



TESTIMONY IN OPPOSITION TO SB 174

February 18, 2021

Chairman Hilderbrand and Members of the Senate Public Health and Welfare Committee,

The Kansas Chapter, American Academy of Pediatrics (KAAP) represents more than 400 of the practicing pediatricians in the state. The KAAP has the fundamental goal that all children and adolescents in Kansas have the opportunity to grow safe and strong. It is with this goal in mind that we want to share our testimony in opposition of the proposed SB 174 that would allow for nurse practitioners to practice independent of physicians. We believe that optimal healthcare includes a team approach supervised by a physician leader. Nonphysician clinicians, including nurse practitioners, provide valuable contributions in delivering optimal healthcare, but the independent practice of nonphysician clinicians raises critical concerns.

Of particular concern for the KAAP is the proposed supervision of nurse practitioners under the Kansas Board of Nursing. The Kansas Board of Healing Arts draws from its members that represent dozens of medical and surgical specialties to review and provide guidance on medical management. The board of nursing does not have similar resources and will be challenged to distinguish aberrance from the standard of care in cases of possible malpractice and malfeasance.

The training of a nurse practitioner, even with the four-thousand-hour provision, is not equivalent to the training of a physician who has completed both four years of medical school and a minimum of three years of residency. In addition to prescribed continuing education hours for the Kansas Board of Healing Arts, physicians must maintain their specialty board certifications through board exams, modules and other practice improvement activities. Asking community physicians to precept nurse practitioners for four thousand hours in order for them to practice independently would be a deterrent for having nurse practitioners on the medical team and could worsen our healthcare shortage.

In Kansas, a majority of the nurse practitioners are concentrated in the same areas as primary care physicians. States that have already allowed for the independent practice of nurse practitioners like Oregon, Wyoming, Georgia and West Virginia have not seen an increase in nurse practitioners in rural areas where there are healthcare provider shortages. **Although it is the main argument made in support of the independent practice of nurse practitioners, there is no evidence that access to healthcare will improve by allowing nurse practitioners to practice independently.**

Furthermore, there is not an avenue in Kansas for increasing accessibility to healthcare by allowing for the independent practice of a nurse practitioner. Most rural counties in Kansas have a Rural Health Center attached to a Critical Access Hospital. Per CMS: hospital admissions,



medical staff (including Infection Prevention, Peer Review, Quality Assurance), long-term care rounds, medical necessity for home health supplies such as Oxygen must all be supervised, led, or ordered by a physician. Additionally, a county's EMS, Coroner's Office and Health Department must all have a physician medical director. Essentially, in the rural areas with the most healthcare shortages, a nurse practitioner would not be able to practice independently unless they were to open their own clinic which would be cost prohibitive for them.

In fact, in my own experience training and recruiting nurse practitioners to practice in rural west Kansas, not ensuring collaboration might make it even more difficult to recruit and retain these valuable members of our healthcare team, and it would most definitely increase the cost of nurse practitioners' liability insurance. Furthermore, an important study out of the University of California showed that states which allowed for the independent practice of nurse practitioners experienced an increased cost of healthcare.

On a personal note, I've practiced medicine in rural west Kansas for over ten years, collaborating with nurse practitioners as valuable members of the healthcare team. My physician husband and I precept nurse practitioner students, and my own primary care provider is a nurse practitioner. In rural areas, nurse practitioners often work in the clinic, emergency department, hospital and long-term care facility. Currently, in Kansas nurse practitioners enjoy full scope, full spectrum, full prescribing authority advanced practice nursing *in collaboration* with a physician. In my expert opinion, this agenda driven bill, supported by a national organization, does not have the best interest of Kansans nor the health care teams taking care of them in mind.

It is clear, Senate Bill 174 will allow for less-than-optimal healthcare in Kansas. Thank you for your time and attention. We welcome any questions you might have and are happy to serve as your resource on pediatric issues.

Respectfully submitted,

Kristie Clark, MD, FAAP
President
Kansas Chapter, American Academy of Pediatrics