Senator Mary Pilcher-Cook
Chair, Senate Public Health and Welfare Committee
Kansas State Capitol
300 SW 10th Street, Room 441-E
Topeka, Kansas 66612

Re: Support for Senate Bill 69- An Act Concerning Advanced Practice Registered Nurses

Greetings Senator Pilcher-Cook and Esteemed Members of the Public Health and Welfare Committee; Thank you so very much for allowing this informational hearing today regarding SB 69.

I am a board certified family nurse practitioner and nurse midwife. My family came to Kansas with other settlers in the 1800's to live the American dream. Today, our family still farms the 1000 acres of land in Ellsworth County and operates family owned businesses in Reno, Saline, and Johnson County. My family has established business in the state, they are entrepreneurs who love Kansas. They have built roads, laid pipelines, constructed mechanical plumbing systems, joined the military and even provided health care.

I grew to understand the needs of families living in the rural counties to the urban core of our cities by living on the farm, in a small community as well as the suburban town of Shawnee where I currently reside.

I would like to tell you a story about the role of an APRN and the importance of SB 69. In 1994, I started a medical missions organization, called Mercy &Truth Medical Missions (MTMM). MTMM prepared and sent health care teams all over the world to provide health care to the poor. We trekked the bush of Africa, canoed the Amazon and froze in Russia, all to provide need health care to many people. To date, I have been able to provide health care in over 40 different countries and delivered babies in ten. Working in underdeveloped countries helped me gain a worldview perspective of the health care needs in my community and the world. I learned that our health care providers are highly educated and offer excellent health care. Unfortunately, our outcomes don't match our potential; we still have problems with lack of access to health care, poor maternal fetal outcomes, and prematurity.

Not long after the inception of MTMM, I was prompted by a donors of MTMM to "do something" here in the US too. I was encouraged to "take care of our poor too". I truly did not understand at the time what that meant for me as a nurse practitioner. You see, I reside in the wealthiest county in Kansas, Johnson County. According to the Health Resources and Service Administration (HRSA) statistics, Johnson County was NOT a county with a health care provider shortage it was quite the opposite, it had more physicians that any other county. The idea of a nurse practitioner, providing health care here was not the norm. I researched our area and learned that the same county also had the largest number of underserved and uninsured people, per capita, in our state.

I always say, by the grace of God, and seat of my pants, I stepped out on a faith journey to open a clinic in Johnson County for the underserved and uninsured. Miraculously, I found a doctor who would partner with me as a collaborating physician. The donor, I mentioned above, aided MTMM with the purchase, Doc Sullivan's clinic in Shawnee Town Square. This was the first of five primary clinics and a birth center opened by MTMM, all managed and health provided by nurse practitioners. The nurse practitioners provided safe quality care. The refer clients as needed to physicians. They prescribe medications, order

lab, diagnostics as indicated and follow up on the efficacy and efficiency. They enroll residents in pharmaceutical programs; offer vaccines, immunizations, and a myriad of education on health prevention and promotion to keep people from using the emergency department as their primary care resource.

In 2010 the clinic averaged over twelve thousand face to face patient encounters annually and delivered approximately 200 babies a year. The largest threat to the business/ ministry occurred when one the collaborating physicians ceased our relationship without notice. I cannot even express the sadness that spread through our team and threat to our ability to keep these clinics open and maintain our licensure. What would we say to our patients, what would we say to our employees? We were stunned···our practice was on immediate hold. Due to our wonderful relationships in the community, we were able to enlist another physician within hours to stand as our "collaborator". Unfortunately, the physician who stopped our collaborative relationship was deemed negligent by abandoning our clinic and birth center resulting in a loss of privileges in local hospitals. No one "won" in this situation. We recovered from this threat of providing care and experienced yet another situation, the demise of a physician.

I don't know any other profession that is bound by another profession to serve in their educated capacity. The current collaborative practice agreement has nothing to do with excellence of care or supervision of practice as much as it has to do with underlying bondage that constantly threatens the ability of an APRN to provide care.

Since the inception of MTMM clinics, the role and presence of APRN's has grown. I was at one time the only one or only two nurse practitioner hired at a hospital. Now that same hospital has over 100 nurse practitioners employed within their system. The acceptance of APRN's education, role and benefit has grown exponentially, leading me to ask you a few questions.

