

MINUTES OF THE SENATE COMMITTEE ON FINANCIAL INSTITUTIONS AND INSURANCE.

The meeting was called to order by Chairperson Richard Bond at 9:05 on February 11, 1993 in Room 529-S of the Capitol.

Members present: Senators Corbin, Lawrence, Lee, Moran, Petty, Praeger, and Steffes.

Committee staff present: William Wolff, Legislative Research Department
Fred Carman, Revisor of Statutes
June Kossover, Committee Secretary

Conferees appearing before the committee: Clarence Gideon, Gubernatorial Appointee to Bank Board
Linda Sebastian, MN, ARNP
Jesse C. Haggerty, MD
Moya Peterson, MA, ARNP
Carla Lee, PhD
Joyce A. Volmut, MA, RN

Others attending: See attached list

Senator Corbin made a motion, seconded by Senator Steffes, to approve the minutes of the meeting of February 10 as submitted. The motion carried.

Clarence Gideon, Gubernatorial Appointee to the State Board of Banking, appeared before the committee and provided a brief professional background. (Attachment #1.) Mr. Gideon also spoke of his perceptions of the Banking Board and the problems facing the banking industry. In response to Senator Steffes' question, Mr. Gideon advised that his bank, Silver Lake Bank, has assets of \$36 million and is privately owned. Chairman Bond asked whether the open meetings law was objectionable to him and Mr. Gideon stated that, in his opinion, there would be no problem. Chairman Bond also asked for his impression of the Banking Department and Mr. Gideon stated that the Board has requested an opinion from the Attorney General to spell out the duties and responsibilities of the Board since he, Mr. Gideon, would prefer that the Board stick with its statutory responsibility. Chairman Bond expressed the committee's appreciation to Mr. Gideon for appearing at today's meeting.

The hearing was opened on **SB 187**--reimbursement for services of advanced nurse practitioners. Dr. William Wolff, Legislative Research, briefly explained that this bill mandates that services rendered by ARNP's be paid for by insurance carriers, no matter which county the services are performed in. Dr. Wolff stated further that payment for services was excepted in 5 urban counties because it was felt that ARNP services might be the only services readily available in rural areas.

Linda Sebastian, KSNA, appeared as a proponent of the bill. (Attachment #2.) Senator Bond asked Ms. Sebastian whether or not, when the original bill was passed 3 years ago, the compromise with Blue Cross/Blue Shield to exclude the 6 most populous counties was believed adequate to solve the problem of health care delivery throughout the state. Ms. Sebastian stated that it was a compromise and was not felt by the KSNA to be the best solution. In response to questions from Senators Corbin and Petty, Ms. Sebastian stated that almost all ARNP's practice in rural areas and medically underserved areas.

Jesse Haggerty, MD, also appeared as a proponent of **SB 187** and clarified the relative roles of physicians and ARNP's. (Attachment #3.)

Moya Peterson, University of Kansas School of Nursing, appeared in support of this bill (Attachment #4), and also clarified when a physician rate applies and when the lower ARNP rate would be charged.

Carla Lee, PhD, American Academy of Nurse Practitioners, appeared as a proponent, stating that recent demographics show increasing urban populations with underserved needs. (Attachment #5.)

Joyce A. Volmut, Department of Health and Environment, Director of Primary Care Services, also appeared in support of this legislation. (Attachment #6.)

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON FINANCIAL INSTITUTIONS AND INSURANCE,
Room 529-S Statehouse, at 9:05 a.m. on February 11, 1993.

Since time expired at today's meeting before all the conferees could be heard, the hearing on **SB 187** will be continued to Friday, February 19, 1993.

The committee adjourned at 10:00 a.m.

The next meeting is scheduled for February 12, 1993.

