Past Event: 2022 NCSBN Leadership and Public Policy Conference - Full Practice Authority in the Sunflower State Panel Discussion Video Transcript

Event
2022 NCSBN Leadership and Public Policy Conference

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Presenters
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Elizabeth Patton, State Director, Americans for Prosperity-Kansas
Alan Cobb, JD, MPA President and CEO, Kansas Chamber

- [Josh] Well, good afternoon and, it's a pleasure to be here. I do want to thank the National Council for inviting us. As Kansans, we get a lot of ocean time anyhow, and so when Nicole was like, "Do you want to come down to St. Augustine?" we thought about it for a while but went ahead and accepted. But this is a wonderful place to be and appreciate the time that we have to be with you.

Also, it's kind of fun. Many of us, I think, are probably used to being on panels but typically it's with people that you don't know. We all know each other really well and I think we would all call ourselves good friends. And so, we're looking forward to this and we anticipate this being a free-flowing conversation between all four of us.

If you have a question in the middle of that, we may get out of hand, just hop up and ask it. We are all very comfortable taking questions at any time. We will have time at the end of this, but this will be a pretty free flowing conversation. And so with that, I'm going to kick it off with Michelle giving a little bit of a back history to this because the rest of us joined this fight a little later.

But Michelle has been involved in this fight for a very, very long time.

- [Michelle] All right. I'll go ahead and give you a history on our full practice authority journey. Way back when I was young, which would've been about 2008, it was at least 14 years ago, there was a group of APRN leaders in Kansas that got together after a Kansas State Nurses Association meeting and decided with the APRN consensus model language in hand, that we were going to go for full practice authority because we had the blueprint and hopes and dreams, and we were going to do this and it would be quick and easy and, you know, it would be great.

Well, we went ahead and wrote a bill, a bill that fixed everything, a complete bill that was 66 pages long, and we thought it was great. So, we went ahead and presented it to legislators and we got four words from the opposition, which is Kansas Organized Medicine, saying it's a bad bill.

And that was their, you know, the way they approached it. For about four years or so, we kept putting in our bill, saying, you know, "It's a great bill. It'll be super. It'll fix all the APRN problems and stuff." And they would come back with it's a bad bill. And so, we finally decided to switch gears a little bit and we worked with the Kansas State Board of Nursing, and we put together a non-threatening technical bill to change the APRN, I mean, ARMP to APRN, change our certificate to license and some other things like that to kind of set the groundwork so that we could get those things out of the way.

And it was an unopposed bill and it passed, and the legislators at that point finally knew who we were and that we were legit. And so, we went ahead and kept working. After about five years, we realized our little itty bitty APRN task force needed to be more. We needed an organization that had all four roles working together so we had more numbers and we could sit across the table from organized medicine.

And the thing, I don't know if any of you know Dr. Jan Towers with AANP, but she used to say, "If you're not at the table, you'll be on the menu." And she is so true. I mean, she was so right. That is so true. You have to be able to represent yourself, otherwise other people are going to make the decisions for you.

So, that was very important and so we did go ahead and sit across the table and organized medicine changed the narrative to nurses versus doctors. And so for about five years, we were fighting this nurses versus doctors. The legislators would say, "Go and meet, negotiate, compromise and come back with a compromise bill." Well, we couldn't compromise because the only way that organized medicine would approve any kind of change in our statute was if APRNs went under the Board of Healing Arts.

And, we couldn't do that and the only thing we would agree to is being solely regulated by the Board of Nursing. So we were at an impasse. We couldn't get anywhere with that, but they were delaying. I mean, every year they would say, you know, "This is a nurses versus doctor's issue and go work on it" and so delay, delay, delay.

So, five or six years went on down the road. And then we also had a change in leadership and you have to look at that as far as your legislative leadership. We had a governor and lieutenant governor that were not interested at all in anything with full practice authority. They were against it. So, we were stalled for a little bit. The legislative leadership changed and then we were back on the track of moving forward and we put in the bill a few more times.

