GREAT PLAINS DIABETES

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To the Honorable Senator Mary Pilcher-Cook
Chair of the House Health and Welfare Committee

Thank you for your time and consideration today. As an Advanced Practice Nurse since 1981 I am seeking support for the proposed changes to the Kansas APRN Statutes. SB69 will allow me and other APRNs to have full practice authority. As a Diabetes Clinical Nurse Specialist. I am the current Executive Director and Clinician at Great Plains Diabetes Center. I opened this center with my diabetes educator colleague in September of 2014. I opened this center after the physician I worked with for 35 years retired and closed his practice, MidAmerica Diabetes Associates. I had functioned as the Clinical and Research Director for the past 29 years and have provided diabetes care and education for nearly 35 years. I am a former National President of the American Diabetes Association. I have numerous publications in the area of diabetes care and education including the Complete Nurses Guide for Diabetes Care and served as the recent reviewer for the ADA Diabetes Therapy for Diabetes Mellitus and Related Disorders, 6th edition, 2014 which is written by and for physicians and advanced practice providers.

The legislation is particularly important to me today because if Dr. Guthrie was unable to continue as my collaborating physician, I would be forced to close the practice until I found another collaborating physician. The current laws do not require that this collaborating physician be an endocrinologist but I am finding that "other" physicians would expect that my collaborating physician be an endocrinologist. Currently there are 6 practicing endocrinologist in a 150 mile radius of Wichita, Kansas. Some of these endocrinologists could not be engaged as a collaborating physician because of their agreements with their institutions. The practice has been open 4 months, we have seen over 400 children and adults with diabetes ages 3 to 96 and are offering educational programs for our practice patients and the public.

Every day in the past two weeks I have had a long standing patient advise me that their physician has recommended that they find a new provider because I am not working FOR a physician and there is not a physician in the practice. It slays me how having a physician in my office is going to change my practice. My practice consists of working with individuals and their families to optimized their diabetes care which includes reviewing blood glucose readings, coaching on healthy nutrition, physical activity, coping with living with a chronic disease, family planning for women with type 1s and type2s, and guiding optimization of the comorbidities of high cholesterol, high blood pressure. Our non-profit practice offers diabetes education classes. All within my scope of practice. In my new practice, I have a patients who are physician's wives, physician's grandchildren, optometrist children, physicians. They all respect me for my knowledge and expertise.

APRNs will continue to collaborate, work with and refer to physicians and other health care providers as per professional standards of care. I am board certified by the American Nurse Credentialing Center in Advanced Diabetes Management. The current statute that requires a signed collaborative practice agreement by a physician does nothing to ensure quality, safe care to patients. Removal of the mandatory connection to another profession will decrease barriers to the provision of care and allow for innovative and cost-effective care.

Advanced practice registered nurses (APRNs) in Kansas are seeking statute changes is to improve access to health care for Kansans by removing barriers so that APRNs can work within a scope of practice defined by the full extent of their education, training, and competencies. APRNs have the potential to ease the provider shortage, but are constrained by outdated laws that limit consumers' access to highly-qualified clinicians.

Unlike many diseases, diabetes is a self-managed disease. Individuals must not only be on the right medications, to truly control the disease, they must be able to adjust their medications with their food, physical activity, and account for their stressors. Advance practice nurses are the ideal provider for those with chronic diseases. A 2002 study by Lenz and colleagues showed that APRNs were twice as likely as physicians to teach patients with diabetes about nutrition, weight, exercise, and medications. And an international survey conducted in 2001 identified "diabetes attitudes, wishes, and needs" among patients and care providers, including physicians and nurse specialists. The Diabetes Attitudes, Wishes, and Needs (DAWN) study found that nurses, more than physicians, recognize that psychosocial issues affect self-management, and patients reported better self-management when cared for by a nurse. Moreover, physicians expressed a need for better access to nurses trained in diabetes care.

The health care needs of the citizens of Kansas require that APRNs are authorized to provide care to the broadest and deepest extent of their education and training. These amendments would help Kansas meet this essential policy goal. As a diabetes nurse specialist it is my intent to return to some of the rural outreach clinics I did at MidAmerica Diabetes Associates including southwest Kansas, northwest Kansas, and northcentral Kansas. All these areas have limited availability to diabetes specialty care and have a high incidence of diabetes.

This legislation will ensure that I can continue to provide quality diabetes care and education across Kansas in the future. Please support SB69 to allow full practice authority for advanced practice nurses.

Respectfully,

Belinda Childs APRN

Belinda P. Childs, APRN
Executive Director