Kansas APRN Legislation: What you Need to Know

APRNs (Advanced Practice Registered Nurses) are vital components of the delivery of Kansas healthcare. Every Kansan deserves access to quality health care. The growing shortage of medical providers is making it increasingly difficult to access health care, especially for seniors and people in rural and under-served communities. Allowing APRNs to practice to the full extent of their education and training represents a meaningful, timely opportunity to increase primary care capacity in Kansas.

HB 2412

The APRN bill has 4 main proposed statutory changes. Remove the requirement for a physician-signed protocol for APRNs to prescribe medications. Require all APRNs to have national certification. Require APRNs to carry malpractice insurance by joining the Health Care Stabilization Fund. Require graduate APRNS to complete 4000 hours transition to practice via a collaborative practice agreement with either a physician or a full practice APRN.

2019 Legislative Action

The original APRN bill, HB 2066, was heard, debated and passed out of the Health Human Service (HHS) Committee. Next, the bill was scheduled for hearing on the floor of the House of Representatives. A procedure called gut and go caused the content of HB 2066 to be removed and replaced with the Medicaid expansion bill. After a lengthy debate, Representatives passed the Medicaid expansion bill. The APRN bill was revived as a new bill, HB 2412. The bill was sent back to HHS committee to start over through the legislative process. The bill remains on the HHS Committee's schedule for debate when the legislative session convenes in January 2020.

FAQs

Why pass this bill?

There is no doubt that there is a primary care provider shortage in Kansas. Eliminating the requirement for the physician-signed agreement will increase the number of APRN providers in Kansas, increase Kansan's choices for providers, increase providers in rural areas and increase providers who will care for the underserved populations. Currently, Kansas is only meeting 50% of the primary care needs and 43% of the mental health care needs in health professional shortage areas.

Any required physician oversight reduces access to care, creates disruptions in care, increases the cost of cares, and undermines efforts to improve quality of care. Collaborative practice agreements can be financially burdensome for APRNs, and problematic for physicians, confusing for policymakers and members of the public, who mistakenly think these agreements facilitate true collaborative care.

The bill will also require malpractice insurance which will strengthen accountability to patients. Requiring national certification is recommended by the National Council of State Boards of Nursing in the APRN Consensus Model. Certification substantiates APRNs educational integrity and insures that APRNs stay current with evidenced based guidelines of care.

If the bill passed, the requirement for a collaborative practice agreement (CPA) would be removed. Could I still maintain my CPA agreement with my physician?

Absolutely. Removing the CPA requirement from statute does not exclude the CPA from being executed. It is recognized that some APRNs are accustomed to this agreement and may choose to continue to retain a CPA if they desire.

While the requirement for the physician-signed agreement would be eliminated, collaboration with physicians and the health care team members continues. The bill explicitly defines the practice of an advanced practice nurse to include collaboration and consultation with physicians and health care team members, among other expectations of the role and practice.

What is the requirement for malpractice insurance for licensure? Explain the Health Care Stabilization Fund insurance.

The bill adds a requirement for all APRNs to carry malpractice insurance for licensure and renewal of licensure. Professional liability insurance provides the public an assurance of accountability for claims of errors or omissions; gives providers assurance to purchase liability coverage. APRNs excluded from this requirement are those who are covered by Federal Tort Claims Act or Kansas Tort Claims Act; practice as a charitable healthcare provider, have an inactive status license or active duty in the military service for the United States. APRNs will be added as a healthcare provider covered by the Kansas Healthcare Stabilization Fund (HCSF) and will be required to purchase professional liability coverage offered by HCSF.

HCSF provides professional liability coverage for defined health care providers and it is required for licensure in Kansas. Three different Fund coverage levels are available to health care providers. HCSF was enacted by the legislature in 1976 to assure physicians access to professional insurance. The Fund now covers multiple providers and healthcare facilities including physicians, podiatrists, pharmacists, dentists that administer anesthesia, nurse anesthetists, nurse midwives, and nursing facilities. For additional information go to https://hcsf.kansas.gov/.

What is the requirement for national certification for licensure and renewal of licensure?

The bill adds a requirement for APRNs who apply for initial licensure after the effective date of July 1, 2020 to have national certification. APRNs practicing prior to that date are excluded, as this applies to initial licensure. National certification is recommended by the APRN Consensus Model. National certification is a national indicator that authenticates knowledge and professionalism to our patients.

What is the transition to practice requirement for APRNs?

APRNs with less than 4000 hours of practice shall be required to practice with the mentorship of either a physician or full practice APRN. The APRN will execute a signed collaborative practice agreement with the mentor to prescribe medications for a total time of 4000 hours, approximately the equivalent of 2 full time years of practice. The Board of Nursing will write regulations to implement the statute.