And then about six years ago, the Certified Nurse Midwives kind of splintered off and did their own bill. Well, they were working with organized medicine in Kansas and organized medicine helped them come up with the bill. And that bill gave them independent licensure, CNMI. It's the only one in the country so it's not recognized in any other state, I don't believe. And, they were jointly regulated by the Board of Nursing and the Board of Healing Arts.

So, now we have a precedent set in Kansas that some APRNs are under the Board of Healing Arts and Board of Nursing. So, the fight got much harder because of that. And we have, you know, four or five states in the country that are trying to get rid of that joint regulation.

Well, here we are in Kansas with this one group ending up with joint regulation. It's like, "Oh my gosh." So, it was kind of a little bit of a nightmare. And I think to this day there are only about five or six CNMIs licensed in Kansas. So, it's been a flop. It's been awful as far as regulations. It's not working.

So, eventually we need to help work on getting that resolved. But with that precedent set, it made it so hard. So, we went ahead and kept trying to compromise and we would add things to our bill, and our bill got bigger and bigger and bigger.

And, it was so hard to sell that bill to legislators because they didn't understand it and they really didn't want to understand it. You know, they weren't going to read through a 70 page bill that fixed everything. So, it was kind of a problem to sell it, and it became impossible to sell it. So, we had to look at a different direction to go. So a few years ago, we changed the narrative to a patient-focused and community-driven message and developed a broad coalition of partners that were very interested in healthcare for, you know, everybody, especially Kansas is huge as far as frontier and rural areas.

And then in the cities, we have a lot of underserved people. So, it's an issue across the state. It's not just in the rural areas. It's a city problem too. So anyway, we had super strong advocates. We had the Kansas Chamber of Commerce jump on board, we had the Americans for Prosperity, we had NCSBN, we had AANP, and we had AARP as our great big ones.

And then we had about 25 other smaller groups in the state that helped with our cause. And the legislative focus became access to care and affordable care. And it was really hard for our opposition to fight that. And so that turned the tables. But really, our group KAPN, Kansas Advanced Practice Nurses, had been educating legislators about the APRN issues, and we'd been building strong relationships.

And it was the coalition though that moved us forward. It was the coalition that developed the momentum and legislators couldn't avoid the issue anymore. They couldn't say, "Go work on it and come back with something else." It was the coalition's work with legislators and the lobbyist expertise, reading the legislature that really moved us forward.

And it was their expertise recommending strategies that made all the difference in our success. Also, the experience and wisdom of Nicole Livanos with NCSBN, big plug to Nicole, and also with AANP [inaudible] and Ashley Shoe [SP] were on their state policy team, and they helped us out quite a bit too.

And their knowledge of working with other states, going through this full practice authority issue was so wonderful because they could tell us when to just sit back and not respond. Because as nurses, we want to respond to everything and, you know, say the right thing and fix things and make sure everybody has the right information, when the opposition was just throwing out all kinds of softballs, I mean, curve balls as far as trying to get us to bite on different issues and splitting up our resources.

So, we were very, very blessed to have the coalition that we had and working together as well as we did. And the strategies, I'm going to leave up to the experts on the legislative strategies and reading the legislature because they did such an awesome job.

So with that, I'll stop the history and we'll turn it over to Elizabeth.

- [Elizabeth] Okay. Can you hear me? It's taped.

- [Alan] It's taped. Yeah. It is on, yeah.

- Sorry. I'm Elizabeth Patton. I'm the State Director for Americans for Prosperity in Kansas. When I started with AFP, I had spent most of my career working in economic policy related to fiscal policy, taxes and spending and those types of things. But became very quickly more passionate about the regulatory environment, than any other issue because it touches so many things.

And, I'm actually really glad we're here to talk to a group of folks involved in regulation because your job is so critical to making sure that we are functional as a society in so many different ways. This issue got thrown at me as the first... I didn't start lobbying for AFP when I first started with them, but eventually, I got put under the dome and this was the first issue that my predecessor gave to me and said, "Go get this done with these people."

