

February 12, 2021

Regarding HB 2256 Hearing, Wednesday, 2/17/21, Room 112-N

Dear House Health and Human Services Committee,

I want to offer my voice for if you or any of your colleagues have questions on the full practice authority bill that the nurse practitioners of Kansas will be proposing this current session. The demand for healthcare and the access to health care means that it is time to update the scope of practice requirements for advanced practice registered nurses without a supervising physician.

I am writing my story as an example of how supervisory restrictions prevent access to care to patients with diabetes. It is my goal is to open a business for diabetes telehealth services and reach out to rural areas. My name is Kristin Loyd and I am a nurse practitioner who served as a diabetes specialist in primary care at a federally funded community health center for two years. I have doctoral degree and I am board-certified for advanced diabetes management (BC-ADM) by the American Association of Diabetes Educators. The state of Kansas has a problem with increasing rates of diabetes and obesity. The most recent data for statistics in the state of Kansas in diabetes health shows that there has been increasing rates in the incidence of diabetes and the hospital admission rates (see Attachment A & B). In general, diabetes medical management is not a highly profitable condition to manage, because the diabetes is a difficult disease to manage and the reimbursement for a diabetes visit does not create much revenue for endocrinologists or primary care physicians. Many diabetic patients are limited to visits once every three months and that is not enough to support someone to achieve good control with diabetes. Thus, the numbers have not improved.

As a diabetes-specialist and health care provider, I am in a unique position to intervene in the health, vitality and happiness of the young or aging individual. Having a good health care provider can make or break a person's livelihood. I have the passion, education and expertise to help persons with diabetes. If you were to remove the restrictive supervisory regulations, then it would enable a nurse practitioner such as myself to open a business for diabetes services.

Next, I have a second written testimony to offer as an example of the restrictions that prevent access to care from the current supervisory regulations. Recently, I applied for a job to help out the VA by doing veteran exams with a contracting company. This service is important to the veterans to speed up the process to get

their medical care that they need after serving our country. However, I cannot take the job because I must have a supervisory physician contract in order to do general physical exams. I reached out to several physicians and I could not find a physician who was willing to contract because they worked for companies and thus, they did not carry independent malpractice insurance, which would cost them an extra \$5,000 - \$8,000 per year. Most nurse practitioners with a supervising physician have to cover that incurred cost for the physician and there is no way that I can afford that cost with the current NP salary rates in Kansas, nor should it be necessary. This job with the VA veteran exams does not write any prescriptions or perform any medical interventions. After 11 years of critical care nursing and 2 years as a nurse practitioner, it is no question that I am fully qualified to do an excellent physical examination.

All in all, I am out of a job and the patients are out of a top-notch, compassionate and caring health care provider due to the supervisory physician regulation in Kansas. The removal of practice restrictions in other states has been shown to increase the number of licensed APRNs, allowing improved access to primary health care and mental health care services for Medicare, Medicaid, underserved and rural area patients. APRNs have proven to be safe and high quality for many years in the states that allow full practice authority.

With full practice authority APRN's will practice within our education, training and certification. Professional collaboration with other healthcare professionals will continue to be a standard practice. The APRN scope of practice does not change with full practice authority.

Thank you, for your time and consideration. Please be mindful of your own health, get regular checkups, and find a provider who cares. You are always welcome to contact me with questions or concerns.

Sincerely,

Kristin Loyd, APRN, PhD, FNP, BC-ADM  
6805 W. Northwind Circle  
Wichita, KS 67205