GUEST LIST

SENATE

COMMITTEE: FINANCIAL INSTITUTIONS AND INSURANCE

DATE: 2/11/93

NAME	ADDRESS	ORGANIZATION
R.H. Weber MD	1133 SW Tyler Topeka	BCBS
L. Palmer R. COARNT	Rt 1 Box 415 Granville, Mo.	KSNA
Linda Sebastian	Topeka	KSNA
Angela R. Hampton	Great Bend, KS	MEDSTAFF
Chen A. Lee	Hays KS	FHSU
Susan Alexander	Strong City, KS.	FHSU-FNPS
Blagerty MD PhD	Topeka, KS	Family Medicine Residency
Mary Peterson RN MAARNP	Kansas City KS	Family Practice Center K.U. Med Center
Deborah Davidson	Hays, KS.	USU
Bette L. Hallman RN FNP	Shawnee KS	KSNA
Diane A. Kuntz MSN ARNP	Wichita, KS 67202 9902 Amesburg	KSNA
Sara Leiter MN, ARNP	67002 111 Kioba, Andover KS	KSNA
Conna Byrne MSN ARNP CS	3221 SW Atwood	KSNA
Conita Byle	3421 Avalon dr.	KSNA
Betty Smith-Campbell	3001 W 28th Lawrence	KSNA
Mary P Schmude	4100 NW 43rd Topeka	KSNA
Rosie Valiquia	3624 SW Redhawk Topeka	KSNA
Donna R. Streete ms, ARNP	66509 RR #2 Box 12 Mayetta KS	KSNA
Sandra Richardson	67010 RR 4 Box 93P Topeka	KSNA
Bebea Ott RN	66664 8000 SW 13 Topeka	KSNA
Patsy F. Quint	Wichita KS 2805 S. 147 St. E 67232-9407	KSNA
Dale Schmidt	4100 NW 43rd Topeka	KSNA
William D. GRANT Jr	TOPEKA	OFFICE STATE BANK COMMISSIONER

GUEST LIST

SENATE

COMMITTEE: FINANCIAL INSTITUTIONS AND INSURANCE

DATE: 2/11/93

[illegible]



RECEIVED

MAY 21 1992

Kansas Commission
on Governmental
Standards & Conduct

KANSAS COMMISSION ON GOVERNMENTAL STANDARDS AND CONDUCT

STATEMENT OF SUBSTANTIAL INTERESTS FOR INDIVIDUALS WHOSE

APPOINTMENT TO STATE OFFICE IS SUBJECT TO SENATE CONFIRMATION

INSTRUCTIONS. This statement (pages 1 through 4) must be completed by each person whose appointment to a state position is subject to Senate confirmation (K.S.A. 46-247 and 46-248). Failure to complete and return this statement may result in a fine of \$10 per day for each day it remains unfiled. Also, any individual who intentionally fails to file as required by law, or intentionally files a false statement, is subject to prosecution for a class B misdemeanor.

Please read the "Guide" and "Definition" section provided with this form for additional assistance in completing sections "C" through "G". If you have questions or wish assistance, please contact the Commission office at 109 West 9th, Topeka, KS or call 913-296-4219.

A. IDENTIFICATION:

PLEASE TYPE OR PRINT

G	I	D	E	O	N					C	L	A	R	E	N	C	E	J.				
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Last Name

First Name

MI

N	O	N	E			D	I	V	O	R	C	E	D									
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Spouse's Name

1	5	0	0		S.	W.		L	A	K	E	S	I	D	E		D	R	I	V	E	
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Number & Street Name, Apartment Number, Rural Route, or P.O. Box Number

T	O	P	E	K	A			K	A	N	S	A	S		6	6	6	0	4			
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City, State, Zip Code

9	1	3	**		2	3	3	**		0	8	5	0
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Home Phone Number

9	1	3	**		2	3	2	**		0	1	0	2
---	---	---	----	--	---	---	---	----	--	---	---	---	---

Business Phone Number

B. APPOINTED POSITION SUBJECT TO SENATE CONFIRMATION:

S	T	A	T	E		B	A	N	K	I	N	G		B	O	A	R	D				
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List Name of Agency, Commission or Board

M	E	M	B	E	R																
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Position

* The last four digits of your social security number will aid in identifying you from others with the same name on the computer list. This information is optional.

*

7	4	0	5
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Attachment #1

- C. **OWNERSHIP INTERESTS:** List any corporation, partnership, proprietorship, trust, joint venture and every other business interest, including land used for income in, which either you or your spouse has owned within the preceding 12 months a legal or equitable interest exceeding \$5,000 or 5%, whichever is less. If you or your spouse own more than 5% of a business, you must disclose the percentage held. Please insert additional page if necessary to complete this section.

If you have nothing to report in Section "C", check here ____.