And I was like, "I've never even heard of this issue before." So, got up to speed pretty quickly, and it became clear to me that if we get this simple statute, it seems simple, it was complicated. But if we get this simple concept and the statute and the regulations right on this issue, this is empowering nurses, nurse practitioners in our state to do their jobs.

We had gotten to the point in Kansas where you are asking essentially a competitor for permission to do what you are well qualified and well trained to do to serve patients. And it was an access to care issue, it was an affordability issue, and on so many fronts, this policy would make a huge difference in the lives of individuals across our state in both rural and urban areas and, it absolutely had to happen.

The studies were just undeniable. You see the health outcomes and the wellness outcomes as a result of having full practice authority and just purely allowing people to do their jobs. And that became the hallmark piece of my message at AFP when it became clear that we had to also get constituents on board.

We needed to have the, under-the-dome work, but we also needed to make sure that at least some people in the state, in some targeted areas understood that this was an issue that they cared about, and we could message it into different districts over the years to make sure that we were doing a really good job educating on why this mattered. And, it was about allowing nurses to do their job.

It was about increasing access to care. It was about affordability, and it was about achieving all of those things without too much government getting in the way. And I'm not sure if anybody in this room has worked or is familiar with our organization. We're a national group and we're in about 36 states, but that is the hallmark of when we look at policies, especially in the regulatory space or in licensing, it's how can we empower people to do their job to their full potential but how do we get that piece right so that we are making certain that we're not swinging the pendulum too deep in one way or the other.

Anyway, this became my favorite issue. I called it my white whale for a couple of years because we faced a lot of challenges getting this finally through. One thing that in my view, the opposition had done well over the years in the past is find just a couple members of leadership that were fully entrenched in opposition to our goal. And so, we had the votes in the chambers with rank and file membership, but they were able to block us in the leadership venue, which is a big deal.

So, strategically we had to find opportunities to build relationships with committee chairs, with leadership, and do a lot of education with those folks, and combine that with constituents making that grassroots push as well. And coming at it from both sides so that legislators felt the pressure and understood that this really was a good solution for the state.

So anyway, I could talk more about regulations, but I think we're going to get into that later. So...

- Yes, regulations are so exciting. I'm not sure where to start. My wife is an APRN. I got engaged on this issue when I was working for a think tank 10 years ago. And I just texted my wife I could not remember when she graduated, but I think I got started on it before she was an APRN.

And, as Elizabeth said on occupational licensing, whether it's nursing, hearing aid examiners, that barrier ought to be as low as practical. And Kansas is actually one of the better states that is ranked on occupational licensing burdens. I could say the name because it won't matter.

I remember meeting with then the APRN's lobbyist, Marilyn Conley and Susan Wagel. So it might have been 10 years ago and I'd done my research. The health outcomes are the same, which I will say perplexed me. Why would the health outcomes be the same? Although it's kind of a pure economic argument, is it not? It's like the diminishing returns. I went to law school.

I'm a licensed attorney. Would I be better if I went six years? And, no and I'll get into some of the things there, but I remember Susan Wagel said... She was the senate... I don't know if she was the senate president, see my mind, but she was going to be Senate president. She said, "Well, we can't do this because this will hurt the doctor's egos." And I said, "Oh, Susan, I didn't know we make public policy decisions based on a constituent's egos."

I mean, the intellectual arguments are all on our sides, right? And, when we got a little bit more momentum and the chamber signed on, and I'll get to that in a second, I told one of the lobbying teams, I was like, "You cannot play nice with the medical society. They will not play nice with you. There is no negotiation. They will do anything and everything. Are you willing to punch them in the nose? Because that's usually not my style."

- It's totally Alan's style. That is 100%.

- Yes it is. That is Alan's style. It is. I will...

