



January 29, 2015

Testimony in Support of SB 69 - Advanced Practice Registered Nurses

Madam Chairwoman and Members of the Committee:

On behalf of thousands of Americans for Prosperity members across Kansas, thank you for this opportunity to voice our support for Senate Bill 69, which will allow Advanced Practice Registered Nurses to practice to the full extent of their training and certification.

As a grassroots organization committed to economic and individual freedom, we believe everyone benefits when market barriers are reduced and Kansans have greater opportunity to achieve their full potential. In the case of Advanced Practice Registered Nurses, we have a tremendous untapped potential in the medical field. We strongly urge the legislature to join the 19 states and District of Columbia that have modernized their APRN regulations.

There are three key issues we believe that must be addressed as the legislature in considers changes to the regulation of Advanced Practice Registered Nurses: 1) Access to care, 2) Effect on healthcare cost, 3) Patient protection.

All three of these issues are reviewed in-depth in the Federal Trade Commission 2014 document “Policy Perspectives: Competition Advocacy and the Regulation of Advanced Practice Nurse Practitioners.”ⁱⁱ The executive summary is included as an attachment to this testimony.

Increased Access to Care

It is no secret that Kansas is facing a shortage of primary care physicians. With a nationwide physician shortfall of more than 90,000 physiciansⁱⁱ, it will be even more difficult for rural parts of Kansas to compete for physicians. Kansas currently has 246 geographic and population communities underserved by primary care servicesⁱⁱⁱ.

In economic terms, Kansans are at risk of not having adequate access to healthcare services simply because the ‘supply’ of healthcare cannot meet the demand. Moreover, as the rural population of Kansas ages, travel for healthcare services becomes increasingly difficult. Relaxing the regulatory restrictions on APRNs will increase the ‘supply’ of healthcare.

Allowing APRNs to fully practice within the scope of their training will create new opportunities and infuse more thousands of Kansas APRNs into our primary care services equation. Relieving APRNs in Kansas from restrictive and costly ‘collaborative practice’ requirements, many in areas already desperately short of physicians, will increase economic incentive for APRNs to provide those services, particularly in underserved areas.

Reduced Healthcare Costs

The FTC examination of APRN regulations shows a clear link between more restrictive regulation and higher healthcare costs. As discussed earlier, practice restrictions reduce the number of providers available to conduct procedures and thus reduce supply. However, collaborative practice requirements also have a tremendous impact on healthcare costs.

Under current law (KSA 60-11-101), APRNs must have a ‘collaborative practice’ agreement with a physician in order to practice. Regardless of training or certification, the APRN is limited to the terms of the agreement signed with the physician. In practical effect, physicians become the gatekeeper for APRNs to enter the healthcare market place. The overall result is a deterrent for APRNs to enter the market independently, while those that do have a substantial cost imposed solely as result of the regulatory requirement.

The Legislature should carefully examine the cost associated with the collaborative practice requirement compared to the benefit to the patient and costs that are passed on to consumers. The FTC paper raises the question of actual clinical benefit to the patient. How does the \$1000 a month the APRN pays a physician as part of a mandated ‘collaborative practice’ agreement translate into value for the patient?

Since there is no requirement for the Physician to be present during treatment, the drug protocol must be reviewed annually, and the ‘collaborative practice’ agreement must be reviewed annually, it is quite possible that the APRN and physician are not truly collaborating. Furthermore, KSA 60-11-101(a) states “Each APRN shall be directly accountable and responsible to the consumer.”

Patient Protection

Ultimately, the Legislature must make decisions based on the best interests of Kansas patients. It is important to keep in mind that SB 69 does not expand APRNs practice in a way beyond existing limitations. Furthermore, SB 69 contains provisions for a medical malpractice requirement and very clear cut training requirements for new APRNs.

AFP takes no issue with voluntary agreements between healthcare providers, clinics, hospitals and so forth. SB 69 in no way prohibits voluntary collaborative care agreements, only removes the mandate as a requirement to practice. As a legal and ethical matter, healthcare providers at all levels are expected to collaborate in patient care.

The Federal Trade Commission analysis of APRN safety comes to the following conclusion:

“Based on our research, the kinds of supervision requirements examined in FTC staff’s APRM advocacies do not appear to be justified by legitimate health and safety concerns. Specifically, our research did not identify significant evidentiary support for either the claim that independent APRN practice gives rise to significant safety concerns, or the claim that mandatory supervision requirements redress such concerns.” (FTC p.36)

Given the rising cost of healthcare and shortage of providers in Kansas, we urge the Legislature to modernize our regulations. Allowing individual Advanced Practice RNs to use their training, talent and experience to the fullest, will benefit all Kansans.

Rodger Woods
Kansas Deputy State Director
Americans for Prosperity
(316) 617-7833

i <http://www.ftc.gov/reports/policy-perspectives-competition-regulation-advanced-practice-nurses>

ii <http://www.kansas.com/news/business/health-care/article1062895.html>

iiiHHS Health Resources and Services Administration <http://hpsafind.hrsa.gov/HPSASearch.aspx>