## Attachment A

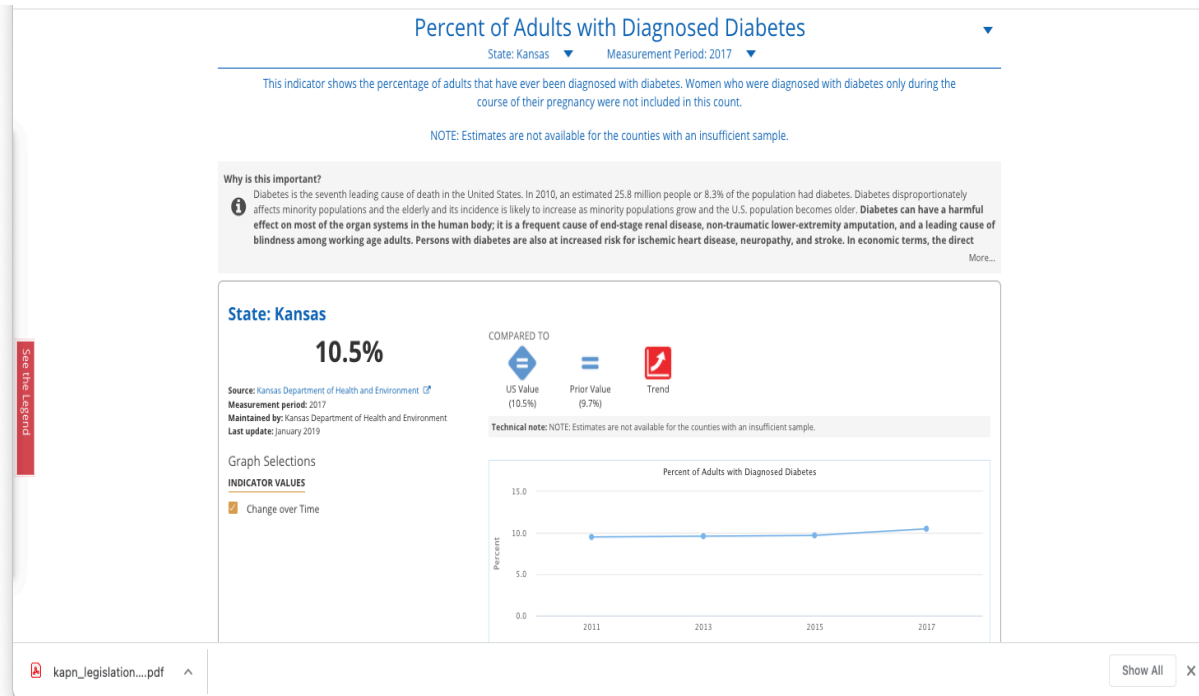
Title: Percent of Adults with Diagnosed Diabetes in the State of Kansas

Resource: Kansas Health Matters

Current rate: 10.5%

Previous rate: 9.7%

Trend: Increasing (Last update January 2019)



Retrieved on February 12, 2021 from <https://www.kansashealthmatters.org>

## Attachment B

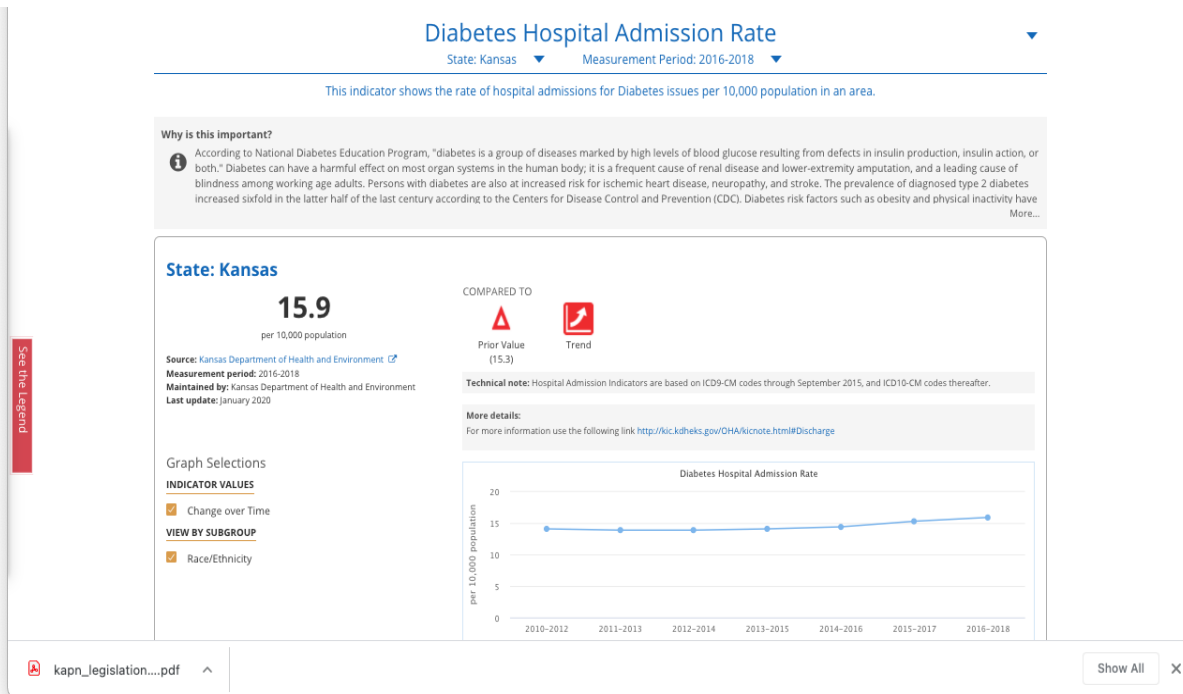
Title: Increasing diabetes hospital admission rate in the state of Kansas.

Source: Kansas Health Matters

Current rate: 15.9

Previous rate: 15.3

Trend: Increasing



Retrieved on February 12, 2021 from

<https://www.kansashealthmatters.org/indicators/index/view?indicatorId=6793&localeId=19>