My name is Christine White. I'm a pediatrician and am speaking today in opposition to SB 174. The views I express today are my own.

I have been a pediatrician for 21 years and in private practice in Overland Park for the last 18. In those 18 years I have employed and worked closely with seven NP's in my office. These individuals provided compassionate, quality care to my patients, and I greatly appreciated their contributions. Of these seven NP's there are only two I believe could have safely practiced independently. One had 35 years of experience as an NP, and the other had 20 years. I asked them if they would WANT to practice independently and they both said "no". They believe NP's work best as part of a team with physicians to back them up when they have questions about something out of their comfort zone.

In the last eight years I have precepted, or taught, seven different NP students. I had them over a period of 60 to 240 hours – and my job was to teach them all about outpatient pediatrics. I think each of these students are lovely, smart, caring, capable people, but not ONE would be capable of practicing medicine independently for at least another 4 to 5 years after finishing school. They didn't know enough basic science or how to take a thorough history. Their physical exam knowledge and skills were very limited. They couldn't come up with a good list of possible diagnoses for a patient after we had seen them. And once we had decided on a diagnosis their knowledge of how to treat most conditions was quite limited. The reason for this is clear when one looks at the differences in training between physicians and NP's.

(See Figure 1) The difference in educational hours is seen here. Physicians have a minimum of 11 years of education (4 college, 4 med school, 3 to 8 residency and fellowship). NP's have 6 to 8 years (4 college, 2 to 4 NP school).

(See Figure 2) The difference in clinical hours is seen here. Clinical hours mean time you actually spend WITH a patient and doing work directly related to that patient and their case. Physicians get 6,000 clinical hours in med school and another 10,000 in residency. NP's get 500 to 1,500 hours in NP school and do not have residencies. This difference of 14,000 hours of time learning to diagnose and treat individual patients is crucial.

Another difference in training is the QUALITY of the clinical hours obtained by MD's vs NP's. As an MD at least 90% of our hours involve working the patient up on our own. We take the history ourselves, do the physical exam ourselves, develop a list of different diagnoses we think may be at play, and then devise a plan of action to treat the patient. We then run all of this by a senior resident or attending and together we decide on a plan, but for the most part we ARE the doctor for that patient. For NP students they often have trouble finding clinical rotations and are placed with a busy physician or NP and shadow that person through their clinic. Often their clinical hours involve LISTENING to others take a history and do a physical exam. They see others arrive at a diagnosis and implement a treatment plan. WATCHING others do something versus DOING it yourself and having the buck stop with you are two VERY different types of learning.

We DO need more physicians in our state and our country, and the safe answer to this problem is not to allow individuals with significantly less training to fill that gap. One way to alleviate the physician shortfall is to offer more spots in medical school and create more residency positions in our state. Also STRONG financial incentives such as loan repayment and bonuses should be offered to physicians to practice in underserved areas of our state. Kansas legislators should look at ways to RETAIN the physicians we have now who are retiring early due to unreasonable demands on their time and their sanity. Legislators can address the pay to play maintenance of certification scheme we have to follow to remain board certified, they could reign in government regulations requiring us to jump through hoops and check boxes that provide nothing for the patient but only the bean counters, and lastly legislators could look at insurance reform that would eliminate needless hours of work for physicians who must beg insurance companies to approve a needed medication or procedure. Physicians should practice medicine, not insurance companies. There are many other ideas I could offer.

I believe the only way an NP should be able to practice medicine independently is to complete a 4 year residency in the specific area of medicine they plan to pursue. This would need to be an INTENSE program where they were required to see THOUSANDS of patients, complete the workup independently, and then run their assessment and plan by a physician or seasoned NP.

NP's should be overseen by the Kansas Board of Healing Arts, not the Board of Nursing. The Board of Nursing regulates nurses and cannot be expected to oversee issues that arise related to the practice of medicine. Two years ago when this bill was being heard by the house health committee, even the president of the Kansas Board of Nursing stated she did not feel NP's should be regulated by her organization, but by the BOHA.

Currently I don't employ any NP's. None of the seven I have employed have ever had to pay me to have a collaborative practice agreement. I am not worried about NP's siphoning patients away from my practice if they obtain independent practice. I worry about patient safety as there is a difference in training and that difference matters. Even seemingly simple complaints may be anything BUT that. Ear pain, for example, could be from a regular old middle ear infection that we see all the time – or it could be an outer ear infection, Eustachian tube dysfunction, mastoiditis, pharyngitis, tonsillitis, a tonsillar or retropharyngeal abscess, temporomandibular joint disease, a foreign body in the ear canal, an ear canal full of wax, a laceration to the ear canal, teething pain or an infection in a tooth, referred pain from a headache from trauma, infection or migraine, lymph node enlargement and/or infection, trigeminal neuralgia, cellulitis, cholesteatoma, Ramsay-Hunt Sundrome, gastroesophageal reflux, or parotitis. The saying "True wisdom is knowing what you don't know" - is very applicable in medicine. You HAVE to have SEEN THOUSANDS of patients to know what is normal – so when the one in a thousand comes in that's NOT normal – you know it. You get that second sense from thousands of hours of patient contact and work and study. There is no substitute for that.

# Required Clinical Hours NP vs. PA vs. MD

| | Clinical Hours in Program | Residency Hours | Total Clinical Hours |
|---|---|---|---|
| **Nurse Practitioner** (MSN, DNP) | 500 to 1,500 | None required | **500 to 1,500** |
| **Physician Assistant** (MPAS) | 2,000 | None required | **2,000** |
| **Physician** (DO, MD) | 6,000 | 9,000 to 10,000 | **15,000 to 16,000** |

# Length of Education NP vs. PA vs. MD

| | Undergraduate | Graduate | Residency | Total Time Training |
|---|---|---|---|---|
| **Nurse Practitioner** (MSN, DNP) | 4-year BA or BS | 1 to 4 year master's or doctorate program | None required | **5 to 8 years** |
| **Physician Assistant** (MPAS) | 4-year BA or BS | 2 to 2 1/2 year master's program | None required | **6 to 6 1/2 years** |
| **Physician** (DO, MD) | 4-year BA or BS | 4 year doctoral program | Minimum 3 year requirement | **Minimum 11 years** |