

Testimony for the Kansas Senate Health and Human Services Committee
January 29th, 2015

Chairperson Pilcher-Cook and members of the Senate Public Health and Welfare Committee I am here to provide testimony in support of SB 69 related to the full scope of authority for APRNs in Kansas. I am Dr. Monica Scheibmeir, a family nurse practitioner, and Dean of the Washburn University School of Nursing. I would like to take the opportunity to highlight importance concepts related to nursing education, and the future of nursing as a profession, that underlie the premise for this bill.

Nurses can choose from a variety of diverse and equally valuable practice opportunities, of which advanced nursing practice is one. As many of you know, the nurse practitioner movement began in the mid-1960's. My colleagues in nurse midwifery have a much older and richer history, dating back to the frontier times when nurses were called upon to help women when they were in labor and the physician was too far away to assist with the delivery. So whether it was geography or a national shortage of primary care physicians, nurses in advance practice roles have answered the call to help with the delivery of essential health services. Today nurses who use the initials APRN behind their name have received advanced nursing knowledge above and beyond their baccalaureate degree. This is important because for many of you, you come into contact with nurses in a variety of settings, and it is easy to become confused about the education and role of the nurse in any given environment. Currently a graduate degree at the Master's level is required for any nurse who is certified as a Nurse Practitioner, a Nurse Midwife, a Nurse Anesthetist or a Clinical Nurse Specialist. Since the mid- 1960's over 100,000 nurses have been educated at the graduate or Master's level of preparation to help provide care to patients of all ages and in all health care settings. However, going forward, nurses who will want to obtain the APRN title will need to be prepared at the doctoral level.

Currently there are 6 programs in the State of Kansas that educate nurses at the graduate level for one of the 4 roles of APRNs. Those schools are: Wichita State University, Fort Hays State University, Pittsburg State University, University of Kansas, Newman University, and Washburn University. In the past 16 years over 1000 nurses have graduated from one of these 6 programs to work as a certified registered nurses anesthetist, a certified nurse midwife, a clinical nurse specialist or a nurse practitioner.

The education that these nurses receive at the graduate level focuses on advanced knowledge about pharmacology, pathophysiology, and advanced physical assessment and diagnosis of health problems. Much of what they learn is taught by doctoral-prepared nursing faculty, physicians, and other health care providers (e.g. physical therapists, pharmacists, etc.). As I have mentioned a variety of health care providers are used to maintain a **graduate-level education** that stresses the importance of **advanced knowledge in the sciences**, in informatics, in nursing theory, in medical advancements, and in leadership. The hallmark of the nurse who has received advanced educational training is the understanding that, just like all of his/her counterparts on the

health care team, it is important to provide appropriate management of a patient's health care problem. When there is not sufficient knowledge to supervise the care that the patient needs, collaboration with other colleagues who can assist the patient are called. Patient safety is a **universal concept and is understood by all health care providers—especially nurses**. The Institute of Medicine has recognized nurses as “indispensable to our safety” and supports removing barriers to practice for NPs. Let us be clear: APRNs are not physicians and the education and training of APRNs is different. Yet APRNs, especially nurse practitioners, are prepared to evaluate and treat patients and to provide a full spectrum of services. Research published in the New England Journal of Medicine, Health Affairs, Nursing Economics, and other well respected scientific publications have firmly established the link between APRNs and cost-effective, high quality care. In addition numerous other studies and national policy reports reflect strong public support for APRN delivered care. Evidence has consistently shown that **patient care outcomes** are not diminished by receiving care from an APRN. This is an important point to be made today, as you will hear the opposite argument being raised against advance practice nurses, especially nurse practitioners. It has been suggested that the graduate curriculum in nursing cannot adequately prepare advance practice nurses to manage the health and well-being of patients when compared to the education that physicians receive. It is vital that as members of this committee you understand that the education received by nurses at the graduate level is more than adequate and does prepare the nurse who has completed graduate preparation to care for patients in a similar but distinct manner from our physician counterparts. Much of what is taught at the graduate level in nursing is content that is taught in medical school. This overlap of medical and nursing content is necessary so that nurse practitioners, nurse midwives and other advance practice nurses can deliver the care that they are expected to provide following their graduation. Both the content and the clinical experiences provided APRN students allows for every graduate to be **competent in delivering care to patients** that is above and beyond what nurses provide at the basic or baccalaureate level. For example, nurse anesthetist students log in over 4000 clinical hours over a three year curriculum to prepare them to provide each patient safe passage through the operating room. Nurse practitioner students undertake hundreds of hours of one-on-one education in a variety of clinical settings, while being mentored by experienced nurse practitioners and physicians on the importance of sound clinical decision making. Nurse midwifery students under the guidance of expert nurse midwives deliver hundreds of healthy newborn infants to demonstrate their competency in providing expert health care to the childbearing woman. Clinical nurse specialists support and teach other health care providers and can influence and improve health care at the individual and the system level. As you can see, the goal is for every patient to have the right care delivered by the right individual.

