

Appendix A
Legislative Questionnaire

Question 1

WHAT IS YOUR POSITION IN THE LEGISLATURE AND YOUR PARTY AFFILIATION?

Answered: 21 Skipped: 1

Answer choices

SD Representative, Republican	10	48%
SD Representative, Democrat	0	0%
SD Senator, Republican	9	43%
SD Senator, Democrat	2	10%

Question 2

SENATE BILL 61 WAS PASSED IN THE 2017 SESSION. THIS BILL PROVIDES FOR INDEPENDENT PRACTICE BY NURSE PRACTITIONERS. DID YOU VOTE FOR OR AGAINST THIS BILL? WHY?

Answered: 20 Skipped: 2

Answer choices

For SB 61	20	100%
Against SB 61	0	0%

Comments

1. It was good for Rural SD Expanded access to primary care
2. This is an independent practice that is licensed under the Board of Nursing. The scope for oversight but at time progressed the frequency of contact with MD and APRN changed, the practice was that APRNs were already working with the MD as part of the team and APRNs were being charged for the collaboration. Rural areas are not able to attract MDs and APRNs have taken on the role for rural care practitioner. Their practice is within the defined scope and have demonstrated continue collaboration with the MD for the care of the patient. Practicing MDs that were collaborators were not always available when the contact was needed. APRNs were managing the patient successfully thru transfers to

another practitioner when the primary care MD was unavailable. The type of practice in a rural community is not a 8 hour day with call coverage by a MD colleague or a paid locum at all times. The APRNS have responded to the needs for primary care within the scope of practice.

3. There is a dire need for medical providers in our rural areas. I was satisfied that the training received by the nurse practitioner would be adequate for the services that that individual would need to perform. Additionally, telemedicine has been and will remain a valuable tool for medical personnel in rural areas.
4. Patient choice diversification
5. I believe in supporting para professionals
6. Cost efficiency
7. Voted for the bill: agreed that it was the right move to give some latitude to the practice of Nurse Practitioners. I was assured that even without collaboration agreements that there would still be a close working relationship between the NP and medical doctors.
8. We have an extreme shortage of medical professional in South Dakota rural areas. We need to have medical professionals regardless of degree help our people.
9. I support more healthcare choices for South Dakotans and in how they receive their healthcare
10. It was highly recommended by knowledgeable legislators whose opinion I respected. It appeared to make SD law consistent with other states and addressed the problem with getting qualified professional teachers who would not come to a state that did not allow this.
11. Workforce issues.
12. Was not a big fan of the legislation, but there was very little presented in opposition to the bill as compared to the proponents. The prevailing argument was that the nurse practitioners work for the "systems" and would be adequately supervised by them.

Question 3

WERE YOU CONTACTED BY THE SOUTH DAKOTA STATE MEDICAL ASSOCIATION OR ONE OF ITS MEMBERS IN REGARDS TO THE SDSMA'S POSITION ON SENATE BILL 61?

Answered: 19 Skipped: 3

Answer Choices

I was contacted by the SDSMA or a member and made aware of the SDSMA's position.

14 74%

I was not contacted by the SDSMA or a member but I was aware of the SDSMA's position.	1	5%
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I was not contacted by the SDSMA or a member I not aware of the SDSMA's position.	1	5%
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Other - please list	3	16%
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Comments

1. I personally visited with several medical doctors that I am acquainted with and considered their advice in my vote.
2. I believe that they were one of several groups or associations I heard from.
3. The first contact I had was the weekend after it passed the Senate.

Question 4

DID THE POSITION OF THE SOUTH DAKOTA STATE MEDICAL ASSOCIATION INFLUENCE YOUR POSITION ON THE BILL? Answered: 17 Skipped: 5

Answer Choices

No, the SDSMA had no influence on my position	12	71%
Yes, the SDSMA reinforced my original position on the bill	3	18%
Yes, the SDSMA changed my original position on the bill	0	0%
No, I was not made aware of the position of the SDSMA on the bill	2	12%

Question 5

Answered: 17

Skipped: 5

Answer Choices

I heard no arguments in opposition to the bill.	1
I heard the following arguments in opposition to the bill	16

1. I can hardly remember this bill as there were many others that were far more important to me. I had confidence in the sponsor of the bill and was persuaded by a fellow member that it was a good bill. She is a well-respected nurse in the legislature.
2. I heard that it was going to be a slippery slope and it could be bad for patients.
3. The primary argument was that Nurse Practitioners lacked sufficient training to provide primary care without physician supervision.

Question 6

IF YOU HEARD ARGUMENTS IN OPPOSITION TO SB61, WHY WERE THEY PERSUASIVE (OR NOT PERSUASIVE)?

Answered: 17

Skipped: 5

Answer Choices

I heard no arguments in opposition to the bill.	2	12%
The argument(s) against the bill were or were not persuasive because....	15	88%

1. Arguments made by people you do not know well rarely work in the legislature. Arguments or descriptions made by people you know, trust and respect almost always win out. JB
2. They were not persuasive because every state around us is allowing some sort of independent practice and there have been no reports of that being bad for patients. This did not change the scope of practice for nurses either so it should not affect outcomes for patients.
3. The level of supervision provided seemed cursory and a mere formality
4. Somewhat persuasive
5. The health care model is changing. MDs in SD are not responding to access and delivery of care in rural SD. The medical school's mission is to support rural medicine. They have implemented

programming to recruit and retain students in the rural communities but certainly not enough. This is not a unique issue to SD but nationwide. Those MDs that remain in the rural areas generally come from the rural setting and they too are aging in the workforce. The Medical Community did not respond to collaborate to help us find solutions but rather presented their opposition to change that is showing success in delivery of health care to rural settings.

6. As I have stated, I became convinced that the training provided to the nurse practitioner was sufficient. I was also aware that doctors who were receiving monetary benefits from their work as consultants with the practitioner would be threatened with a loss of that income if the bill became a law.
7. feel they are competent in the limited areas they practice
8. Protectionism is corruption, excessive regulation is corruption in the name of consumer protection.
9. It was obvious that the doctors were simply defending their scope of practice
10. No impact on quality of care
11. The bill will improve access to care in rural areas and there is not evidence that indicates the quality of care would be inferior.
12. The arguments were merely suggestions to consider when eliminating the collaborative relationships. I did not feel any pressure to vote against the bill.
13. They did not defeat the primary premise of my convictions expressed to the voters before getting elected and that is to respect their rights to make the choices in how they receive their healthcare options and their ability to pursue employment in their skill sets to the best possible circumstances under the law.
14. For the same reasons set out above as to why I voted for it.
15. Primarily because the "systems" appeared to side with the nurse practitioners.

Question 7

WOULD YOU LIKE TO BE CONTACTED TO GIVE FURTHER COMMENTS ON SB61, THE INFLUENCE OF THE SDSMA, AND/OR MEDICAL LEGISLATION IN SOUTH DAKOTA?

Answered: 18 Skipped: 4

No, do not contact me for further comments. 3 17%

Yes. 11 61%

Yes, contact me for more comments

(please include your name in the box below)

OR I've included my additional comments here. 4 22%