The transition to practice requirement was an amendment to the original bill. The requirement helped to satisfy legislators who heard comments from the opposition suggesting graduate APRNs needed mentorship. Other states have negotiated similar requirements of varying time frames. The Board of Nursing expressed their satisfaction with the requirement.

Can hospitals still require physician oversight?

Hospitals and physician practices may still require physician oversight, which is their prerogative and is usually defined in their bylaws and credential requirements. The level of oversight varies greatly from APRNs without hospital privileges to working as hospitalists in teams, to full authority of admission, writing orders and interpreting diagnostics.

How will passing this bill increase the number of providers in Kansas?

Our neighboring state, Nebraska, passed full practice authority legislation in 2015. Primary care nurse practitioners increased by 40%. The number of primary care providers increased in 20 of the designated primary care underserved areas. APRNs do prefer to work in full practice authority states. Passing this bill will decrease the risk of APRNs leaving Kansas.

Why does it feel like we are in opposition to physicians?

APRNs work well with physicians. In their own settings, physicians describe APRNs as qualified, trusted and dependable. At the state level, dealing with legislation, physicians support a different focus. The professional organizations of physicians structured a tough campaign of physicians who communicated to legislators that APRNs are second rate providers, and planted doubts of APRN quality and safety. Physicians professed that only physicians should be the leader of the health care team. The physicians argued that APRNs should be regulated by the Board of Healing Arts if the requirement for the physician-signed collaborative practice agreement is removed.

There is physician opposition to elimination of the CPA just like there was physician opposition to the licensure of APRNs in the 1970's. Physicians have generally opposed efforts of non-physician healthcare providers to increase their statutory authority despite such healthcare providers' training and education. As stated by the Institute of Medicine in 2010, what APRNs "are able to do once they graduate varies widely for reasons that are related not to their ability, education or training, or safety concerns, but to the political decisions of the state in which they work."

What are the negative aspects of Board of Healing Arts regulating APRNs?

A physician legislator has proposed an amendment to permit the Board of Healing Arts, dominated by physicians, to regulate APRN practice. Such regulations will impose restrictions on APRNs. Such regulations would also be a violation of restraint of trade, as physicians would be able to control a market competitor. When nurse midwife statutes were revised to provide Board of Healing Arts regulation, the result was an attempt to restrict nurse midwives in their practice authority. Regulation by the Board of Healing Arts would add a layer of unnecessary

regulation, increase administrative costs and create confusion. There is no evidence of benefit for consumers. Board of Healing Arts regulation of APRNS would be a step backwards towards the goal of APRN full practice authority.

Full Practice Authority is the authorization of APRNs to evaluate patients, diagnose, order and interpret diagnostic tests and initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the state board of nursing. Over 100 research studies validate the safe, high quality cares provided by APRNs with outcomes comparable to physicians. Numerous professional organizations support APRN full practice authority including the National Council of State Boards of Nursing (NCSBN), American Association of Nurse Practitioners (AANP), American College of Nurse Midwives (ACNM), American Association of Nurse Anesthetists (AANA), National Academy of Medicine, National Governors Association and the Federal Trade Commission.

Are there other states that permit full practice authority for APRNs?

Our neighboring states, Nebraska and Colorado are two of the 22 states that have full practice authority for APRNs. Also, the Veterans Administration hospitals and clinics, the Department of Defense, and the Bureau of Indian Affairs recognize full practice authority for APRNs.

Who is sponsoring this bill?

Kansas Advanced Practice Nurses Association (KAPN) proudly sponsors this bill. KAPN is a state organization of advanced practice nurses- nurse practitioners, nurse anesthetists, nurse midwives and clinical nurse specialists. KAPN is dedicated to assuring that all Kansans have access to cost effective, high quality care provided by Advanced Practice Registered Nurses.

KAPN wants to hear your questions and opinions about full practice authority for APRNs. Send your comments, questions and concerns to ksaprn@cox.net.

Submitted:
8/8/19
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60-11-122. Roles of advanced practice registered nurse eligible for inactive license. Each of the following roles of advanced practice registered nurse (APRN) licensed by the board shall be eligible for an inactive license:

(a) Clinical nurse specialist;

(b) nurse anesthetist;

(c) nurse-midwife; and

(d) nurse practitioner. (Authorized by K.S.A. 2017 Supp. 74-1106, as amended by L. 2018, ch. 42, sec. 7; implementing K.S.A. 2017 Supp. 65-1131; effective P-_____.)