

# Public Health and Welfare Committee

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February 11, 2021

Good Afternoon Chairman Hildebrand,

Thank you, Chairwoman Hildebrand and all committee members for this opportunity to testify in support of SB 174, on behalf of the Kansas Advanced Practice Registered Nurses. My name is Cathy Gordon, I have been a Kansas licensed family nurse practitioner since 1998. I have also have served as a front-line health care provider during the covid19 pandemic. Thank you for allowing a few moments to share with you the importance of healthcare access in our state of Kansas, not because of a pandemic, but because our state needs help. **It took a pandemic for us to recognize the value of nurse practitioners in Kansas**

While working in emergency departments (ED), I saw firsthand how many Kansans use the ED for primary care services rather than urgent or emergent needs. Many sought the ED because they did not have a primary care provider, they were uninsured and believed the hospital would cover the expense, and hours worked with their schedule. These people were known as the “working poor”.

This need grew into a vision, for a clinic to offer cost affordable health care services. There was nothing available in our county at the time. I took a leap in faith, much outside of our typical medical world, with no physician on site, and started the first nurse practitioner-based clinic in Johnson County in 2001. Believe it or not, Johnson county, per capita has more medically underserved persons than any other county in the state. This clinic offered low-cost health care to approximately six thousand persons annually regardless of where they lived, their income, or their ability to pay for services rendered. Growing out of its capacity quickly, the clinic expanded adding locations in Wyandotte County and soon serving over eleven thousand Kansans annually. We provided family care services, referred clients appropriately to service outside of our scope of practice. Despite being paid at 75% the same fee for service as a physician, we accepted and welcomed KanCare clients, our Kansas Medicaid program. I believed in providing access to healthcare even at a lower reimbursement. These clinics are still open and over twenty years old.

One would think running a clinic for underserved in a metropolitan area like Kansas City would be easy. Finding a physician to collaborate with our nurse practitioners was very difficult. Nurse practitioners must have a “collaborative practice” physician who signs an agreement with to practice for their license. Concerns of vicarious liability, contractual agreements with their own employers banning collaboration, and assumed competition, were always at the forefront of these discussions. I was always amazed that some would consider this small clinic to be competitive, but they did.

It is not easy to find a physician, in solo practice, who would sign an agreement for nurse practitioners to care for clients. For us, it truly took an act of GOD to find a physician to collaborate. Our practice faced challenges multiple times over the past 20 years, with these same physician's being ill, choosing retirement, or dying. Without the physician to sign our collaborative practice agreement, we could not practice and would need to close our doors to those we had served for now decades. It is a constant restrictive burden to seek out a physician to sign a document for a nurse practitioner to render services to Kansans.

Access to healthcare is a growing problem, in Kansas. According to the Kansas Department of Health & Environment (KDHE) and the Health Professional Shortage Area designation (HRSA) over 90 Kansas counties have some type of healthcare shortages and 102 have no mental health services available. The deficit doesn't stop there, did you know that the KS Board of Healing Arts reports that there are 3,860 licensed physicians in Kansas? Sadly only 742 of these physicians accept Medicaid (KANCARE) Insurance plans. That is only about 19% overall.

I am asking if you would please support and recommend to other legislators the "nurse practitioner" bill, SB 174. This bill provides a solution to our practice and many others by removing the restriction of a physician's signature to practice. It will also allow for more health care providers in our state to actually provide healthcare in many counties currently lacking adequate providers. There are nurse practitioners, ready to serve in areas, where there are no physicians. Keep in mind, if we don't have enough physicians already, then we have a shortage as we are today of not having enough nurse practitioners to serve either. Removing the restriction in this bill, would open the nurse practitioners to serve in the many counties of Kansas where there is no provider able to serve currently.

**It took a pandemic for us to recognize the value of nurse practitioners in Kansas.** This request is not about the graduate level of education received, the clinical hours served and national board certification, this is about completing the full practice without restrictions that have already been implemented in Kansas. You may recall

- **Gov. Kelly's, Executive order 20-26 granted in 2020, authorized practice without a collaborative agreement and temporary emergency licensure provisions (12 other states with these restrictive collaborative requirements also waived the same)**
- **Legislative, House Bill 2016 that was passed last year here is Kansas – whereas APRNs employed to support a facility's response to the COVID-19 pandemic may work as necessary without direction and supervision from a responsible physician.**
- **Senate Bill 14 continued the Kansas Medical Emergency Acts until March 31, allowing full practice of APRN's with direction or supervision from a physician.**

A few final incredible comments: There are approximately 3,490 nurse practitioners licensed and living in Kansas per the Kansas Board of Nursing Mailing list in 2020. This report excludes the additional 1700 who live out of state but hold a Kansas License. These same nurse practitioners actually live in 102 of our 105 counties. One can only imagine the access to health care achieved if we remove the restriction to practice, as many other states are currently doing which would allow these nurse practitioners to practice in their own community. Think about it

in another way, as I mentioned earlier, there are 3,860 licensed physicians, full practice authority without restrictions to nurse practitioners could potentially double our provider access especially in the critical access areas. The process is already in place. I urge you to support and recommend to the committee that improving access to healthcare in Kansas is easy by removing the restrictions permanently today, the state of Massachusetts did on 1/1/2021, we can also. I am in support of SB 174, and I urge you to also vote yes in support of HB2256.

I am available to chat more! My email is [jayhawkbabies@gmail.com](mailto:jayhawkbabies@gmail.com), and my phone is 913-707-8578. Lets chat face to face, or via zoom, or google meet. It is time to move forward on a proven fact, nurse practitioners as health care providers in Kansas, unrestricted.

Thank you  
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