



February 18, 2021

To: Senate Public Health and Welfare Committee

From: Vicki Whitaker, KAOM Executive Director

Subj: SB 174 – AN ACT concerning advanced practice registered nurses; relating to the board of nursing; definition of practice; prescribing authority; licensure requirements; rules and regulations...

Chair Hilderbrand, Vice Chair Gossage, ranking Minority Leader Pettey and members of the Committee:

The Kansas Association of Osteopathic Medicine (KAOM), founded in 1913, represents osteopathic physicians and the osteopathic profession in Kansas. At the direction of KAOM members, the association is providing comments in opposition to SB 174 which would amend the Kansas Nurse Practice Act to allow advanced registered nurse practitioners (APRNs) to practice healing arts without a cooperative agreement with a physician, would allow APRNs to prescribe medications, including controlled substances, without a cooperative agreement with a physician, and would allow APRNs to diagnose and treat any medical condition independently.

APRNs are trained at the graduate level for 2-4 years and their total patient care hours required to practice would be changed to 4,000 hours. They do no residency or fellowship training. Contrast their training with that of licensed primary care physicians who have four years of graduate level education, a minimum of three years of residency/fellowship training, and whose total patient care hours required to practice is 10,000-12,000 hours before any specialization.

The amount of preparation to treat patients is not comparable. APRNs came into existence as mid-level practitioners – not to replace treatment by a physician but to enable a physician to care for more patients. Their roles are defined by their collaborative practice agreements with physicians. The agreement ensures they do not practice beyond their scope and training. With the exception of nurse anesthetists and nurse midwives, APRNs have traditionally been used to counsel patients in preventive health measures related to medical conditions, medication, diet and exercise compliance, and treat everyday health issues such as common childhood and adult illnesses, age related conditions and to help these patients attain and maintain stable health status.

APRNs also seek with SB 174 to remain under the Kansas Board of Nursing while they implement and manage a patient's healthcare, conduct advanced assessments, order and interpret diagnostic procedures, establish primary and differential diagnoses and treat patients. The bill on page 5, Sec. 2. (b) Line 25: Diagnosis, adds the language (line 30): *Advanced practice registered nurses are educated and trained in using diagnoses...and may develop primary and differential diagnosis within the advanced practice registered nurse scope of practice.* KAOM asks are APRNs currently educated and trained in differential diagnosis? A differential diagnosis is part of medical school training and the more than double or triple hours required for a physician to receive licensure.

Artificial intelligence (AI) cannot replace all the independent judgment required to arrive at a differential diagnosis. The practice of medicine is referred to as an **art** and science. The many years of education and training physicians complete confer on them the privilege and right to practice medicine. Primary care physicians must have the broadest knowledge base possible as their patients can present with a need for a differential diagnosis in any area of medicine. Once this diagnosis is made the patient can then be referred to a specialist.

According to the Healing Arts Practice Act, KSA 65-2802 (a): 65-2802. Definitions. (a) The healing arts include any system, treatment, operation, diagnosis, prescription or practice for the ascertainment, cure, relief, palliation, adjustment or correction of any human disease, ailment, deformity, injury, alteration or enhancement of a condition or appearance and includes specifically, but not by way of limitation, the practice of medicine and surgery; the practice of osteopathic medicine and surgery; and the practice of chiropractic.

It is not in the interest of public safety and health to grant APRNs the right to practice medicine without a medical license, without physician oversight, and under the authority of the Board of Nursing. No one is saying that APRNs are not valued members of the health care team. Presently the APRN role in the delivery of healthcare ensures Kansas patients receive the best care possible. But to grant them the right to treat patients independent of physician oversight and to diagnose disease states, arrive at differential diagnoses and treat patients without a medical license is not acceptable. Make no mistake, this is what passage of this bill will allow.

For these reasons, KAOM respectfully seeks your opposition to the passage of HB 2256.

Thank you for the opportunity to provide this written testimony, I will stand for questions when appropriate.