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February 15, 2021

David Long, House Health and Human Services Committee Secretary

Re: HB 2256, Hearing. Wednesday, February 17, 1:30 pm in room 112-N or virtually

Dear Mr. Long,

I am excited to offer written testimony about the proposed HB 2256 regarding Full Practice Authority for Advanced Practice Registered Nurses. I am a lifelong learner who began my nursing career in 1992 as a nurse assistant. I earned an associate's degree in nursing 1994, a bachelor's degree nursing in 2004 and a master's degree in nursing 2010. I chose the Family Nurse Practitioner program at Wichita State University. I am doubly board certified at the national level in both Family Practice and in Advanced Diabetes Management. I am also a Certified Diabetes Care and Education Specialist. I worked for 6 years at Salina Family Health Care doing both primary care and diabetes care. I worked for a local nephrologist doing internal medicine and advanced diabetes management for two years and then started in my current position at Salina Regional Endocrinology focusing solely on advanced diabetes management (although I kept about 30 primary care patients who have followed me over time). In the beginning of my APRN career I had a number of collaborating physicians of record. None of them really understood what their role was, were generally very accommodating and glad to help. I am fortunate that none of the physicians charged me a fee.

I have found, over time, that like physicians, I "collaborate" with more than my "collaborating physician." I reach out to various primary care providers, specialists, radiologists, technicians, nurses and others when the need arises. Those individuals reach out to me as well.

The collaborating physician I have now immigrated to the United States. In my opinion, it is because of his immigration status that he has placed numerous restrictions on my practice (the only one over time who has done so). He is fearful that one day he'll break a rule that he doesn't even know exists and he'll have to defend himself against something he's "allowed" me to do. Examples include not being able to order preoperative EKGs for primary care patients because he no longer interprets EKGs himself, not being able to order classes of drugs because he no longer uses those drugs himself, and not being able to interpret some radiological reports because he doesn't interpret them anymore himself. The kicker is that he also doesn't want me to reach out to others to collaborate because he fears it makes him look bad. When I reach out to others it's because I am part of the community in which we work, and that's what we do. I've done it my whole career. I find this troublesome and it's put me in a dangerous spot at times.

I am highly educated, well trained and deemed competent to practice in my field by my certifying organizations and my licensing body, as it should be. I am covered by my own malpractice insurance policy and am covered by the malpractice insurance at Salina Regional Health Center. Physicians and nurses practice differently and physicians should not be regulating my practice. A start would be lifting the requirement to have a “collaborating physician.” Furthermore, Nurse Practitioners are regulated by the Kansas State Board of Nursing and should not be regulated by the Kansas State Board of Healing Arts. It is in Kansas’ best interest to continue the current regulation of both physicians and nurse practitioners.

I have so much more I would love to discuss. For the sake of brevity I will keep this short. 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.

I am happy to talk with you or any members of the committee. Thank you for your service to the citizens of Kansas. Thank you for reading my letter.

Yours truly,

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