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My name is Judith Beck. I am a Family Nurse Practitioner with 18 years of Advanced Practice experience and 28 years of Nursing experience.
This written testimony is presented regarding HB2205/SB 218 and the effect that it will have on advanced Practice in Nursing in Kansas.

Overview of Healthcare:
Over 58 million Americans today live in geographic areas defined as healthcare shortage areas. In these areas the number of physicians falls below the federally defined standards which are based on number of persons per provider (>10,000:1, poverty, infant mortality, time and distance to nearest facility). The areas vary widely by state from 1.4% in Nebraska to 57.3% in Mississippi but in almost half of the states it is 20%, including 6 states including the district of columbia, where it exceeds 30%.

The demand for primary care is projected to rise over the next 5 years due to aging, population growth and to a smaller extent, expanded healthcare. The Health Resources and Services Administration, the federal agency focused on improving access to healthcare and strengthening the overall workforce projects a shortfall of 20,400 primary care physicians in 2020. However a recent Institute of Medicine report noted that these shortfalls are based on the traditional healthcare deliver method and does not take into account the use of Nurse Practitioners, tele-health or other innovations (Kaiser family foundation 2015).

Due to an ever increasing burden of paperwork, governmental requirements, prosecutions and intrusions into practice, physicians are opting to leave the workforce at an ever increasing rate even though baby boomers continue to move into medicare at a rate of 10,000 a day. (united healthcare, 2014). Expenditures for medicare will continue to slow over the next 10 years and medicare is projected to have insufficient funds to pay all hospital bills beginning in 2030. (Kaiser 2015)

Kansas shares the same problems as other states.
Facts:
1) There are approximately 2500 Family Practice (non-specialist) Physicians, 4000 Nurse Practitioners (2000 working in Primary Care) and 1000 PA's for 2.9 million residents.
2) Currently proposed medicaid expansion would add an additional 58,000 to 112,000 persons to the roles.
3)Only Sixty five percent of Physicians in Kansas accept medicare and this is reportedly dropping. Even fewer accept medicaid.
4)Medical schools have not increased the number of students for over 40 years.
5)Healthcare costs are continuing to rise as are out of pocket expenditures for residents. Under the Affordable care act alone, deductibles are increasing again in 2015— 26% for an average of $6,350 for a single person and $12,700 per family.
6)Most Advanced Practice Nurses have prior medical/nursing experience and all work in a collaborative relationship with Physicians, many of who have been Chief Residents and educators of their medical programs. APRN SB 69/HB 2205 adds a required "transition to practice period" which narrows the experience hours of APRNs to Physicians.

Aprn SB 69/HB 2122 which requests that Advanced Nurse Practitioners be allowed to work to the full scope of practice sought to improve Access to care of the residents of Kansas by eliminating barriers to practice that occur when a Nurse Practitioner is unable to obtain a collaborating Physician, the Physician dies or one is working in an underserved area that cannot attract Physicians. Furthermore, it is in line with the Governor's desire to increase business opportunities in the state of Kansas.

However, SB218/HB 2205 submitted by the Kansas Medical Society seeks to control the practice of

Advanced Practice Nurses across the state and move legislation backward just at a time when we need to be improving the state of healthcare in Kansas. This legislation will not only further Limit Access to care, it will increase the EXPENSE of providing care by requiring an additional board for oversight and will ultimately delay care that can be provided by adding another layer of bureaucracy.

Additionally, SB 218/HB 2205 states that "For the purposes of this act, the board of nursing and the board of healing arts shall jointly adopt rules and regulations relating to the role of advanced practice registered nurses including such conditions, limitations and restrictions that the boards determine to be necessary to protect the public health and safety, and to protect the public from advanced practice registered nurses performing functions and procedures for which they lack adequate education, training and qualifications. Such rules and regulations shall include the authority to prescribe medications, sign for and order tests and treatments, and perform other delegated medical acts and functions, and shall specify those services or clinical settings which shall require a collaborative practice agreement or protocol with a physician." Furthermore, the Federation of State Medical boards clearly states that no one profession has the right to own a particular service."
This is not language that promotes access to and reduces cost of care. Furthermore, such language is not warranted given the National studies by the Federal Trade Commission, The Kaiser Foundation, and insurance companies such as the Nurse's Service Organization (to name a few) that show improved access to care and no harm to patients in states that have implemented full practice privileges.
Currently twenty two states have full practice privileges. According to the FTC report "Competition and the Regulation of Nurse Practitioners", March 2014, p 15, "a growing body of evidence suggests that APRNs can, based on their education and training, safely perform many of the same procedures and services provided by physicians. Thus, scope of practice restrictions may eliminate APRNs as an important source of safe, lower-cost competition. Such a reduction of competition may lead to a number of anticompetitive effects."

As society evolves and our healthcare needs change, it is up to us to improve our current system. From 1868 to 1957, Obstetricians were not even considered to be in the practice of medicine. In 1957, the board of healing arts adopted the definition of the practice of medicine and this definition has not changed to this day. In 1978, the role of Advanced Practice Nurses was developed and defined in Kansas. Today, we are trying to respond to the needs of the residents in Kansas. However, many Nurse Practitioners experience extreme difficulty even obtaining and/or keeping a collaborating Physician which severely restricts access to care for the residents of our state.
I, as a veteran ARNP/entrepreneur have experienced these problems first hand. SB218/HB2205 does NOTHING to increase the supply of healthcare providers but puts even more contraints on ARNP access and collaboration as well as even more pressure on Physicians to supervise/collaborate, at a time when they are stretched further and further by the demands of the current healthcare system.

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