

Informational Hearing on Advanced Practice Registered Nurses
House Health and Human Services Committee
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Thank you for allowing me to speak with you today. My name is Michelle Knowles. I have been a registered nurse for 35 years and a board certified nurse practitioner for the last 20 years.

I live and work in Hays. I have taken care of my patients for years and have developed long-term relationships with them and their families. I care for them when they are ill. I am a partner with them in their pursuit of health.

The main challenge facing us in Kansas, and especially in the rural and underserved areas, is how do we improve access to health care without spending more tax dollars? We have fewer physicians in rural and underserved areas and that will get worse. The Association of American Medical Colleges predicts a worsening shortage of physicians over the next ten years as one-third of all physicians retire. There will be 90,000 fewer physicians and one-half of those are in primary care. Only about 10-12% of medical students nationwide are choosing to go into primary care (National Resident Matching Program).

The Physician Bridging Program that was discussed recently is a good program, but only averages about 11 primary care physicians staying in rural areas each year. I know of at least 30 physicians in northwest Kansas that have left their clinical sites over the last year. We are rapidly losing ground.

According to the 2014 KDHE Primary Care Health Professional Underserved Areas Report, Kansas had a NET loss of 161 primary care physicians over 1 year. Since 2010, Kansas had a NET loss of 324 primary care physicians. When a physician leaves a community, it impacts advanced practice registered nurses also. Kansas has an old statute that requires advanced practice registered nurses to have a signed collaborative agreement with a physician before they can work. It is getting more and more difficult to find physicians to sign these agreements and the agreement doesn't improve care at all. There are NO studies supporting the need for collaborative agreements and NO studies showing any improvement in quality of care or safety when a collaborative agreement is added.

Kansas has advanced practice registered nurses in 97 of our counties right now. The majority of APRNs work in primary care (63%) and many are from the areas where they work. It is difficult knowing that your ability to stay in a community hinges on a piece of paper that ties you to a specific physician. Personally, I talk to many different physicians every week, depending on what my patient needs.

Kansas is using tax dollars at our public institutions to educate APRNs to function to the full extent of their education and training. But Kansas isn't allowing advanced practice

registered nurses to work anywhere in the state. We are short-changing the tax-paying citizens of the state. We need to retain and use all of the APRNs we can, which is a challenge, because Kansas is not an attractive state to work in.

There are 21 states that allow advanced practice registered nurses to work to their full capacity and are regulated solely by their respective Board of Nursing, this is called full practice authority. Those states are getting the full benefit of the tax dollars spent on advanced nursing education. In those 21 states, the malpractice rate remains very low (about 2%), quality of care remains very high, and patient satisfaction is very high. Many of the states have had full practice for over 40 years. A 2010 report by the Institute of Medicine looked at the evidence over the last 50 years and confirmed the safety and high-quality care given by advanced practice registered nurses. Safety has also been documented as shown by very low rates of malpractice. Only 1.4% of all malpractice payments were made by nurse practitioners in 2012.

APRNs are in high demand and the demand will increase. The states with full practice are actively recruiting advanced practice nurses from restricted states like Kansas. Right across our border, Colorado, Nebraska and even New Mexico are pulling our graduates away from Kansas to more career-friendly environments. Kansas doesn't keep workforce data on the number of graduates or experienced APRNs that are moving away from Kansas, but I can tell you that in the western part of the state, we are losing both to Colorado, New Mexico and even Wyoming.

When Arizona removed outdated restrictions on advanced practice registered nurses the state saw a 52% increase in the number of APRNs moving to that state over the following 5 years. When Nevada removed outdated statutes for collaborative agreements in 2013, the state saw a 30% rise in advanced practice registered nurses moving to Nevada over the following 2 years. Both states saw a large increase in advanced practice registered nurses working in rural counties. Last summer the Nebraska legislature unanimously approved and the Governor signed a bill removing outdated statutes and their state is now using advanced practice registered nurses to the full extent of their education.

Currently over 20% of Kansans report they don't have a personal health care provider and 40% of children don't have a medical home (Kaiser Family Foundation, 2015). The greatest challenge facing Kansas right now in our underserved communities is how to improve access to care without additional cost and without unnecessary delays. Kansas advanced practice registered nurses are willing to meet the challenge. Thank you for your time.

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