

Proponent Testimony on House Bill 2256
Committee on Health and Human Services

Submitted by:

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February 17, 2021

Madam Chairwomen and members of the Committee on Health and Human Service, thank you for allowing me the opportunity to offer proponent testimony on behalf of HB 2256 – updating scope of practice requirements for advanced practice registered nurses without a supervising physician, imposing requirements therefor and updating certain licensure requirements.

My name is Dustin Baker. I am an Advanced Practice Registered Nurse (APRN), Family Nurse Practitioner (FNP-C), Nurse Educator (NE), and business owner in the great state of Kansas. I appreciate your time and commitment to the healthcare needs of the residents of Kansas. I am writing to request your support for passage of HB 2256. This bill is paramount for the expansion of primary care providers within the state. Passage of this bill will put patients first and modernize Kansas's outdated laws.

Advanced Practice Registered Nurses (APRNs) are educated and trained to serve patients as high quality, cost-effective healthcare providers, but Kansas law makes it unnecessarily complicated and expensive for us to care for our patients. For over 40 years, studies have proven to show that APRNs provide excellent care and are an important and vital asset to the healthcare system. APRNs patients have equal or better health outcomes than patients of physicians. In fact, there are over 200 evidence-based research studies that validate the quality and lower cost care patients receive by APRNs. The Veterans Administration (VA) and Bureau of Indian Affairs already allow APRNs full practice authority, as well as 23 other states in the US. This proves we are well trained to provide primary care to patients who need it.

The requirements that APRNs have costly and redundant business agreements or collaborative practice agreements with physicians are obsolete and weaken our state's healthcare system. This barrier drives up cost for consumers and creates unnecessary professional and financial burdens to practice in Kansas, while simultaneously reducing patients access to quality primary care providers.

APRNs play a critical role in caring for patients across Kansas in primary and family healthcare settings, especially in Kansas's rural and underserved areas, where residents may otherwise face significant challenges accessing care in a timely manner. The Federal Trade Commission (FTC) has expressed their support for this bill, citing independent APRNs practice facilitates greater competition among healthcare providers, which would likely improve access to care, contain cost, and expand innovation in Kansas.

In addition to the FTC, there is a robust list of national and local supports for the legislation, including the National Academy of Medicine, Kansas Nurses Association, American Nurses Association, and AARP. The 22 states that have already granted APRNs full practice authority have experienced greater access to care, fewer hospitalizations and readmissions, fewer emergency room visits, and increased access to quality, affordable healthcare for all residents. This bill would allow APRNs to practice independently to their fully trained scope of practice.

Proposed regulation of placing APRNs under the Board of Healing Arts (BOHA) would further restrict access to care. The compromising legislation to appease physicians creates another barrier with more restrictions, allowing APRNs no regulatory input and no control of our profession. It creates duplication of regulatory oversight, with the Board of Nursing (BON) regulating the RN license, and the BOHA to regulate the APRN license. This causes unnecessary duplication, red tape and increases governmental cost. The FTC has stated that it is “inappropriate for one agency to regulate professionals who constitute market competitors of those regulated by such agency, as this would constitute a restraint of trade”. Furthermore, it would violate Supreme Court Case North Carolina State Board of Dental Examiners v. FTC. Nationally, states are moving away from joint regulation. South Dakota and Florida abolished joint regulation in 2017. There are only three states with joint regulation of APRN license: Alabama, North Carolina, and Virginia. Those states continue to work towards severing the joint regulations.

The removal of practice restrictions in other states have been shown to increase the number of licensed APRNs, allowing improved access to primary and mental health care services for Medicare, Medicaid, underserved, and rural area residents. I encourage you to support HB 2256 to improve access to high quality care for Kansas residents. You are always welcome to contact me with questions or concerns. Thank you, for your time and consideration.

Thank you,

Dustin Baker

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