BUSINESS NAME AND ADDRESS	TYPE OF BUSINESS	DESCRIPTION OF INTERESTS HELD	HELD BY WHOM	PERCENT OF OWNERSHIP INTERESTS
1. Silver Lake Bank	Banking	72.57%	<u>X</u> <u>72.</u> You	
Box 8330, Topeka, KS. 66608			____ Spouse	____ Jointly
2. Clarence J. Gideon Trust			____ You	____ Spouse
1500 Lakeside Dr., Topeka, Ks. 66604			____ Jointly	____
3. Clarence J. Gideon GRIT			____ You	____ Spouse
1500 Lakeside Dr., Topeka, KS. 66604			____ Jointly	____
4. ** The two trusts listed above control & own 72.57% of	I am the beneficiary of		____ You	____ Spouse
the stock of Silver Lake Bank.			____ Jointly	____
5. both trusts.			____ You	____ Spouse
			____ Jointly	____
6.			____ You	____ Spouse
			____ Jointly	____
7.			____ You	____ Spouse
			____ Jointly	____

- D. **GIFTS OR HONORARIA:** List any person or business from whom you or your spouse either individually or collectively, have received gifts or honoraria having an aggregate value of \$500 or more in the preceding 12 months.

If you have nothing to report in Section "D", check here X.

NAME OF PERSON OR BUSINESS FROM WHOM GIFT RECEIVED	ADDRESS	RECEIVED BY:
1.		
2.		
3.		

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E. RECEIPT OF COMPENSATION: List all places of employment in the last calendar year, and any other businesses from which you or your spouse received \$2,000 or more in compensation (salary, thing of value, or economic benefit conferred on in return for services rendered, or to be rendered), which was reportable as taxable income on your federal income tax returns.

1. YOUR PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR. IF SAME AS SECTION "B", CHECK HERE ____.
If you have nothing to report in Section "E"1, check here ____.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.	Silver Lake Bank	Box 8330, Topeka, Ks. 66608	Banking
2.	Clarence J. Gideon, Lawyer	Box 69, Silver Lake, Ks. 66539	Lawyer

2. SPOUSE'S PLACE(S) OF EMPLOYMENT OR OTHER BUSINESS IN THE PRECEDING CALENDAR YEAR.
If you have nothing to report in Section "E"2, check here X.

	NAME OF BUSINESS	ADDRESS	TYPE OF BUSINESS
1.			
2.			

F. OFFICER OR DIRECTOR OF AN ORGANIZATION OR BUSINESS: List any organization or business in which you or your spouse hold a position of officer, director, associate, partner or proprietor at the time of filing, irrespective of the amount of compensation received for holding such position. Please insert additional page if necessary to complete this section.
If you have nothing to report in Section "F", check here ____.

	BUSINESS NAME AND ADDRESS	POSITION HELD	HELD BY WHOM
1.	Silver Lake Bank Box 8330, Topeka, Kansas 66608	Chairman of the Board	C. J. Gideon
2.			
3.			
4.			
5.			

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- G. **RECEIPT OF FEES AND COMMISSIONS:** List each client or customer who pays fees or commissions to a business or combination of businesses from which fees or commissions you or your spouse received an aggregate of \$2,000 or more in the preceding calendar year. The phrase "client or customer" relates only to businesses or combination of businesses. In the case of a partnership, it is the partner's proportionate share of the business, and hence of the fee, which is significant, without regard to expenses of the partnership. An individual who receives a salary as opposed to portions of fees or commissions is generally not required to report under this provision. Please insert additional page if necessary to complete this section.
- If you have nothing to report in Section "G", check here ____.

	NAME OF CLIENT / CUSTOMER	ADDRESS	RECEIVED BY
1.	Lester Bailey Estate	Silver Lake, Ks.	C. J. Gideon
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

H. **DECLARATION:**

I, Clarence J. Gideon, declare that this statement of substantial interests (including any accompanying pages and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of all of my substantial interests and other matters required by law. I understand that the intentional failure to file this statement as required by law or intentionally filing a false statement is a class B misdemeanor.

May 20, 1992
Date

Clarence J. Gideon
Signature of Person Making Statement

NUMBER OF ADDITIONAL PAGES ____.

Return your completed statement to the Secretary of State, State House, Topeka, Kansas 66612.

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SENATE CONFIRMATION QUESTIONNAIRE
APPOINTMENTS BY GOVERNOR JOAN FINNEY

Name: Clarence J. Gideon

Home Address: 1500 Lakeside Drive

City, State, Zip Code: Topeka, Kansas 66604

Home Phone: 913 / 233-0850

Business Address: Silver Lake Bank

City, State, Zip Code: Box 8330, Topeka, Kansas 66608.

