

Tucker Poling, Executive Director

Laura Kelly, Governor

**Written Neutral Testimony before the Senate Public Health and Welfare Committee Re:  
SB174**

February 18, 2021

Chair and Honorable Committee Members,

I am Tucker Poling, Executive Director of the Kansas State Board of Healing Arts (“Board”). The Board licenses and regulates over 32,000 Kansas healthcare providers from 15 different healthcare professions. The Board is composed of 15 members, 12 of whom are licensed Kansas healthcare providers from various professions, including 8 licensed physicians. The statutory mission of the Board is patient protection. See K.S.A. 65-2801.

Advanced practice registered nurses (“APRN”) are crucially important members of the Kansas healthcare provider community. They provide excellent care to thousands of Kansans under the current structure of supervised care that is guided, defined, and limited by a detailed practice protocol approved by a physician. (See K.S.A. 65-1130(d)). The Board urges the legislature to approach major changes to Kansas law relating to this aspect of the healthcare system with a level of caution that reflects its importance and complexity.

The Board submits this neutral testimony to assist legislators in evaluating HB2256/SB174, a bill that **changes current Kansas law by:**

- (1) allowing APRNs to practice independently; and
- (2) expanding APRN scope of practice to include independent medical diagnosis, treatment, and full prescribing authority including opioids and other drugs within schedules II through V.

The Board notes that these are two very significant changes to Kansas law, which are likely to have both intended and unintended consequences on the health and safety of Kansas patients. The Board has questions and concerns about the following provisions:

**Sec. 2(c), page 5, lines 34-36:**

(c) "Treatment" means the selection and performance of those therapeutic measures essential to effective ~~execution~~ **implementation and management of the nursing regimen, and any prescribed medical regimen patient's healthcare, determined by the nurse's level of education.**

*Who/what defines which treatment is within the nurse's level of education and training?*

**Sec. 2(d)(3), page 6, lines 17-27:**

(3) The practice of professional nursing as an advanced practice registered nurse as defined in subsection (g) within the APRN role means, **in addition to the practice and responsibilities of professional nursing** as defined in paragraph (1): Conducting an advanced assessment; ordering and interpreting diagnostic procedures; **establishing primary and differential diagnoses; prescribing, ordering, administering** and furnishing therapeutic measures as set forth by the board; delegating and assigning therapeutic measures to assistive personnel; collaborating and consulting with physicians and other healthcare providers; providing referrals to healthcare providers, agencies and community resources; and other ...

*Appears to expand scope past nursing (“in addition to”) and into scope of independent practice of medicine. Scope does not appear to be meaningfully and clearly limited. More clearly defined statutory scope of care could clarify issue.*

*Asks a board that does not include members authorized to practice medicine to define scope of practice that includes the practice of medicine.*

**Sec. 2(g), page 6, lines 33-38:**

(g) "Advanced practice registered nurse" or "APRN" means a professional nurse who holds a license from the board to ~~function~~ **advanced practice registered nursing as defined in subsection (d)(3)** as a professional nurse in an advanced role, and this advanced role **may be further defined by** rules and regulations consistent with the Kansas nurse practice act adopted by **the board** in accordance with K.S.A. 65-1130, and amendments thereto.

*Asks a board that does not include members authorized to practice medicine to define scope of practice that includes the practice of medicine.*

**Sec. 3(c)(3)(C), page 8, lines 21-24:**

...national advanced practice organizations. *Advanced practice nursing is built on the practice of health promotion, health maintenance, illness prevention, **diagnosis, treatment and management of** common health problems and **acute and chronic conditions**;* and

*Within scope of independent practice of medicine. Does not appear to be meaningfully and clearly limited.*

**Sec. 3(d)(1), page 8, lines 31-40:**

(d)(1) An advanced practice registered nurse may **prescribe drugs** pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care for each classification of disease or injury for which the advanced practice registered nurse is authorized to prescribe and shall specify all drugs which may be prescribed by the advanced practice registered nurse. **Any written, procure and administer prescription drugs and controlled substances in schedules II through V** pursuant to applicable federal and state laws. ...

*Significantly expands current scope by permitting same independent prescribing authority as physicians, including opioids, without any physician oversight.*

**Sec. 3(h)(1), page 10, lines 10-11:**

(h) (1) Advanced practice registered nurses licensed in Kansas shall complete 4,000 hours of clinical practice hours or clinical instructional hours within four years under an authorization for collaborative practice as defined in K.A.R. 60-11-101 with a physician **or a full practice authority advanced practice registered nurse.**

*Allows independent practice authority, including medical diagnosis and treatment authority and full prescribing authority without ever being supervised or evaluated by a physician. Consider deleting “or a full practice authority advanced practice registered nurse.”*

**Sec. 3(i), page 11, lines 10-12:**

(i) Nothing in this section shall be construed to expand the scope of practice of an advanced practice registered nurse duly licensed in this state.

*The substantive provisions above clearly expand the scope of practice as defined by current law. This creates internal contradiction/confusion in bill – potential source of ambiguity and litigation.*

Thank you for considering this testimony. I welcome any comments, questions, or further dialogue with members of the committee. Please feel free to contact me on my cell (785-760-0686) at any time or via email at [tucker.poling@ks.gov](mailto:tucker.poling@ks.gov) .

Sincerely,



Tucker L. Poling  
Executive Director