

TESTIMONY PRESENTED IN OPPOSITION SB 218

By Marilyn Douglass, DNP, APRN, FNP-C, DCC

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Good afternoon. My name is Marilyn Douglass. I am a nurse practitioner from Garden City Kansas. I am currently in a cancer care clinic but prior to that I was in a primary care practice for 17 years. It is my honor to represent the Kansas APRN Taskforce as their chairman.

Senators- Thank you for the long hours of work that you put in every day representing Kansans; please also extend our appreciation to your family members who share you during the legislative session. I appreciate this opportunity to provide testimony in opposition to HB 2205.

This bill is not a compromise as the physicians would propose. We met with the physician groups this summer, and exchanged our views about our bill. The removal of the requirement of the physician signed practice agreement was and is our biggest difference of opinions. The physicians presented their final principles of which the required physician signed practice agreement was proposed as not negotiable. HB 2205 was introduced as a compromise but if you look at it closely, it has no intention of compromise but of takeover of APRN governance.

First and most importantly, HB 2205 does nothing to address access to health care in Kansas. Our bill's main purpose is exactly that- increase the number of primary care providers in Kansas.

We strongly oppose this language for the following reasons:

- The physicians argue that nurse practitioners are “practicing medicine” and therefore should be governed by the Board of Healing Arts. We are nurses. We practice advanced nursing according to our education and training. That education and training is accredited by the American Association of Colleges of Nursing Education and other accrediting agencies. Advanced nursing and Medicine use the same language, the ICD-9 codes, which are the diagnoses of conditions and states of health. This common language is required by state and federal agencies, and the insurance industry. That is one undeniable aspect in the overlap of our scopes of practice.
- I would like to call attention to lines 6-13 page 1. The language suggests that advanced practice registered nurses are performing functions and procedures for which they do not have adequate education training and/or qualification and that this proposed statute protects the public from such activity. This type of unfounded statement should not be in Kansas statute. We have ample research that describes nurse practitioners provide safe and effective care equal to that of physicians.
- Remember that the nurse practitioner bill asks for the removal of the physician-signed practice agreement and that is the major issue the physicians have with our bill. Remember that they proposed HB 2205 as a compromise. Line 16-17, page 1 describes the requirement of a collaborative practice agreement or protocol with a physician. Please do not be misled thinking this bill is a compromise. The required physician signed collaborative practice agreement remains in this suggested joint board governance. If this bill was enacted, the statute required

physician signed practice agreement could not be change without legislative approval. That is not a compromise.

- The operation of this proposed joint governance is not specified. It leaves the decision-making up in the air. The proposed statute describes that the Board of Nursing and the Board of Healing Arts will be regulating nurse practitioner practice. Will the two boards meet together? Will they make decisions separately? What if one is supportive and one is against a particular decision. If left to a membership vote of each board, there are more members on the Healing Arts Board compared to the Board of Nursing, an unfair composition. As you can see this undetermined operation of governance will lead to indecision, stalemate, and waste of time.
- The proposed statute calls for an advisory committee which will be attached to the board of nursing. The committee will be composed of six members, three members appointed by the board of nursing and three members appointed by the board of healing arts. There is no mention of length of term or term limits. This committee is only advisory in capacity. We suppose that any recommendation from this advisory committee will be taken back to both boards. How will decisions be made? As you can see there's not enough description of operation that will lead to effective decision-making. You could call this advisory board a middle layer of ineffective governance.
- The whole idea of substituting this proposed joint governance for the current governance is not substantiated. This bill is suggesting that the Board of Nursing has been ineffective in the governance of nurse practitioners. Nursing has been governed by the Board of Nursing for 100 years in Kansas. APRNs have been governed for the past forty years. There is no evidence that this governance has been ineffective.

We know that it is uncomfortable to make a decision between nurse practitioners and physicians. HB 2205 is not the answer that you're looking for. It has been touted as a compromise and we have shown you that its contents are not compromising but a takeover. We acknowledge that we have pushed you into a position of having to choose. The responsibility of a legislator is to carefully consider changes in Kansas law and act in the interests of your constituents. HB 2205 is a not a compromise but a takeover – an unnecessary and invalidated action that sounded attractive, but in reality is a governance that lacks equality, indecision and stalemate will result, and lastly, there is no evidence demonstrating need to change. Let alone that it does not address what we propose- to increase access to primary care. We are nurse practitioners who want to provide quality health care in Kansas. We ask you to be bold and think of your constituents. HB 2205 is not the answer for your constituents.

I welcome your questions and comments. Thank You.

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