Business Phone: 913 / 232-0102

Date of Birth: 11-9-26 Place of Birth Delia, Kansas

Party Affiliation Republican KBI Check(Yes/No) Yes.

Appointed as: Member, State Banking Board

Effective May 1, 1992 for the three year term

ending April 30, 1995 Succeeding Ben Craig

Salary \$35.00 per meeting. Statutory Authority 74-3004

Statutory Requirements Banker with not less than five years
actual banking experience.

1. EDUCATION:

High School Topeka High School

Year Graduated Jan., 1945.

Postsecondary	Degree, etc.	Dates
<u>Washburn University</u>	<u>BA</u>	<u>1956</u>
<u>Washburn University</u>	<u>LLB</u>	<u>1956</u>
<u>Washburn University</u>	<u>JD</u>	<u>1970</u>

2. MEMBERSHIP IN BUSINESS, TRADE AND PROFESSIONAL ORGANIZATIONS DURING PAST 10 YEARS:

Dates	Name	Location
<u>1990- 1992</u>	<u>Kansas Bar Association</u>	<u>Topeka, Kansas</u>
<u>1988- 1991</u>	<u>Topeka Cosmopolitan Club</u>	<u>Topeka, Kansas</u>
_____	_____	_____

3. HAVE YOU EVER BEEN ELECTED OR APPOINTED TO ANY PUBLIC OFFICE IN KANSAS? X Yes No
If so, please list dates and offices held.

Date	Office
<u>1958 & 1960</u>	<u>Assistant County Attorney</u>
_____	<u>Shawnee County, Kansas</u>
_____	_____

4. HAVE YOU EVER BEEN EMPLOYED BY OR HELD A POSITION OR OFFICE WITH ANY FEDERAL, FOREIGN STATE, OR LOCAL GOVERNMENTAL ENTITY OR AGENCY? No.
If so, please list dates and offices held:

_____	_____
_____	_____
_____	_____

5. HAVE YOU BEEN A REGISTERED LOBBYIST OR EMPLOYED A REGISTERED LOBBYIST AT ANY TIME DURING THE PAST 5 YEARS? No.
If you were a registered lobbyist, did you receive any compensation?
List groups you represented or for which you employed a lobbyist:

WHICH YOU HAVE BEEN APPOINTED:

Active management of Silver Lake Bank, Silver Lake, Kansas,
since July 1, 1968, until the present time. I have served as
Chairman of the Board during that period as well as president
from 1968 until 1987.

7. SUMMARY OF BUSINESS OR PROFESSIONAL EXPERIENCE: _____

Practicing lawyer from 1956. General practice in Topeka, Kansas,
representing business clients.

Banking experience as stated in paragraph 6 above.

8. HAVE YOU EVER BEEN A MEMBER OF THE ARMED FORCES OF THE
UNITED STATES? Yes.

If so, please list dates of service, branch of service and
date and type of discharge:

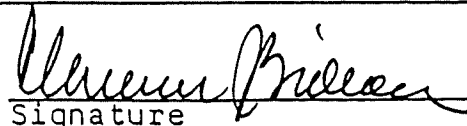
3/45-12/1/46. U. S. Army (Infantry) Honorable (12/1/46)

9. HAVE YOU EVER BEEN ARRESTED, CHARGED OR HELD BY FEDERAL,
STATE OR OTHER LAW ENFORCEMENT AUTHORITIES FOR VIOLATION OF
ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW,
REGULATION OR ORDINANCE (EXCLUDING TRAFFIC VIOLATIONS FOR
WHICH A FINE OF \$100 OR LESS WAS IMPOSED)? No.

10. DISPOSITION OF ANY INTERESTS THAT MIGHT HAVE PRESENTED A
POTENTIAL CONFLICT OF INTEREST FOR THIS POSITION.

None.

Return to: Mary Holladay
Appointment Secretary
Office of the Governor
2nd Floor, State Capitol
Topeka, KS 66612


Signature

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FOR MORE INFORMATION CONTACT
Terri Roberts J.D., R.N.
Executive Director
Kansas State Nurses Association
700 SW Jackson, Suite 601
Topeka, KS 66603-3731
(913) 233-8638

SB 187

Chairman Bond and members of the Senate Financial Institutions and Insurance Committee, thank you for the opportunity to speak in favor of SB 187.

