KANSAS APRN TASK FORCE

Transforming Healthcare for Kansas

Access Quality Value

Advanced Practice Registered Nurse (APRN) Statute Legislation

Rationale for Legislative changes:

Add Economic Value:

- Removes Business Barriers to Practice (*Does not expand Scope of Practice*)
  - Allows entrepreneurial APRNs to start their own business and grow the economy;
  - Currently, many APRNs running a business must pay physicians a fee for a "collaborative agreement" - Studies of states that have removed barriers to APRN practice, i.e. "responsible physician language" - have not found any differences in the degree of safety to the public
- Federal Trade Commission opinions in other states have found" responsible physician language" laws as a restriction of trade (FTC, 2011- 2013)
- Current KS APRN law prohibits innovative and cost-effective health care solutions

Maintain Quality

- The ability of APRNs to provide safe, cost-effective, high-quality care is well documented in many studies over the past 30 years.
- APRNs have low rates of malpractice and adverse actions (National Practitioner Data Bank; ratio APRNs 1:166 compared to 1:4 for physicians-Pearson, 2011).
- One third of the nation's states have adopted laws that allow APRNs to practice to the full extent of their education and training, with no changes documented in quality of care.
- "Many advanced-practice registered nurses (APRNs) currently are not able to practice to the full extent of their education and training, due to scope-of-practice barriers" recommend removing "barriers that prevent nurses from fully utilizing their skills to meet health care needs in their communities." (H. V. Fineberg MD, President, Institute of Medicine & R. Lavizzo-Mourey, MD, MBA, president and CEO of the Robert Wood Johnson Foundation, 2013 IOM commentary).

Increase Access to Care

- Institute of Medicine Report (2010) stated if nurses could legally practice to the full extent of their education and training this most likely would increase access to health care, particularly in historically underserved areas; this was also supported by a National Governors' Association report in 2012; (Note – Gov. Brownback was a committee member)
- *Healthcare access needs in Kansas:*
  - 91 of 105 Kansas counties designated health professional shortage areas (KDHE, 2013)
  - Only 68% physicians participate in Medicaid programs (Galewitz, 2012)
  - More medical graduates choosing specialty careers compared to general practice (Naylor, 2010)
  - B. Healy, M.D. (U.S. News & World/ 2010, April 10)-"We simply lack sufficient primary-care doctors…nurses are moving into a gap rather than pushing out existing physicians…As in the past, nurses are recasting their profession to meet pressing needs, not by morphing into M.D.'s but by being nurses plus.

THIS LAW DOES NOT CHANGE:

- Professional Collaboration (just "legal/mandated" Collaboration), APRNs will continue to collaborate, work with and refer to physicians and other health care providers (This is a professional expectation).
- APRNs will continue to function within their Scope of Professional Practice as overseen by the KS Board of Nursing (This means *APRN Practice is Limited* by their area of education and training).
- Many APRNs will continue to work as employees in physician and other health care practices.

1515 N. Skyview Wichita, KS 67212 620-272-7619 ksaprntaskforce@gmail.com

Highlights of the Statute:

The recommended statute changes provide uniformity and expectations on licensure, accreditation, certification, and education standards developed by a national collaborative (National Council of State Boards of Nursing –NCSBN, 2008). **These changes were made to improve access to safe, quality APRN care and establish a set of standards that continue to protect the public.**

The proposed changes in the Kansas APRN Statutes will address six main areas.

1. **Provide a current and updated definition of an Advanced Practice Registered Nurse (APRN)**

The definition of APRN is needed to identify those elements of practice that are designated as advanced practice nursing functions and is consistent with national expectations. Also included is a statement in the LPN and RN definitions to clarify that nurses could follow orders from APRNs.

2. **The APRN will be required to have malpractice coverage**.

The proposed bill will require an APRN to maintain and provide proof of malpractice insurance at the time of licensure and renewal. This is similar to the requirement for other healthcare professionals in the state.

3. **The APRN will be required to have national certification**.

The requirement of national certification is a standard of competency that helps protect the public (similar to physicians that are board certified in their area of specialty). Currently, Kansas is one of only three states that do not require national certification.

4. **Removal of the written protocol language.**

Studies of states that do not have laws that include "responsible physician language" have not found any differences in the degree of safety to the public. This allows APRNs to practice to the full extent of their education and training. The Board of Nursing will continue to authorize prescribing authority to the APRN. If the APRN needs to prescribe controlled substances, the APRN will go through the proper federal channels to obtain a DEA license to prescribe controlled drugs.

5. **Added language for a "Transition to Practice plan" for the new APRN Graduate or any APRN requesting a license that has less than 2000 hours of practice as a licensed APRN.**

For APRNs with less than 2,000 hours of experience as an APRN they must complete a "Transition to Practice" requirement. This professional obligation focuses only on the new APRN graduate. The "Transition to Practice" language mandates the new graduate APRN have a structured collaborative practice relationship with a licensed physician or APRN; and that they must include evidence of 2000 hours of practice in this collaborative relationship. This transition to practice serves to help the APRN transition into their new role after graduation. Please note that not all states require a transition to practice program for new APRN graduates. The Board of Nursing will adopt the specific guidelines in Rules and Regulations for the "Transition to Practice" language.

6. **The addition of a provision that recognizes the ability of the APRN to fulfill the requirement of a signature on forms that only have the word physician on them, as long as it is within the scope of practice of the APRN**

It is a duplication of services and a hardship for patients to find a physician to sign a form when the patient has not seen the physician before. The language was taken from the Maine Nurse Practice Act.