KANSAS ACADEMY OF FAMILY PHYSICIANS
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Senate Public Health & Welfare Committee
Testimony: SB 174, Independent and expanded APRN scope of practice (Opposed)
February 18, 2021
Presented by: Dr. Jennifer Bacani McKenney, President-elect

Chairman Hilderbrand and members of the Committee:

Thank you for the opportunity to speak to you today in opposition to the medical practice reform proposed in HB 2256. I am Jennifer Bacani McKenney, a physician practicing full spectrum family medicine in the private practice I have owned and managed for the last 11 years in the rural community of Fredonia, Kansas. As we learn and grow in medical care in our state and in our country, one theme continues to arise through data, research, and personal patient experience: Team-based care prevents disease, keeps people well, and saves lives. At no time in history has this been more evident than during this pandemic when we rely on respiratory therapists, housekeepers, lab technicians, physicians, nurses – the whole team – to keep people safe and keep people alive. No one can or should be responsible for patient care alone.

Protecting patients, not professions

- We have heard this issue referred to as a "turf battle." It is not. The carefully crafted laws we have in place in Kansas are first and foremost concerned with protecting patients and providing the highest quality medical care possible.
- As family physicians, we treat people literally from birth to death. To refer to a person as "turf" is especially demeaning, as we are involved in the most intimate aspects of their lives and care, and they are more than just practice statistics or income to us.
- As a physician, I trained for eleven years after graduating from high school and had 20,000 hours of clinical experience during my training so I could become the best possible medical professional to treat the full range of conditions and diseases presented by the patients I see. To be clear, the practice of medicine to me is about what best serves and protects patients in our state. I am passionate about this.

Oppose the independent practice of medicine by non-physicians

- KAFP believes, and Kansas law reflects, that patients are best served by a team approach, with each health care professional on the team practicing to the highest level of their particular discipline and training.
- We do not oppose nurses practicing to the highest level of their professional training *in nursing*; however, that training is not equal to that of physicians. I was particularly struck as I read page six of HB 2256, where the proposed scope language acknowledges it to be "additional" to the practice of nursing.
- I employ and work closely with APRNs and I highly value each one of them as a part of the health care team. I depend on their education and professionalism to provide the best nursing services to our patients, just as I rely on physical therapists, physician assistants and numerous others to join together in managing the full spectrum of patient needs. *I was not trained to do all the things other members of the team were trained to do. It is in this team approach that our patients are ensured they are receiving the highest quality medical care.*

Not a rural panacea

- Rural medical care is complex! I see patients in my clinic, the hospital, ER, nursing homes, and in their homes. Sometimes I am the only physician in a 15-mile radius, and it gets scary quickly, when a person with a possible stroke is brought into the ER, or there's a multiple-car accident on the highway, or a patient is suicidal in my clinic. It would be a luxury to limit what kinds of things you are presented with in rural health care. But that's not reality.
- The complexity of rural medical care is why, included in my 20,000 clinical hours preparing to be a family physician, I had nearly 1000 hours of clinical training in psychiatry, nearly 1000 hours of clinical training in trauma and ER care, and another 1000 hours in neurology. These specialty experiences alone are already beyond the total number of hours of clinical experience obtained by APRNs during their entire training.
- As I mentioned earlier, I practice in rural southeast Kansas, in a practice begun by my dad over forty years ago. In medical school, I realized there were opportunities for me to practice medicine anywhere, but I knew I wanted to return home and take care of the people I have known my whole life.
- It is, therefore, troubling that this bill is partly being sold as a way to serve patients in rural areas of our state. It is true that our rural communities in Kansas need more health care workers from every discipline – physicians, nurses, radiology technicians, CEOs, paramedics, etc. There are no barriers at this time to any of these professionals moving to rural areas to practice, so there is no reason to believe that allowing the independent practice of APRNs will somehow make more APRNs practice in rural areas.
- I have never met a physician in a rural community who wouldn't welcome an APRN to the health care team to care for patients in their community or a neighboring community. I personally would be happy to add more APRNs to our healthcare team in Fredonia, but have not had any APRNs contact me personally to practice in our area in my entire time practicing in Fredonia.
- In Arizona, where APRNs have been unsupervised since 2001, only 11 percent of all non-physicians (APRNs, PAs, Certified Nurse Midwives) work in rural areas and serve only 15 percent of Arizona's rural population.
- As I mentioned, APRNs already have the ability to practice anywhere in Kansas. In fact, any APRN in the country with proper training and nursing licensing could practice anywhere in Kansas. This bill will do nothing to change where they practice, nor does it have a requirement to practice in rural or underserved areas.
- We have a shortage of nurses in Kansas. We do not have an APRN shortage in Kansas. We do have a distribution problem, though, because most APRNs in Kansas practice in urban areas. There is no reason to believe that this bill will entice more APRNs to come to Kansas or practice in rural communities. If that is the purpose, then it should be reflected in the bill.

Differentiating the practice of medicine vs the practice of nursing

- There is a distinct difference between the practice of medicine and the practice of nursing. It is confusing to hear some proponents describe what they believe to be the scope of practice of an APRN yet cannot describe how this differs from the practice of medicine. It seems that if two professions are unable to differentiate their scopes of practice, they should be regulated by the same boards rather than one by the Board of Nursing and one by the Board of Healing Arts.
- Additionally, it is difficult to understand how two professions – APRNs who are required to do 1,500 hours of clinical training and physicians who are required to do 15,000 hours of clinical training – would be able to have the same scope of practice. Our patients need people to care for them with expertise in both nursing and in medicine. Having a comprehensive health care team, rather than one part of the team

breaking from this team-based approach that our patients deserve, leads to better a better quality of health care in Kansas.

While we hope that you continue to keep the best possible care for the patients of Kansas at the forefront of your decision-making, if you do decide to advance this bill, we recommend, at a minimum, APRNs be regulated by the Board of Healing Arts, which is statutorily charged with overseeing the practice of medicine in Kansas.

We ask that you help continue to work toward the model of care that we know works best for our patients – team-based, collaborative care. As a rural family physician in my hometown caring for family, friends, and neighbors, my only goal is to keep patients healthy and safe. We ask that you oppose HB 2256 and focus our efforts on building stronger teams for stronger communities in Kansas.