In 1990, KSNA sponsored a bill providing for reimbursement for ARNP's for covered services. This bill passed both the Senate and the House and a last minute compromise excluded the six most populous counties from this law. If we had known then what we know now, these six counties would not have been excluded. You will hear testimony about the growing problems that women, infants, children, the elderly and even middle-aged people with insurance have in obtaining primary care in the six counties. In these counties, the number of people that cannot obtain basic medical care is staggering. So now we know that the problem of lack of health care is not confined to the rural areas--it is with us everywhere.

ARNP's are part of the solution for a basic plan of health care for all Americans. These mid-level practitioners are seen as an essential element in health care reform. The Report and Recommendations on the Kansas Health Care System by the Governor's Commission on Health Care in 1990, the 1992 Kansas Medically Underserved Areas Report in December 1991, the Health Technology Case Study 37 from the Federal Governments

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Office of Technology and Assessment in Washington DC in 1986, and the Memorandum from the Kansas Legislative Research Department dated November 4, 1992 titled "issues Considered by the Joint Committee on Health Care Decisions for the 1990s" all view ARNPs as important in the health care delivery system. There are three schools in Kansas that are working as fast as they can to provide more mid-level practitioners. But now that we have the mechanisms in place for education of nurse practitioners, we must remove barriers that keep them from practicing.

In 1990, Blue Cross of Kansas was the only opponent to our reimbursement bill. This company has gone on record that their strategy to contain health care costs is to control the number of providers. The fact that they have chosen the least expensive, most cost effective providers to exclude is not in the best interests of Kansans who need health care. Blue Cross of Kansas is the only company that recognizes the six county exclusion. Federal, state, Champus and other private carriers including Blue Cross from other states all reimburse ARNP's in these six counties. But because Blue Cross has a large market share of the commercial insurance, particularly in these six counties, it is very difficult if not impossible for a physician and a nurse practitioner to establish a financially viable practice. We anticipate that Blue Cross of Kansas will mount a strong campaign to oppose this bill. I hope as you hear of the need for primary care in these six counties, you will recognize that ARNP's are an important resource as we try to meet the need for basic primary and preventive care for all Kansans.

Linda Sebastian, M.N., A.R.N.P., Chairperson, Advanced Practice, KSNA

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Kansas--Facts About Nurses In Advanced Practice

Advanced Registered Nurse Practitioners (ARNP)

The following four categories of ARNP's in Kansas, and the number in each category are listed below:

Nurse Practitioners (NP)	219
Clinical Nurse Specialists (CNS)	147
Midwives (CNM)	6
Registered Nurse Anesthetists (RNA)	46

A brief description of educational requirements of each category of ARNP is provided below. Additionally statistical information and schools preparing each category in Kansas is listed.

NURSE PRACTITIONER (NP)

Number: Kansas 219
U.S. 25,000 - 30,000

Education: Most of the approximately 150 NP education programs in the United States today confer a master's degree. At least 36 states require NPs to be nationally certified by the ANA or a speciality nursing organization. Kansas has two schools, Fort Hays State University and Wichita State University. Both programs began August of 1992. They admit 8-10 students per year. Kansas University is planning to begin a Nurse Practitioner program in the fall of 1993.

CERTIFIED NURSE MIDWIFE (CNM)

Number: Kansas 6
US about 5,000

Education: An average one and one-half years of specialized education beyond nursing school, either in an accredited certificate, or like NPs, increasingly at the master's level. Kansas has no nurse midwifery school.

CLINICAL NURSE SPECIALIST (CNS)

Number: Kansas 147
US about 40,000

Education: Registered nurses with advanced nursing degrees--master's or doctoral-- who work in clinical settings, community or office-based settings, and hospitals and are experts in a specialized area such as cardiac or cancer care, mental health, or neonatal health. Kansas has three programs preparing CNS's, University of Kansas, Wichita State University and Fort Hays State University. The Fort Hays State program is only two years old, the other 2 schools have had programs for a number of years.

CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)

Number: Kansas 346
US 25,000

Education: Registered nurses who complete 2-3 years additional education beyond the four-year bachelor of science in nursing, as well as meeting national certification and recertification requirements. Kansas has two schools preparing RNA's, University of Kansas in Kansas City and an outreach program from Texas Wesleyan in Wichita.

