

WRITTEN TESTIMONY: SB 218 (opponent)

Senate Public Health & Welfare Committee

February 18, 2015

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Thank you for the opportunity to provide written testimony **opposing SB 218**. I am a nurse practitioner working in rural western Kansas. I work for a government healthcare clinic and I lead a healthcare team that manages over 800 patients. My fellow advanced practice nurses do the same. Our patient outcome measures are equal to our physician colleagues who manage their own teams. SB 218 would threaten our ability to manage our teams and possibly shut down many rural and urban clinics. Our clinics would be just as threatened with closure as the private clinics, because of the heavy reliance on advanced practice nurses providing care in Kansas.

SB 218 was **not** a compromise bill. Nobody saw the language until it was introduced into committee, which makes it suspect from the start. The structure is also **not** a compromise, it is an attempt to take over regulation of APRN practice and control everything we are legally able to do. The Board of Nursing was **not** consulted when this language was written. The Board of Nursing has been doing a great job of policing advanced practice nurses and protecting the public with current rules and regulations. Their record of addressing complaints/issues is, frankly, much better than the Board of Healing Arts. Why make a massive change restructuring the regulation of advanced practice nurses when there is **no** evidence of a problem? There is not one evidence-based study to date that indicates APRNs are unsafe. There are over 40 years of evidence-based studies that indicate APRNs are very safe. This bill would set advanced practice nursing in Kansas back 30 years. There hasn't been a state to adopt joint regulation in over twenty years. The five states that do have joint regulation had to adopt it when they were first starting their APRN programs (most back in the 1970s) and have been trying to get rid of it for years. The extra layer of bureaucracy, along with perpetual stalemates has made those joint boards ineffective and costly. APRN practice in most of those states is some of the most restrictive in the nation and healthcare indicators in most of those states are very poor.

SB218 raises such uncertainty about whether an advanced practice nurse will end up with collaboration, delegation or supervision, APRNs and especially APRN-run businesses will not know for over a year what their exact structure will be. There isn't any requirement to base decisions on evidence. One nurse practitioner may be collaborative, while another ends up supervised based on the whim of the committee. This will create a hardship on all APRNs. What if a nurse practitioner or a CNS changes settings? They may be under a completely different structure. At the very least, this could drive APRNs out of our state. We have 4,116 APRNs trying to

provide care to Kansans. The way this bill is written and the effect it will have on APRN practice in Kansas would collapse our current fragile healthcare system. Thus, patients in the nearly 90% of counties that are currently underserved would suffer.

It is well known that different health professionals have overlapping scopes of practice, with many aspects of care not "owned" by one single discipline. In the cases of these overlaps, two professionals providing the same service does not mean that one profession is practicing the other's trade, and it certainly does not mean one should regulate the other. Advanced practice nurses are practicing advanced nursing, not medicine.

The flaws in this bill are proof that the Board of Nursing is the appropriate board to be regulating advanced practice nurses. **I urge you to oppose SB218.**

Thank you for your time and consideration.

Respectfully,

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