



TESTIMONY PRESENTED IN OPPOSITION SB 218

By Rae Lyn Mefford, DNP, APRN, FNP-BC

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I am Rae Lyn Mefford, doctor of nursing practice as well as a successful business owner. Thank you for allowing me to explain why I believe SB218 is a dangerous bill. Many APRN businesses fill a need for patients, which the physician community has not addressed. For example, my business provides house calls to the homebound population. Our services help prevent unnecessary emergency room visits and hospitalizations for routine care.

I would like to ask that all APRNs in the room who either own a business or work for an APRN owned business, please raise their hands at this time. SB218 would limit APRNs ability to care for patients and could easily force each of us to have to close our business, lay off numerous employees, and leave thousands of patients without access to care.

SB218 completely eliminates 65-1113 and 65-1130 of the current nursing statutes and strips away many of our tools used to safely care for patients. It takes our current laws and changes them into potential rules and regulations, that is, if the new JOINT regulatory board can agree. For example, you will see on page 5 lines 32-38, where SB218 completely removes our prescriptive authority from current law. It changes what is law into what could potentially, be a regulation, which you will find on page 1 lines 13-15 "Such rules and regulations shall include the authority to prescribe medications, sign for and order tests and treatments, and perform other delegated medical acts and functions". This leaves no alternatives but to have a collaborative agreement, delegation, or supervision of each APRN. If the JOINT board is unable to agree on regulations, then our ability to create medical plan of care AND write prescriptions will disappear on 7/1/16, hence rendering us unable to provide care. The KS APRN Taskforce has met with KMS multiple times with no compromise or valid solutions agreed upon. It is unlikely the joint board will be any more effective at reaching a compromise.

All of this in the name of "safety". Do we need physicians to protect the public from acts that APRNs are not qualified to perform? No! The Board of Nursing has successfully done so for over 100 years. Furthermore, insurance companies already do this as well. In order to bill insurance, we must go through a strict credentialing procedure. Then, they maintain our safe practice through various tactics including tying our pay to performance measures.

Provider shortages already limits access to care and is an increasing problem without such a massive, bureaucratic change in regulatory processes. We cannot safely care for our patients without the proper tools. Do we honestly need to add more layers into the barriers to care?

I strongly urge you to oppose SB218. Thank you for your time and consideration.