

Testimony to Health Human Service Committee

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It is my pleasure to open this presentation describing advanced practice registered nursing's contribution to rural health care in Kansas.

Hello, my name is Merilyn Douglass. I am a family nurse practitioner from Garden City and I am the president of Kansas Advanced Practice Nurses Association.

We are very grateful for this opportunity to have this timely conversation with you about something very important to many Kansans- access to health care.

Let me give you the cliff notes about Advanced Practice Registered Nurses or APRNs. In Kansas, we have four kinds or specialty roles of APRNs.

- Certified Registered Nurse Anesthetists (CRNA), who provide anesthesia services and some provide pain management (984 in Kansas)
- Certified Nurse Midwives (CNM), that provide prenatal, birthing, post-natal and general care for women (95 in Kansas)
- Clinical Nurse Specialists (CNS), who provide patient care and expert advice in one of several nursing practice specialties such as diabetic care, pediatrics, wound care or oncology. They often work in hospitals.(579 in Kansas)
- Nurse Practitioners (NP), diagnose and treat acute and chronic illness, working a variety of settings. Clinical NP care also includes health promotion, disease prevention, health education, and counseling.(2886 in Kansas)

- **In Kansas, 60% of the NPs are working in family practice areas.**

Our purpose today is twofold. APRNs provide a substantial amount of rural health care to populations including the underinsured and we know that is a topic of discussion around the Capitol. You will hear from some Kansas rural NPs about their practices and the vital contribution to rural health care. We want you to understand that Advanced Practice Registered Nursing in the rural communities needs to continue and be supported. Secondly, supporting legislative changes to remove the requirement for a physician signed practice agreement contributes to the solution of access to health care in rural areas.

The quality of APRN directed care has been questioned by our physician colleagues. Reports by the Physician Foundation, Federal Trade Commission and Citizen Advocacy Center all note without exception, that within their areas of training and experience, APRNs provide safe and effective care. In addition studies have shown that APRNs have high patient satisfaction. A Duke University Economics Professor compared physicians and APRN directed care. He concluded that in their specialty area, APRN practice outcomes are equivalent or better to those of physicians. "All other things equal, APRN-provided care is less expensive to society than the equivalent physician-provided care because a) training costs are lower; b) compensation levels are lower; and c) resource use often is lower. Overall, various studies have indicated that expanded use of APRNs under less restrictive regulation could produce health system savings."

Personally, my career experience includes 15 years of family practice in Garden City. My family lives there, and I plan to enjoy many more years there working and caring for people in southwest Kansas.

Currently I work for a private business that contracts to employers to provide health care to its employees and families. What is unique about this practice is the emphasis on wellness and prevention of illness. Patients sit down with the NP and together design a wellness plan for improving health. Fitness, weight management, diabetes prevention, nutrition, tobacco cessation and stress management are encouraged and taught. Employees enjoy the access to a nurse practitioner for urgent care, chronic care management, wellness exams, employer physicals and lab work at no cost to them.

The value of the health care dollar increases as the program continues. One of our employers has been in this program over 3 years. For every 1 dollar they have spent of services, they have received \$5 of health care value.

Kansas needs new innovative models of health care that provide quality care with lower costs. This is but one example of the possibilities utilizing APRNs. Revere Healthcare Solutions CEO, Carmine DiPalo comments, "Nurse practitioners are an underutilized asset."

There is clear rationale on why innovative models are needed in rural area because they:

- rely more heavily on non-physician providers, nurse practitioners and physician assistants (WWAMI Rural Health Research Center) and
- Rural & Underserved communities benefit from improved access to APRNs with **less restrictive scopes of practice.** (Citizen Advocacy Center)

Please sit back and listen to my colleagues talk about their practices and their contributions to rural health care. Dr. Monica Scheibmeir is next to present information about the education of advanced practice nurses.

We look forward to your questions, but would prefer to have after everyone has made their presentation. Thank YOU.