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KANSAS STATE BOARD OF NURSING
Advanced Registered Nurse Practitioners
by County

1992

	Clinician/ Practitioner	Clinical Nurse Specialist	Nurse Midwife
ALLEN	1	3	
ANDERSON			
ATCHISON			
BARBER			
BARTON		1	
BOURBON	1		
BROWN	1		
BUTLER	3	1	
CHASE			
CHAUTAUQUA			
CHEROKEE	2		
CHEYENNE			
CLARK			
CLAY			
CLOUD	1		
COFFEY			
COMANCHEE			
COWLEY		1	
CRAWFORD	2	2	
DECATUR	1		
DICKINSON			
DONAPHAN			
DOUGLAS	3	6	1
EDWARDS	1		
ELK	1		
ELLIS	6	5	
ELLSWORTH		2	
FINNEY	3	5	
FORD	2	2	
FRANKLIN	1	1	
GEARY			
GOVE			
GRAHAM	3		
GRANT			
GRAY			
GREELEY			
GREENWOOD			
HAMILTON			
HARPER	2		
HARVEY	8	7	
HASKELL			
HODGEMAN			
JACKSON		1	

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Clinician/
Practitioner

Clinical
Nurse
Specialist

Nurse
Midwife

JEFFERSON		2	
JEWELL	1		
★ JOHNSON	22	24	1
KEARNEY	2		
KINGMAN	1		
KIOWA	1		
LABETTE	2	3	
LANE	1		
★ LEAVENWORTH	3	9	
LINCOLN			
LINN	2		
LOGAN			
LYON	2	4	
MARION	1		
MARSHALL	1		
MCPHERSON	2		
MEADE	1		
MIAMI	1	1	
MITCHELL			
MONTGOMERY	1		
MORRIS		1	
MORTON	1		
NEMAHA	1		
NEOSHO	2	1	
NESS	2		
NORTON	1		
OSAGE			
OSBORNE			
OTTAWA			
PAWNEE	2		
PHILLIPS	1		
POTTAWATOMIE			1
PRATT	1		
RAWLINS			
RENO	2	1	
REPUBLIC	2		
RICE		1	
RILEY	3	3	
ROOKS			
RUSH			
RUSSELL	2		
SALINE	2	1	
SCOTT		1	
★ SEDGWICK	57	22	
SEWARD	1	1	
★ SHAWNEE	7	28	3
SHERIDAN			
SHERMAN	1		
SMITH		1	
STAFFORD			
STANTON			
STEVENS	1		

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	Clinician/ Practitioner	Clinical Nurse Specialist	Nurse Midwife
SUMNER	3	1	
THOMAS			
TREGO	1		
WABAUNSEE			
WALLACE	1		
WASHINGTON	2		
WICHITA			
WILSON			
WOODSON			
★ WYANDOTTE	5		
In State	187	142	6
Out-of-State	30	17	1
Total	217	159	7

Testimony on Senate Bill No. 187

Jesse C. Haggerty, III, MD, MSc, MPH, PhD
Program Director
Family Medicine Residency Program of Topeka

I come before you today to speak in favor of Senate Bill No. 187. I do so as a family physician, a director of a family physician training program, and as a Kansan concerned for the primary health care of the citizens of this state. I would like to make four points today that favor the legislation before you.

First, advanced registered nurse practitioners have clearly demonstrated that they are able to participate in the primary health care of Kansans. They have done so capably from one end of this state to the other. I must sadly say that physicians have consistently failed to meet the primary care needs of the state's citizens. As physicians, we have failed our state in both the rural and the urban areas. Many explanations and excuses have been offered for this failure. In spite of how hard we have tried, or whatever excuses we offer, the desperate needs of the citizens remain the same. The importance of the advanced registered nurse practitioner in meeting the primary health care needs of this country has been outlined in nearly every model for health care delivery proposed in the last five years: models proposed by federal and state authorities, as well as those put forth by medical societies and health care delivery research scientists.

