To the Senate Public Health Committee

From Lisa Weber, MD (Written Only testimony)

I am writing regarding the HB2205, SB218 bills allowing Nurse Practitioners to become more independent.

I have a unique view of both sides of this issue as I was a registered nurse and then became an MD at KU med. I am now an internist and nephrologist with certification in transplantation. I have been in private nephrology practice with my base office in Wichita since February 2003. I also see patients in rural clinics in Liberal, Dodge City, Kingman, Wellington, and Arkansas City. So I see the realm of health care in urban and rural practices in Kansas and treat patients that are very complicated with multiple co-morbid conditions. I was a nurse in Maine, Florida, California and Oklahoma and did residency and fellowship in Tennessee and Alabama which has allowed me to assess health care across the nation and was exposed to the Canadian health care system with patients crossing the border in Maine to be treated in the USA as the wait times were long in Canada.

Our health care situation is a mess and I see the results daily with patients ending up on dialysis without adequate health care and insurance. I have been one of the few physicians that supported ACA healthcare. Many of my patients the last 12 years have not had insurance due to pre-existing conditions and were denied coverage or the cost was too high for their level of income. I have had to write off many fees for my service so the pts could afford the generic medications prescribed to prevent progression to End Stage Renal Disease. I have been unable to assess all the necessary lab on these pts as they could not afford the cost of the tests.

Now that patients are getting healthcare with ACA or Kan-care the next problem that is arising is the lack of access to health care providers due to shortages of physicians in the rural areas. In Wichita, I see primary care doctors refusing to see Medicaid and Medicare patients due to poor re-imbursement from these entities and they are opting to take only "private insurance". I also am seeing patients who make too much for Medicaid and not quite enough to be subsidized by ACA and these patients would be better served with further expansion of Medicaid. Even when pts are on Medicaid I see they still have very high spend down amounts of $5000 every 6 months before their insurance will pay for expenses.

I know that KU medical school is expanding enrollment to try and turn out more physicians to practice, hopefully in Kansas. Unfortunately, this means the graduating MDs will have high medical school loans and they will need to take more lucrative jobs to try and pay off the school loan debt. I would hope that rural communities would hire these physicians and assist in paying off the loans to get these physicians in their communities. Unfortunately, the small community hospitals are also struggling to stay afloat in the current health care situation and are having trouble collecting fees from patients with no insurance or high spend down amounts.

I am also dealing with patients who were on dialysis, got on Medicare and then received renal transplants. Three years after the transplant, most of these patients lose their Medicare and have to also get insurance through work, ACA, or Kan-care and they are falling through the system and losing the renal transplants as they can

not afford the transplant medications even with generics on the market.

I am now seeing more ARNP's becoming the primary care provider for many of my patients-especially in Liberal. Also the safety net clinics and VA clinics in the rural areas are being covered by ARNP's with physician supervision. I can understand the anxiety of the KMS members that the Nurse Practitioners do not have the knowledge base to provide primary care without physician support. As a member of KMS, I have the same concerns but have also seen the patients who are not being seen by any providers except the hospital emergency departments across the state. I completely realize the nurses do not have the same knowledge base of physicians. I thought I knew alot about medicine when I started medical school after 11 years in the nursing realm. I discovered that the more education and training I received enlightened me that I did not know everything and that is why we have specialists for more intensive medical diseases.

In the perfect world, we would have enough primary care physicians for all the people of Kansas, and patients would have easy access to these services with adequate health insurance. Nurse Practitioners would have adequate MD/DO supervision in an instant with more complicated patients. Unfortunately, we will not have a perfect system anytime soon and residents of Kansas are still lacking in medical care.

In the real world, I am now seeing very busy physicians in practice with no time to supervise NPs or retiring due to age and the health care mess we are in currently. I am seeing many appropriate referrals from the nurse practioners in the rural areas for nephrology consultation. I am still seeing late referrals from the primary care physicians in practice-maybe due to overextended tired physicians and lack of knowledge regarding appropritate referral to specialists. In modern health care today we do have alot of evidence based medicine and many protocols recommending treatment of many chronic diseases that the NPs could follow as primary care doctors follow now.

I understand that physicians would like to maintain control over ARNPs and suspect that KMS will never allow ARNPs to practice independently in Kansas. I would hope that physicians and NPs in Kansas would join together to cover the health care needs of our residents. Many physicians do not want the liability of supervising NP's and lack the time to supervise this set of professionals. I have supervised a PA for the last 11 years and realize it takes time to supervise but has also saved me time by having a PA and a NP in our office seeing clinic and dialysis patients and maintaining the best health for our patients as a team.

I do believe that NP's know they have a limited knowledge of medicine compared to MD/DOs but suspect that they also refer for assistance much more quickly than some of our current physicians do in practice. I find it also concerning that chiropractors have been able to do physicals for students in Kansas and NP's have not been able to do this service. I suspect that the chiropractors have less educations than the NP's do currently.

I would like to see a cooperative team effort of physicians and NP's working to better the health of our citizens. I suspect the Nursing board and Medical boards should combine to assist with this effort. The ARNP's could be brought under the physicians board of healing parts to monitor licensing and practice.

Although the ARNP's have clinical training hours during the education process, I recommend more post-graduation training. Just as physicians are required to do internship and residency after graduation, the ARNP's should do an internship of 2000 hrs under direct physician supervision, then pass an advanced licensing test

and be allowed to then practice independently. For ARNP's in practice, they should be allowed to have a "Grandfather clause" to proceed with testing if they have at least 2000 hours of work experience as an ARNP.

With the plethora of protocols based on evidence-based medicine, I would rather have some independent ARNP's providing health care to patients instead of complete lack of health care to our Kansas residents.

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