As we look to the future, the Institute of Medicine and the Robert Wood Johnson Foundation worked on a joint effort to examine how the largest profession within the health care workforce could help solve some of the major issues associated with the current health care system. The Future of Nursing Report, as published by the Institute of Medicine in 2010, acknowledged four key points that need to be addressed so as to utilize the nursing profession to the best of its ability in helping to deliver and design appropriate, cost-effective health care services. The four key points are:

- Nurses should achieve higher levels of education and training through an improved educational system
- Effective workforce planning and policy making require better data collection
- Nurses should practice to their full extent of their education and training
- Nurses should be full partners with physicians in redesigning health care in the United States

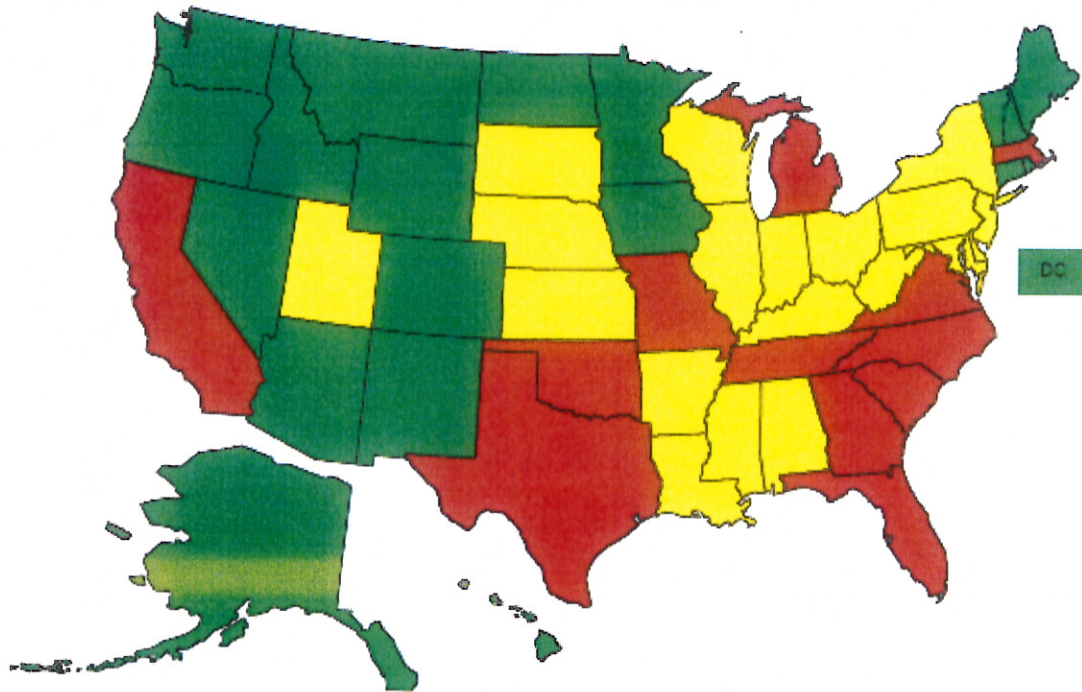
The Kansas Action Coalition, a coalition of nurses in practice, leadership, and educational roles, have been working since 2011 on these four key points as they pertain to Kansas. There is a strong link between the language in Senate bill 69 for full scope of authority for APRNs and the direction that the nursing profession is wanting to pursue. Like Kansas, there are many states that have a predominately rural landscape, where the nurse practice act has been modified to allow APRNs full scope of authority. The map that is included with my testimony identifies those states that have full scope of authority for APRNs (green states), those with reduced practice authority (Kansas) and those states with severely restricted authority. As you can see, states with predominately rural areas such as Iowa and North Dakota, have voted to change the language in the nurse practice act to allow for full scope of authority for APRNs.

In closing I wish to summarize for the committee the following points.

1. Advanced nursing practice is an umbrella term describing an advanced level of clinical nursing practice that maximizes the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the needs of individuals, families, groups, communities and populations.
2. The demand for collaborative, innovative clinical practitioners to act as leaders in health care has never been stronger. Advance practice nurses in Kansas have the education, clinical expertise, leadership skills, and understanding of organizations, health policy and decision making to play an important role in client and health-care systems now and in the future.

Thank you for your time today.

2014 Nurse Practitioner State Practice Environment



-  **Full Practice**
State practice and licensure law provides for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the state board of nursing. This is the model recommended by the Institute of Medicine and National Council of State Boards of Nursing.
-  **Reduced Practice**
State practice and licensure law reduces the ability of nurse practitioners to engage in at least one element of NP practice. State requires a regulated collaborative agreement with an outside health discipline in order for the NP to provide patient care.
-  **Restricted Practice**
State practice and licensure law restricts the ability of a nurse practitioner to engage in at least one element of NP practice. State requires supervision, delegation, or team-management by an outside health discipline in order for the NP to provide patient care.