- Sometimes you have to. All those cliches apply. Sugar goes further than vinegar. But KMS and I could probably talk about 15, 20 minutes on the medical society and how, and they're still trying to muck things up through the regulatory process. So you can't trust them.

And there was... So we took on... Well, let me back up. So I started in the chamber in March of 2017, and I thought, "Man, this seems like a chamber issue, but yeah, my wife's an APRN, is there a conflict?" And I kind of sat on it for a year and a half. And then I finally decided our chamber members support this, we shouldn't take a position one way or the other because of my wife's profession.

This is good for the chamber. It increases access, lowers costs. And we had a lot of chamber member companies that were supportive of it. And so finally said, "Of course, we're going to support this." And I remember talking to a physician, Barbara BA who's in the Senate. Oh, oh. So we had a couple of other healthcare issues.

One was called the Corporate Practice of Medicine. It's different in different states. Kansas had a law that a corporation cannot practice medicine, but a corporation can't hire doctors, essentially. They could hire APRNs, I think. But we took that on because we had member companies that wanted to, bigger employers that wanted to set an onsite clinic up and hire a doctor.

And, you know, there's a physician, Dr. Eply who is good-mannered about it, but he was constantly opposing it. Yeah. And he was saying when I talked about [inaudible] "Well, the physician patient relationship is so different and so sacred compared to..."

And I said, "Oh, so I'm a lawyer. Do you think that's a more important relationship than the lawyer and the death row inmate? More important than the lawyer and the doctors being sued for malpractice?" I guess I just got a little tired of this holier-than-thou point of view that some docs hold themselves in. And not all. My wife is a 50% equity partner with a physician. And there are no...

This is before... Oh, so she had her collaboration agreement with her business partner, which is also just kind of odd, right? So, I was talking to Barbara BA and she goes, "Well, I'm with you guys on corporate practice of medicine, but not on the independent practice." I said, " They are kind of related just lowering barriers to providing healthcare." And oh, but she went into the training.

I said, "Dr. BA, it just, here's my conclusion after having looked at this." This would've been eight years. "To provide primary care, four years of medical school, three years of residency is simply vast overkill." I don't hesitate to tell that to docs. Again, should I have gone to law school for six years?

And the data bears it out, right? I mean, there's data out the wazoo to use a technical term from all kinds of studies, international studies, the VA, John Hopkins, and it's just, you don't need that much. So it is also consistent with some other occupational licensing things the Chamber took on like reciprocity. There was a bill, the licensing boards can just go overboard.

They're a hammer looking for a nail. And, there was a bill or an issue where there's eyebrow weaving. Have you heard of eyebrow weaving? Believe it or not, there is some relationship to independent practice. I don't know exactly what eyebrow weaving is. I just have to trim mine every once in a while since I'm getting old.

But the Board of Kansas Cosmetology was going to require eyebrow weavers to have 1500 clock hours in order to do eyebrow weaving. They were doing nothing else. So we supported a bill. It ended up passing huge majorities, that says, "No, they do not have to have a license." And, my staff wouldn't let me say this, but when I do some public speaking about it, and I would just say, and a reminder because oh, I was criticized privately and publicly by legislators having a conflict of interest because my wife's an APRN and I pointed it out, "Well, my wife is not an eyebrow weaver and we're supporting that."

But it got, behind the scenes, a little nasty. And, but you knew that if that's the best argument they can come up with. And I said, "Well, why don't you go talk to all these, you know, 30 member companies that were very specific." And then, when I proactively talk to member companies, I think of in Garden City. So Garden City is a city of about 30,000 in southwest Kansas.

Very prosperous, but it's a long ways from anywhere. It's three hours from Wichita. I don't know, four and a half hours from Denver. All of our member companies in Garden City absolutely supported it because their physician, their primary care docs, they were full and they could not recruit anymore. Another quick story, and I'll get to some other things, maybe through the conversation.

