

Representative Brenda Landwehr
Chair, Committee on Health and Human Services
Kansas House of Representatives
Room 112-N, Kansas State Capitol
300 SW 10th St. Topeka, Kansas 66612

February 16, 2021

Dear Chair Landwehr,

The American Association of Nurse Practitioners (AANP) appreciates the opportunity to submit written comments regarding House Bill 2256 as introduced. This legislation will bring Kansas into closer alignment with national nursing licensure recommendations, and as a result, improve access to care. On behalf of our over one-thousand Kansas nurse practitioner (NP) members, making up approximately one quarter of the entire Kansas NP workforce and their patients, AANP recommends supporting this legislation.

Kansas, like other U.S. states, faces challenges in ensuring patients receive access to timely, cost-effective health care services. Compounding that challenge is Kansas' outdated and unnecessary statutory requirement that a nurse practitioner maintain a career-long legal protocol agreement with a physician as a condition of state licensure to practice and prescribe as advanced practice registered nurses. These requirements needlessly bottleneck the state's health care workforce, inhibits provider recruitment, and prevent patients and programs from capitalizing on the full benefit of nurse practitioner services.

There is compelling evidence to support H.B. 2256 as it is introduced. The intent of this legislation as introduced is to phase-out the current requirement for Kansas NPs to maintain a career-long written protocol agreement. The legislation would also require national certification as a condition of licensure and require liability malpractice insurance (with some exceptions), both of which many Kansas NPs already maintain.

Adopting the recommendation to bring Kansas into alignment with the regulatory model endorsed by the National Council of State Boards of Nursing¹, the evidence-based recommendations of the National Academy of Medicine (Formerly the Institute of Medicine)², and supported by the National Governors Association as a way to improve access to care³.

NPs have proven track record of regulatory safety that is in step with future models of care delivery.

Twenty-three states and the District of Columbia along with two U.S. territories have already adopted similar licensure and practice laws to those proposed in H.B. 2256. Many of these jurisdictions have had this regulatory model in place for nearly two decades and lead the nation in advancing patient-centered health care models and other innovative systems of care delivery. Rightsized licensure laws ensure individual clinician accountability, and the platform for innovation and flexibility to deploy the health care workforce in ways that best meet the needs of our communities and patients. Research also demonstrates that states that retire these barriers to NP care continue to not only have safe health care for their citizens, but better health outcomes as well.

In 2014, a study published in *Nursing Outlook*⁴ found that Medicare and dual eligible patients have lower hospital admissions and better health outcomes in states that have adopted Full Practice Authority than in those that have not.

States that retire barriers to NP care are more likely to have nurse practitioners serving in rural and underserved areas. H.B. 2256 will make a significant difference for the many Kansans who face significant challenges in accessing health care services. Nearly two decades of research show correlations between practice law and the distribution of NPs into underserved areas.^{5,6,7}

While there is no single solution that will solve all of Kansas' healthcare challenges, adopting H.B. 2256 to bring Kansas nursing licensure law in line with the standards recommended by the National Council of State Boards of Nursing is one critical element that can make an immediate and tangible difference.

On behalf of the American Association of Nurse Practitioners and our Kansas membership, AANP supports H.B. 2256 as introduced. Kansas needs proven solutions, like those contained in this legislation, to effectively meet current and future health care requirements. A fundamental cornerstone of future health care delivery will be the effective regulation and flexible deployment of the NP provider workforce.

Sincerely,



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AANP President and Interim Chief Executive Officer

¹ National Council of State Boards of Nursing. July 7, 2008. *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*. Retrieved from https://www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf

² IOM (Institute of Medicine). 2011. *The Future of Nursing: Leading Change, Advancing Health*. Washington, DC: The National Academies Press. Retrieved from <https://www.nap.edu/read/12956/chapter/1#ii>

³ National Governors Association. *The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care*. Retrieved December 14, 2017 from <https://www.nga.org/cms/home/nga-center-for-best-practices/center-publications/page-health-publications/col2-content/main-content-list/the-role-of-nurse-practitioners.html>

⁴ Oliver GM, Pennington L, Revelle S, Rantz M. (2014). Impact of nurse practitioners on health outcomes of Medicare and Medicaid patients. *Nursing Outlook*. Nov-Dec;62(6):440-7.

⁵ Sekscenski, E., Sansom, S., Bzell, C., Salmon, E., Mullan, F. (1994). State Practice Environments and the supply of physician assistants, nurse practitioners and certified nurse-midwives. *New England Journal of Medicine* 1994(331), 1266-1271.

⁶ Skillman, SM., Kaplan, L., Fordyce MA., McMenemy, PD., Doescher, MP. *Understanding advanced practice registered nurse distribution in urban and rural areas of the United States using National Provider Identifier data*. Final Report #137. Seattle, WA. WWAMI Rural Health Research Center, University of Washington, April 2012.

⁷ Xue, Y., Ye, Z., Brewer, C., Spetz, J. (2016). Impact of state nurse practitioner scope-of-practice regulation on health care delivery: Systematic review. *Nursing Outlook* 64(1): 71-85.