KANSAS MEDICAL SOCIETY
Established 1859

To: House Health and Human Services

From: Rachelle Colombo
Director of Government Affairs, Kansas Medical Society

Date: March 14, 2016

Re: HB 2732; providing for certified nurse-midwife practice without collaborative practice agreements

Thank you for the opportunity to appear before you today on behalf of the Kansas Medical Society, the Kansas Academy of Family Physicians, and the Kansas Association of Osteopathic Medicine in support of HB 2732. Under HB 2732, nurse midwives licensed by the Board of Healing Arts would not be required to maintain a collaborative practice agreement with a physician to provide clinical services associated with a normal, uncomplicated pregnancy and delivery. Such services would include the prescription of drugs and diagnostic tests, the performance of episiotomies, the initial care of a normal newborn, as well as family planning services and treatment of male partners for sexually transmitted diseases. A seven member advisory council comprised of a majority of certified nurse midwives and three others appointed by the Board of Healing Arts would be established to help develop necessary regulations regarding the prescribing of drugs, the ordering of tests and diagnostic services, and other regulations necessary to allow nurse midwives to provide independent obstetrical services. Those nurse midwives desiring to continue to work in a collaborative practice arrangement with physicians would continue to be licensed under the Board of Nursing and their scope of practice would remain unaffected.

Though this bill represents a significant shift from the current statutory framework governing the practice of midwifery, it substantially represents the primary interests of the affected stakeholders. Physician members of the Kansas Medical Society, Kansas Academy of Family Physicians and Kansas Association of Osteopathic Medicine have been engaged in conversations with the broader community of advanced practice registered nurses (APRNs) for the last several years and with the certified nurse midwives (CNMs) since 2015. APRNs and CNMs have expressed a desire to practice without a collaborative practice agreement with a physician but have also rejected proposals ensuring that independent practice would be limited to nursing or regulated similarly to other independent health care providers. It would be easy to misunderstand this issue as a "turf war", but that is simply not the case.

Scope of practice legislation focuses on statutory limitations for healthcare providers reflecting the services their education and training has prepared them for and limiting their practice from going beyond that basis. Though each healthcare provider has an important role in the delivery of health care, the only providers with an unlimited statutory scope reflecting the unique breadth and depth of their education and training are physicians. Physicians are the only providers licensed to practice medicine and surgery or to delegate such acts. This is at the heart of every "scope battle" that comes before the legislature.

In our meetings with nurse midwives over the last couple of years, they have emphasized that the ability to independently manage normal, uncomplicated pregnancies without a collaborative practice agreement with physicians is the most important change they are seeking. This bill does exactly that.

Though it is likely not the first preference of either physicians or nurse midwives, HB 2732 is truly a compromise approach that contains the most important elements each side wants. Nurse midwives achieve independent practice for their core patient service -- managing normal, uncomplicated pregnancies. Physicians have argued that if nurse practitioners want to practice independently in that space where the practice of medicine and advanced practice nursing overlap, they should be licensed by the Healing Arts Board in order to ensure patient safety and consistent regulation.

While Kansas physicians believe that current law provides the best structure for the delivery of coordinated, collaborative care that protects patients and promotes high quality care, we believe there are instances when a collaborative practice agreement may not be necessary so long as appropriate limitations are outlined and observed. We would have preferred adoption of our legislative proposal from last year or one of the other compromises we have offered, but HB 2732 is a reasonable proposal that provides nurse midwives with more autonomy, includes necessary patient protection and an appropriate regulatory framework to hold all independent providers to the same standard of care.

Though HB 2732 is not ideal, we do believe it adequately addresses the substantive interests of both parties, and most importantly, has protections built in to promote patient safety and a consistent regulatory approach. As such, we support HB 2732 and respectfully request favorable passage of the bill. I am happy to stand for questions, thank you.