it is not good public policy to remove the statutory requirement for a written protocol with a physician, authorizing an Advanced Registered Nurse Practitioner (ARNP) to prescribe drugs and controlled substances.

The language is in statute for both the safety of the patient and protection of the medical professionals. We see no evidence that would require removal of this safeguard. The current statute insures that ARNPs act appropriately in the way that they prescribe medications by keeping them within their educational training and professional scope of practice. It also requires collaborative practice guidelines between a physician and ARNP and creates a review process to determine if those guidelines are adequate.

We would also like to voice concern over language contained on page 3, lines 23-27 such as the undefined term "medical diagnosis" and the broad scope of "therapeutic and corrective measures". Undefined terms that this legislation would allow the ARNP to perform without any physician oversight.

Attachment 7
HHS 2-10-05

Therefore, the Kansas Society of Anesthesiologists requests that you reject this legislation at this time. The merits legislation could be studied and scrutinized further, possibly over during an interim study where more detailed information can be collected and analyzed.

I regret that because of my schedule I am unable to present these remarks in person but request that they be made a part of your Committee's record and that you consider them during your deliberations.

Should you require additional information please contact our Association's lobbyist in Topeka, Doug Smith. He may be reached at 785-235-6245.

Thanks once again for your time and consideration.

Sincerely,

David J. Anderson, MD
President
Kansas Society of Anesthesiologists