I met with the Lyons Kansas Chamber. Lyons is a small town, 3,500 people right in the middle of the state, hour and a half from Wichita. So the Lyons Chamber proactively asked me, is the chamber supporting independent practice? I said, "Yeah." They said, "Well, good." So there I, and I need to follow them. Their thought was they're going to find a Lyons native who maybe is a nurse in Wichita,

pay for his or her APRN training and get them to move back to Lyons because they thought that's going to be a lot more practical than a primary care doc.

And you know, it's funny when you talk to chamber members or other lay people, they just don't care about the training of a doc compared to... They just don't care. I think we were all affected with the different messages where it seems like KMS's medical size, really their only argument was training difference. Was it not? They quit talking about health outcomes because the data didn't support it.

- Right. They were basically trying to use outlandish scare tactics and they repeated this frequently where they said, "Well, you're going to have nurses out in Western Kansas doing brain surgery." And we're like, "That's just not true." That's not true.

- Yeah, I guess we can just start a conversation. One of the big legislative champions, Doug Blacks, his wife's an APRN. And when the lobbyist for KMS made that argument, he said, "Oh, it's such a dumb argument because it's so easy to refute."

Well then, what starts stops a general practice doc from performing brain surgery? "Oh, it's our ethical code and all this stuff I mean." As Michelle stated, it was a process. I think it was 2018... No, was it '19? It was 2019. We got the bill out of the committee and that was the same year we got corporate practice medicine passed.

And I know who their KMS's lobbyist was...because it is a small world. We live in the capital, a lot of mutual friends. Like that's the first time that KMS has ever been defeated. Because you know, they don't have a big aggressive legislative agenda. And then it got hung up on Medicaid expansion, etc. And then COVID kind of stopped things. But this is how shameless KMS is.

And I promise I will stop. During COVID, every governor had lots of executive orders and emergency declarations to loosen up regulations right? On healthcare and lots of stuff. One of was allowing APRNs to be, to have independent practice during COVID. Well, guess who opposed it?

I mean the medical society. And it's like if that doesn't just expose it I had other personal things of people trying to go around me and to our members, etc. about the chamber's position. Oh, and I would bring it up. I said I'd stop, I will, promise after one. I specifically, because I knew there was the specter of a potential conflict, brought it up at every single board member meeting, just as a reminder if anybody has any concerns about it and they're like, "Nah, no concerns."

And one of our members, when we were supporting corporate practice medicine and APRN independent, one of our board members said, "What's the medical society's opposition? Is it patient care or is it competition?" I said, "Of course it's competition." So anyway, I I'm glad that we're a part of it. Oh, and the other thing for other thing with my wife, she was already a partner in a business.

It affected our personal finances zero. So that was helpful that I was able to say that.

- So, that's kind of the backstory of how this happened. We've got, here's a couple of slides of what we ended up with. And Michelle kind of told that story. All of us would tell you, no legislator, the budget is a big bill, otherwise people want them like five pages and they glaze over at a page and a half.

And so, a 70-page bill on a healthcare issue, guaranteed no one wants to touch it. And so, this ended up being and I don't remember the actual page size once it was built into statute, but very, very paired down. You see exactly what we did in that. And that became a very simple talking point for legislators.

What does this do? This just gets rid of the CPA. And there were a couple of other things that we had to put in there. But fundamentally for legislators, you have to keep it as simple as possible. We're just getting rid of the CPA. They can understand that, the collaborative practice agreement, they could understand that and that made sense to them.

- Also along those lines is, you know, we had, in our statute language, we didn't even have a collaborative practice agreement language in there. We had a written protocol for prescription, writing prescriptions that went in in about 2000 or 1999, something like that.

Anyway, we had to have a written protocol to write prescriptions and a responsible physician. And that's where the responsible physician language was in our statute. So taking that out, we were able to get rid of our collaborative practice agreements in our state and then malpractice and national certification.

