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February 18, 2021

The Honorable Richard Hilderbrand
Chair, Senate Public Health and Welfare Committee

Re: SB 174

Chairman Hilderbrand and members of the committee, my name is Judy Davis-Cole. I am submitting testimony in favor of SB 174. I represent the interests of more than 290,000 AARP Kansas members. I am a volunteer on the Executive Council of AARP, a retired masters-prepared nurse, and a concerned Kansan.

SB 174, which will allow Advance Practice R.N.s (APRNs) to practice to the full extent of their abilities, education, skill, and experience under the regulation of the Kansas State Board of Nursing, is of particular interest to our constituents.

The older population is a major consumer of health care. The number of Americans age 65 and older is projected to increase from 52 million in 2018 to 95 million in 2060[18]. With life expectancy projections increasing to 85.6 years by 2060[19], it is vitally important to our constituents that they have easy and reliable access to high quality, safe and cost-effective health care, especially primary care. As stated by Gordon Moore in The Journal of the American Medical Association (JAMA), 1991, "Primary care is the most affordable safety net we can offer our citizens." The need for primary care providers has become critical in both the rural and the underserved urban areas.

We know that there is a shortage of primary care providers in our country. This is certainly true in Kansas. According to AARP's Public Policy Institute survey, Kansas ranks 40th in the nation for the number of physicians per 100,000 people. Some counties have no physicians, and several counties have only one physician[2]. These shortages are projected to become worse because only one in six medical school graduates go into primary care. It is projected that at this rate, by 2030 there will be 49,000 fewer primary care physicians[3].

As of April 2018 there were 367,000 APRNs nationally. This includes nurse practitioners, certified nurse specialists, nurse anesthetists, and nurse midwives[15]. In January, 2019

there were 270,000 nurse practitioners; and 87% of nurse practitioners specialize in primary care[16]. It is projected that the number of APRNs will continue to increase in the future. APRNs are known to be more likely than physicians to practice in geographically underserved areas[14].

Currently, APRNs can only practice their profession in the community if there is a 'collaborative' agreement signed by a physician which is intended to signify that the physician approves the nurses' care plans and agrees that the nurses can prescribe care and certain medications. This arrangement in effect, reduces the nurses' scope of practice (SOP). It limits their ability to individualize and introduce specialized care plans in a timely manner. It limits their ability to add newly-acquired knowledge into their practice. In many cases, a required 'collaborative care' fee to the signing physician can add considerable cost to the nurses' clinical practice[11].

Some will argue that this physician supervision over APRNs is necessary to protect the public from unqualified, inadequate, or dangerous care delivery. This argument is not accepted by many professional organizations, consumer advocates and government entities. For example, the National Academy of Medicine found no studies suggesting that APRNs are less able than physicians to deliver care that is safe, effective, and efficient; or that care is better in states with restrictive SOP regulations[12].

When SOP of APRNs is limited by physicians or physicians' boards, the Federal Trade Commission (FTC) raises the concerns of constraint of trade and restricting competition as well as preventing nurses from practicing to the full extent of their licensure[11]. These concerns by the FTC further establish the need for APRNs to be accountable to and overseen by their own professional boards – in our case, the Kansas State Board of Nursing.

We are now seeing a greater number of think tanks and free-market advocates that support reducing barriers to care provided by APRNs. These include The American Action Forum, American Enterprise Institute, Americans for Prosperity, the Cato Institute, Florida TaxWatch, and the Heritage Foundation[13]. These entities are taking note of over 35 years of scientific and industry reports indicating that APRNs are at least comparable, and in some cases superior to, physicians in the provision of primary care. Furthermore, surveys show that patients of APRNs are often more satisfied with their clinical exchanges than with physician interactions[1]. Indeed, according to AARP's Public Policy Institute survey in 2018, 87% of Kansas voters aged 45 and older support allowing APRNs to serve as the primary and acute care provider of record[2].

APRN-delivered care is SAFE care. This is documented in part by the lack of reported incidences of malpractice litigation. According to CPH and Associates' statistics reported in 2017, of 222,000 APRNs, only 1.9% were named as primary defendants in malpractice litigation. This compares favorably with a study from 1991-2007 in which 1.5% of APRNs were named in malpractice litigation, whereas 37% of physicians in the study groups were named in these types of cases[5]. Interestingly, an article entitled "Understanding Nurse Practitioner Liability", shows that nurse practitioners with malpractice claims were more likely to have been mentored by a physician in their first two years of practice. Nurse

practitioners without malpractice claims were more likely to have been mentored by another nurse practitioner[7]. Looking further, according to the Online Journal of Issues in Nursing in 2009, there is a low incidence of required disciplinary action taken against APRNs by professional boards[6].

Historically, the nursing profession has always been distinct from medicine. It was never intended to be under the jurisdiction of the medical profession. Even though providing health care is the goal of both nursing and medicine, nursing has its own schools, its own philosophies/philosophers, its own scientific studies and its own framework of care delivery[4]. A very early study cited by Victoria Sweet, M.D., indicates that the patient benefits from a doctor/nurse relationship that is not hierarchical[9]. A fact that is not well known to the public is that nurses have always had the professional responsibility to act on, or not act on, a physician's order based on whether the nurse deems that it is of benefit to the patient or not[10]. The belief that a nurse must always function under a physician's supervision is certainly outdated and unnecessary.

In fact, in the updated January, 2019 Encyclopedia Britannica, the World Health Organization (WHO) recognizes nursing as the backbone of most health care systems around the world. Indeed, the Gallup polling in 2020 finds that nurses, for 19 years in a row, are viewed as the most trusted profession. Of those polled, 89% rated nurses' honesty and ethical standards as "high" or "very high"[16].

APRN care is not only safe and of high quality, it is cost-effective:

- The costs involved in seeing an APRN is between 11% and 29% lower than that of a physician's care (Medicare reimburses APRNs at 85% of physician reimbursement)[3]
- APRN patients have fewer hospital admissions and re-admissions and fewer Emergency Department encounters[14]
- Florida's Office of Program Policy Analysis and Government Accountability acknowledges that full scope of practice for APRNs may save more than $7 million dollars in Medicaid costs[3]
- The economist Ray Perryman of Texas says that allowing APRNs to practice at the top of their training could increase the state's economic output by $8 billion dollars[3].

We respectfully ask that you offer all Kansans more easily accessible, high-quality, and safe health care by joining the other 22 states that have removed the barrier of physician supervision to independent (full practice) APRNs. Full practice APRNs

- are more likely to practice in geographically underserved areas (increased care access);
- deliver primary care that is comparable to physician-delivered primary care;
- deliver safe care with high patient satisfaction rates;
- deliver cost-effective care; and
- offer patients the choice of a second high-quality framework of health care delivery.

Please support and pass SB 174, which removes barriers to APRNs that prevent full practice and allows APRNs to function under their own professional regulatory board. The health care of Kansans is at stake.

Respectfully submitted,
Judy Davis-Cole, RN, MN (retired)
AARP Advocacy Volunteer

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