

February 11, 2021

Attn: Health and Human Services Committee

I am contacting you in reference to HB2256 regarding full practice autonomy that the nurse practitioners of Kansas will be proposing this current session. (Hearing scheduled for Wed 2/17 at 1:30pm) I own and operate a family practice clinic in Kingman, Ks. Through my office we provide primary care services, including house calls to patients in our area. Forty percent of the patients we see have either Medicare or Medicaid. By removing the restriction of requiring a collaborative physician, it releases APRNs such as myself from complicated hoops and additional steps that ultimately delays care for patients that we see. Often, orders for home health services, diabetic shoes, durable medical equipment orders, etc, cannot be carried out without a signature from a collaborative physician, even though I am the one that has seen the patient and ordered the service. I have a fantastic relationship with my collaborative physician but requiring him to sign off on treatments for a patient that he has never seen makes no sense and delays care. Especially in rural areas like Kingman, where I practice. In the fourteen years that I have lived in this area, multiple family practice physicians have come and gone for various reasons. I am committed to the community and the patients that I serve. Without passage of full practice autonomy, if something should happen to my collaborative physician, I immediately am unable to provide any type of care--from treating patients, to writing prescriptions, to ordering in home oxygen. This actually happened a few years ago in my community when a local physician had a heart attack and passed away suddenly.

Nurse practitioners provide quality, comprehensive, cost effective care and often fill gaps in access to care in rural areas where physicians don't want to practice. By approving HB2256, there will automatically be expansion of access to care for Medicare and Medicaid patients by releasing nurse practitioners from the restriction of having a collaborative physician. Nurse practitioners need to be governed by the BON as they have full and unbiased understanding of our role, capabilities, and scope of practice. Any other board having control of our practice wouldn't make sense and would cause further restrictions in our role and negatively impact patient care as evidenced by other states that have chosen to do this.

The COVID-19 pandemic highlighted the critical role Advanced Practice Registered Nurses (APRNs) serve for patients across our state and the need to remove unnecessary regulatory barriers to that care.

Currently, Kansas is only meeting 50% of the primary care need and 43% of the mental health care need in health professional shortage areas. 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. 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 as it always has been. The APRN scope of practice does not change with full practice authority. Please help remove the current restriction of requiring a collaborative physician in order for nurse practitioners to provide the care and services that they are educated and trained to do.

Thank you for your time and consideration. Please feel free to contact me with questions or concerns.

Sincerely,

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