Secondly, our state has put tremendous resources, both manpower and financial, into training physicians to practice in rural areas of Kansas. What makes a successful rural physician practitioner, either for our state or any other? Look to the rural areas of this or any other state for that matter. When we do examine the elements that comprise the successful rural primary care physician, we find that they are able to easily integrate mid-level health care practitioners into the delivery model in which they practice. Likewise, if we examine the elements of the unsuccessful rural physician, the physician who leaves rural practice within three years of starting their practice, we find that they all too often are unable to successfully weave mid-level practitioners into the fabric of their practice. These same successful and unsuccessful elements are largely true in today's urban practice. They occur for two significant reasons, and that brings me to my third point today.

How do physicians learn to work with, and incorporate advanced registered nurse practitioners into their health care delivery scheme? I submit that these skills are not divined into our brains while we sleep. I would also submit that they would be best learned through the educational process that trains the primary care physicians. Unfortunately, advanced registered nurse practitioners do not find themselves successfully integrated into the training of primary care physicians in the state of Kansas. North Carolina, Georgia, and Tennessee have developed highly successful models whereby primary care physicians are trained in conjunction with advanced nurse practitioner students, and are *trained by* advanced nurse

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practitioners. These physicians are better equipped to meet the demands of both rural and urban practice when they finish training.

Where are the primary care physicians trained in this state? This question begs the two problems I alluded to earlier. Training occurs predominantly in the populous counties of this state. Advanced nurse practitioners are a part of a practice's overhead, as are the physician's and clerical staff's salaries, the rent, and consumable medical supplies. We simply cannot afford to add to the already high overhead costs of running a practice by employing advanced registered nurse practitioners if the primary health care services they provide cannot be fairly recompensed. Thus, by default, they will continue to be excluded from both training programs and from many practices - especially those urban and rural practices that serve the less financially fortunate citizens of the state.

There remains one last important element to my arguments in favor of this legislation. In the medical model, yes even the primary care medical model, we are slanted to "fixing" something that is broken. Thus, preventive health care measures are often undervalued and overlooked by physicians. However the nursing model, that employed by the advanced registered nurse practitioner, looks toward the whole patient throughout the life cycle and focuses on healthy lifestyle transitions. The practicalities of this difference between the medical and nursing models means that the advanced nurse practitioner is often more capable of practicing disease prevention and health promotion than the physician. These two seemingly simple elements, disease prevention and health promotion, are fundamental issues we face as we approach the health care delivery system that will work for our citizens.

The University of Kansas Medical Center

School of Medicine
Department of Family Practice

My name is Moya Peterson. I attended the University of Iowa where I received a Master of Arts in Child Health Nursing. I also, received a certificate to be a pediatric nurse practitioner through another program at that school. The practitioner program, at that time, was one semester in length with didactic and practice components. I have worked in nursing education, nursing administration, as a nurse practitioner and as a staff nurse.

I have been in my current position at the University of Kansas for a short time. I am on the clinical faculty of the School of Nursing and I work as a nurse practitioner in the Family Practice Center.

There are some distinct objectives for my practice at this clinic. As we are a teaching institution many of our patients do not see the same physician on a regular basis because of the various rotations and commitments of the residents. One of the objectives for me is to provide and promote continuity of care for our clients. As my role develops, patients will begin to recognize my face as a familiar, stable presence in the clinic.

As nurses we learn not only to look at the physical needs but the educational needs of our clients. Because of the press of time and of the numbers of people needing their attention, our physicians, like many private doctors only have time to deal with solutions to remedy medically-oriented problems. Therefore, another objective is to reinforce those remedies as well as educate them on a variety of other needs they may

have. Nurse practitioners, as do all nurses, look at the whole picture of the client to try to understand the dynamics of the situation. This can be critical in formulating an appropriate plan of care and provide for health enhancement.

Another of my objectives is to handle routine office visits for our physicians. These can include simple illnesses, well baby checks and annual physicals, thus releasing the physicians to attend to the more complicated medical problems of the clients. This arrangement benefits the consumer in that the time spent waiting to see the physician can be decreased, and access to health services is improved, as there are many more patients than appointments available. Access is therefore a critical issue in our practice. We have seen a major need and role for qualified nurse practitioners to enhance our availability and accessibility. But their services need to be paid for. Without appropriate third party reimbursement, we cannot afford nurse practitioners in our practice. The consumer's demand for access to cost effective primary care is increasing. We, as nurse practitioners, can respond to this need however, our skills and services must be recognized and reimbursed by all parties in order to keep us available. Access and consumer demand is as big an issue in Kansas City as it is in rural Kansas.