So those three things. The thing that probably took up the most space was when we were writing, I mean, getting rid of that written protocol and getting rid of that responsible physician language, we also made sure that we included the controlled substances part too. So, that was a lot of page information, was just having the whole controlled substance information there, because you have to have it in there when you're doing a bill.

And it was, you know, like one sentence was marked out and changed. So, it was a bill that had a lot of stuff in it, but as far as the meat of it, it was just a couple of small paragraphs.

- It was streamlined and focused and that's ultimately what the chairman had asked for in the Senate committee. Because back to those large bills, he had said, "I can't get this out of my committee because there's so many things for opposition to attack on. If you say that we are removing a permission slip and allowing nurse practitioners to have full scope of practice, full practice authority, then that's all that it should do."

And so, that was our goal when we were crafting that initial bill. And, I think Nicole again did a really good job of threading that needle where we had everything we needed in the bill. But it was, it was easy to explain and it really trimmed down the opportunity for other people to say, "Well, it does these other things. Can you believe what these nurses are trying to do? It's terrible."

- And so, I want to get, before we run out of time, I want us to be able to, for those of you that are in states that don't have this sort of what's in our bag of tricks, for you to maybe think about. And ultimately, you will need to write whatever bill that works in your state if it even ends up being 50 pages.

But I do kind of want all of us to talk through some of the things that we think worked well for us. And, some of these are things that you don't necessarily need to think about. You would, if you really make a push for this, you would build a lobbying team and that's kind of their job to figure these things out. But we want to plant these seeds in your minds because some of you may be a year or two away from it.

Some of you may look at your state legislative makeup right now and be like, "We don't even have a prayer there." You'd be like Capin [SP] starting out 20 years ago. Let's just do this on the merits. And,

there is actually a starting point. And the thing I will toss in to get other people to talk about this too, Elizabeth mentioned earlier, the medical society had key relationships with key members in leadership.

And if you don't think that matters or is going on right now, I guarantee you your respective medical society in your state has been cultivating relationships with leadership for years, even down to they know who the doctor is back home that serves the person that's the speaker of the House, and those relationships are very valuable to them.

You need a champion. Capin hit the jackpot because they met with an individual that ended up on a leadership track and for whatever reason, he wasn't like Representative Blacks that had a relationship, whose wife was an APRN. He just decided he liked this issue. But he became key.

And he wasn't the speaker, but he was the majority leader in the House. But he took this issue on before that. But he would not have taken that on without, they just sort of went to this person and said, "Hey, would you like to listen to this story?" And for whatever reason, he took that on. You need a person in your respective state legislature that will take this issue on and champion it and help muscle it because this ends up being a muscle play.

You're not going to win just on the merits. And you need to look for someone that's potentially going to be in leadership in the future to be able to do that. If you feel like you're years away, start finding a champion.

- Right. You have to have that history with the legislators. The other thing that you have to have is organized medicine will always have more money than we will. That's just a given. And so they do have those key people that are in leadership positions that have lots of control on whether your bill will ever be heard or run on the floor or whatever.

But, the thing is, those legislators were voted in by the people in their community. And you've got to get those people in the community to start talking to that legislator because 50 voices that are voters have more power than KMSs', I mean, organized medicine's donations, and you know, their physician that takes care of that legislator.

So, you have to have workarounds and you have to start figuring out how to play the game because I don't know about you guys, but in nursing for 40 years plus, I have never had really any education on how to play the legislative game in health policy.

You got to figure out the workarounds and these guys have the workarounds. They're the ones that have members.

- I think it was key that there were legislative champions and we did have to use some muscle. The chairman of the Public Health and Welfare Committee, I don't know that she was opposed to it completely because then she ends up bending and saying, "Well, let's do the Board of Healing Arts." Right? But she just did not want to have a hearing, etc. We went around her and... We talked about it going around her a year or two years ago.

COVID's fogged my memory and the speaker, "There's protocols. No, you do not go around my chairperson." We got to a point where first of all the speaker was leaving, we're going to do it. And sorry, she's not even having a hearing and said that it passed the Senate. Oh, the other thing, I wonder if we would've had a vote two or three years ago.