1. When was the last time you went to a physician's office? Did you see a physician or a nurse practitioner? Physicians are hiring nurse practitioners to fill the gap in providing health care because they are well prepared providers and they meet the demand to help keep us healthy.
2. Have you had surgery in an ambulatory care center? Who administered your anesthesia, a physician or APRN? I can tell you, most business hire APRN's because they are affordable and available.
3. Have you or a friend been in the hospital recently, who did you see a physician or advance practice nurse. The APRN are being employed by hospitals to fill the needed gap of lack of physicians. One can find nurse practitioners on every floor and level of care in a hospital especially specialty areas.
    a. Neonatal Intensive Care -the APRN attends any high risk delivers and is in house 24/7
    b. ICU - The APRN admits and discharges as well as is in house 24/7 for urgencies.
    c. ER/ Urgent care facilities
    d. Surgery -APRN/CRNA provides anesthesia
    e. Hospitalist—rounding on inpatients
    f. Labor & delivery -APRN/CNM triages and attends births. I have privileges to attend births also in a Johnson County Hospital.

Let me conclude by talking about malpractice. I started as a nurse in 1982. I have carried malpractice insurance every year. To date, by the Grace of God I have never had an allegation or suit brought against me, or the physicians I have worked with. The very real fear of vicarious liability often circumvents a collaborative relationship in the first place. There are very few malpractice claims against ARPN's compared to physicians. The Kansas Charitable Health Care Act has covered over 300 APRN' providing

care for the underserved of our state, and they have also had no claims brought against them providing a history of this proven model of care. APRNs are prepared to serve the families in Kansas with safe, quality care.

I now would like to introduce you to by business partner Kendra Wyatt. We own a free –standing birth center, called New Birth Company. We employ five APRN's. Due to our growing client population we are outsourcing our referrals, consults, and transfers to 5 different physicians and hospitals in our area. Our business model is built on safety; quality and providing excellent care for women and their babies. This fall the Kansas Department of Commence Awarded New Birth Company, the Women's Minority Business of the Year, not because we are saving the state money alone, because we are a needed and growing business for Kansas.

Greetings Senator Pilcher–Cook and Esteemed Members of the Public Health and Welfare Committee, thank you so very much for allowing this informational hearing today regarding SB 69.

My name is Kendra Wyatt, and I am a co–owner of New Birth Company, a KDHE licensed and accredited freestanding Birth Center in Overland Park, Kansas. After 13 years of a successful career at Cerner Corporation, in 2010, I choose to take the entrepreneur leap to partner in business with the same Nurse Midwife, Catherine Gordon who delivered my son Easton. New Birth Company has only been open for three years and has attended over 1200 women and families in pregnancy, childbirth and care of their newborn.

The current average cost of vaginal birth in the United States is $32,000 as documented by Truven Analytics in May 2014. The average cesarean section rate in our community hovers above 32% and women and families are seeking alternative birth experiences as they pay for a larger percentage of healthcare costs. The birth center and midwifery model of care are able to provide natural childbirth services for $7500, before insurance discounts, a significant savings to young families. I was a healthy, intelligent woman who believed in my body's natural ability to give birth and I was able to pay out–of–pocket for a Nurse Midwife and Birth Center birth in 2006. All Kansas consumers deserve the same option. The birth center model works because it is based on the APRN/Midwife model of care.

Governor Brownback and State Legislators are betting that the zero percent tax structure for LLC's and S–corps like New Birth Company will encourage us to take risks, add jobs and expand our operations. I ask you to modernize the APRN Nurse Practice act to reflect this innovative tax policy and the Rural Opportunity Zones and remove this barrier to more economic opportunity for Frontier Kansas. 77 out of 105 Kansas Counties do not have Obstetric services, resulting in small towns losing both birth and pediatric services to urban areas, draining their precious healthcare and retail dollars out of the county each time a mom has a visit. Our frontier neighbors such as Colorado, Utah, Montana, Wyoming and New Mexico have all addressed this need with full practice authority for their APRN practitioners. Midwest neighbors such as Minnesota and Iowa also have APRN full practice authority. Legislators considering medical concerns about quality and oversight should note that *Iowa APRNs have had full practice authority for 30 years. It works.*

As KanCare providers, our KanCare clients successfully giving birth at the birth center has resulted in over

a million dollars of actual savings for Kansas tax payers since our opening in 2011. We need to remove barriers that prevent more APRN/Nurse Midwife KanCare providers serving KanCare clients and saving our precious tax dollars. Blue Cross & Blue Shield, United Health Care, Coventry and many other third party payers also credential and contract with us. We save Kansas families' money, the state and are an attractive option fto attract employers seeking healthy communities to open or expand their business.

In summary, APRN full practice authority is proven, has zero budget impact and has immediate benefits to consumers, tax payers and the State of Kansas. The time for APRN full practice authority is now.

Thank you for supporting SB-69; a common sense solution for Kansas.

Sincerely,

Kendra Wyatt & Catherine Gordon CNM, FNP-BC, APRN
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