It is important for us to know that health care is accessible to every client and that our clinic will be reimbursed for the the good care that we provide.

TO: Senator Richard L. Bond

FROM: Carla A. B. Lee, PhD, RN, C, FAAN

DATE: February 11, 1993

SUBJECT: Third Party Reimbursement

Senator Bond and members of the Senate Committee on Financial Institutions and Insurance.

My name is Dr. Carla A. Lee and I speak on behalf of the American Academy of Nurse Practitioners, serving as the Kansas Chair, requesting your favorable support for Senate Bill No. 187.

Kansas was an early pioneer in responding to the preparation of nurse practitioners, including their placement in underserved sites, both urban and rural. Expanded programs were developed in response to the declaration of a national medical shortage, mostly in general and family practice, as well as maldistribution crisis. Approximately 500 nurse practitioners were prepared during 1972 to 1986 in Kansas. Today the KSBN reports 217 nurses certified as nurse practitioners residing in 40 counties, mostly rural.

The national nursing organizations have been addressing rural health reimbursement for mid-level practitioners since 1972, including the major approval of such reimbursement with the landmark legislation in 1977, i.e., Rural Health Clinics Services Act, amending the Social Security Act to provide Medicare and Medicaid payments for rural clinics without direct supervision, on cost-based methodology. Changes occurred over the years with the Federal Employees Health Benefits Plan (FEHBP). The Academy has addressed the Medicare reimbursement for nurse practitioners since 1986.

Subsequently, then, each state could develop its specific initiatives. We are thankful for the 1992 approval of third party pay for nurse practitioners in rural sites. The reimbursement in rural areas has been an asset to the support of this role and in increasing access to essential primary health care services in rural sites. However, more recent demographics show the increasing urban population with underserved needs or access. It is noted that urban sites have been increasing the utilization of nurse practitioners in charity clinics, emergent care settings, homeless shelters, and industry-based clinics. This increased access could be supported, as arrangeable with coverage, by inclusion of the urban counties for reimbursement.

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Also, with the addition of a nurse practitioner program initiated at Fort Hays State University, a rural location, the persistence of nurse practitioners in rural sites will be enhanced. Research in nursing over the years has reported that generally most graduates practice within a 70 mile radius or so from the location of their education. Thus, the inclusion of urban counties for reimbursement should not be so influenced by the payment mechanism as by the indigenous location of the nurse practitioner and the site of initial training.

Thank you in advance for your serious consideration of the removal of the exemption of the six urban counties in regard to reimbursement for the services of Advanced Registered Nurse Practitioners.



Department of Health and Environment

Robert C. Harder, Secretary

Reply to:

Testimony presented to

Committee on Financial Institutions and Insurance

by

The Kansas Department of Health and Environment

Senate Bill 187

Currently it is estimated that 275,000 Kansans are without access to primary care. In past testimony our thoughts have been focused upon primary care issues within the rural and frontier counties in Kansas although recognizing all the while that lack of access to primary care is not necessarily restricted to rural or frontier regions of the state, nor is the demand for cost efficient health care delivery, nor is the shortage of primary care physicians but a problem that all of Kansas faces, including urban areas. Attesting to this fact is the presence of a state funded community based primary care clinic in each of the five counties listed in HB 187.

The role of advanced registered nurse practitioners clinics as a member of the health care delivery system has been well documented. Recent studies comparing nurse practitioner visits with physician visits show that the average cost for nurse practitioners is significantly lower (39%) than the cost for a physician visit. Other finding in this study include:

- the number of visits per patient is equivalent for nurses and doctor
- nurses experience slightly fewer hospitalizations than did patients of physicians
- Nurse practitioners and physicians are equivalent in the number of prescriptions written
- Nurse practitioners score as high on quality care standards as physicians. This includes diagnostic accuracy and completeness of care.
- Nurse practitioners prescribe more health promotion activities
- Nurse practitioners achieve equivalent outcomes or scored more favorably on some items, these include patient satisfaction with the health care provider, patient compliance with health promotion, treatment recommendations, and patient knowledge of health status and treatment recommendation.

This study, conducted by the American Nurse Association, only adds to the volume of studies that support the notion that nurse practitioners can provide more affordable care in the area of preventive and primary care.

Testimony presented by: Joyce A. Volmut M.A. R.N.
Director of Primary Care Services
Office of Local and Rural Health
February 11, 1993

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