

Honorable Chairwoman and Committee Members,

Thank you for giving SB 69 a fair hearing. As Representative Mast's daughter, I can testify to the fact that you commit countless hours to working on legislation that will increase access to cost effective, competent health care for Kansans. You do this with strong resolve despite limited personal compensation. Thank you for your service. After hearing the evidence, I believe you will find that SB 69 will help accomplish what you have been pursuing and that current standards are impeding this effort.

An APRN is a nurse practitioner with a graduate nursing degree who has been educated to provide a broad range of services, including the diagnosis and treatment of acute and chronic illnesses. We maintain national certification and are licensed and regulated by the Kansas State Board of Nursing. Kansas is one of 32 states that require physician supervision of APRNs. The APRN must enter into a written agreement that involves protocols (written guidelines for treatments).

Some of our physician colleagues may state that this agreement is the means for safe and quality health care. I would ask: Where is the evidence? For over 40 years, consumers have been receiving safe and effective healthcare managed by APRNs. In fact, research shows no difference in outcomes of primary care delivered by a nurse practitioner or a physician. Clearly our physician colleagues have more education than we do and they are an essential part of the health care team, but you don't necessarily need an astronaut to fly an airplane. Studies show that NPs can handle the vast majority of cases they encounter and we obviously need to refer clients when cases exceed our knowledge base. This is ingrained into us in our NP programs. In the 19 states and District of Columbia where APRNs practice autonomously, there is no evidence that the quality of health care provided to consumers has been compromised. There are no increases in rates of APRN adverse events or malpractice events in these states. When an opponent comments that passing this bill will lead to unsafe health care, I suggest asking for research-based conclusive evidence of unsafe care; there is none.

I currently care for older adults residing in long-term care settings. This underserved population requires very individualized care that cannot be reflected in protocol language. Each case is unique as these patients have multiple co-morbidities and are typically on a number of medications. In addition, the clients have varied requests regarding how aggressive they want me to manage their conditions. To try to draw up a document that describes how all patients with a particular disease should be managed is unrealistic. Drugs are put on and taken off the market quickly and many protocol books do not reflect current practice. Most concerning is the fact that protocol books are the first item that lawyers refer to when pursuing malpractice cases. If they can demonstrate that the physician or APRN did not follow this document to the letter, even if it is outdated, they can make a case against the provider. As a result, some physicians have a reluctance to enter into practice agreements with us. The requirement of protocols is a barrier to increasing access to cost effective, competent care for Kansans.

Thank you for allowing me to express one of the challenges I face with the current standards. I personally look forward to working for Dr. Bryant until he retires. Frankly, I am concerned about our patients if this bill is not passed when that day comes. It will be most difficult to find another physician willing to care for our facility bound Medicare/Medicaid population. The passage of SB 69 will improve our ability to provide competent, safe, high quality care to our patients and ensure they have access to our services.

Thank you for your thoughtful consideration. Do you have any questions for me?