We had really strong margins, 80 to 40. There were several folks.

- It was like, it was 80 some odd to I think we, well it was 37 maybe 36, 37 in the Senate. We only have 30 members.

- It was 30, yes. 30 to 7. And it's either three Democrats voted against and four Republicans or vice versa. Including, we all know that Dr. Stephan, he wimped out, he didn't even vote.

- He abstained. He did wimp out.

- So there was bipartisan support, rural-urban, and once you kind of got through those roadblocks as you talked to legislators, in some ways it was, I bet we could have got it pass two or three, four years ago if we could have gotten the vote.

- Right. It was the... That's where we did. We had rank and file.

- Legislators were just like kind of like, like all of us non-nurses are, because obviously Michelle, you know this, but it's like, "Yeah, of course this makes sense." That's how most legislators were. And, the ones, I'm trying to think of the individuals... Like I don't know what Jim Kelly's deal was, but obviously, the other ones were relationships with the medical society.

Was that Jim Kelly too? Yeah - Yeah. And some of the things we did from the grassroots perspective, we had a lot of our coalition partners. We had the chamber, AARP, and AFP. And then we brought in a couple state reps where it made sense. And we did a tour back in 2019 before COVID hit, when we did five cities around the state, which isn't a lot, but we picked five key areas where we wanted to make sure that the representative in that area or the folks there had an opportunity to hear about it, but then we could get the word out in the communities.

So, we paired that education tour, and when we had... We had Capin with us on that too, anyway. We paired that tour with, we did some voter education mail, we did some, my organization did some door-knocking to go talk to people in their districts about why this mattered. We did some digital ads, we did some other different types of things to help people, constituents across the state get on board.

But all of those things matter when you're trying to make sure that legislators know that constituents care about the role nurses can play in solving our healthcare crisis across our country. And that is huge.

- I want to ask you three on the collaboration agreement. To me, that was a strong argument. I don't know if we ended up using...because I've seen my wife's collaboration agreement. It's a two... This is her job before she owned her business, it was a two-page document that like had been xeroxed so many times you could barely read it and it just said, "We will collaborate," or something like that.

I mean, it was just like, so this, the doctors are all concerned about this. And I don't know if legislators cared about that or just the permission slip. Oh, the other thing definitely got people's attention was that there are some APRNs in Kansas that were having to pay a monthly fee. And this even came up. So this is, I haven't told you this Elizabeth or Michelle or Josh, my chairman, and I were speaking to the Manhattan Chamber, that's where K-State is about chamber stuff.

And they were just talking about the legislative session. So I talked about APRNs and my chairman said, "Yeah, can you believe that there are some docs that were charging APRNs?" Well, Tom Phillips, former legislator, his wife's a specialist of some kind. And a very nice guy. He walked out and said,

"Well that's just, that's not the case. That doesn't happen." And another, my chairman lives in Manhattan, another physician's husband said, "Oh, that doesn't happen."

I said, "Yeah, it does." It does. And in fact, there was a independent practice in Meriden, a small town outside of Topeka. Her collaborating physician was in Manhattan, hour and a half away. How much were they collaborating after the bill passed? As the bill was going through, he raised her monthly fee. And so anyway, it does happen in the states that have collaborative agreements.

And I find it interesting that the specialists were aware of that because they can't defend it.

- No. What was unique about Kansas is we were such a strange state and the way that it was crafted with scope of practice and collaborative practice agreements and the fact that there actually is not a supervisory requirement in law in Kansas for nurse practitioners. It's all contractual through that collaborative practice agreement.

And because of that, that those looked so different from practitioner to practitioner, and that very much was the case where you have some physicians who aren't seeing any patients, they weren't needed to, and they could have 10 nurse practitioners on contract and that was their livelihood and they would charge them 10 to 20 grand a year.

And that happened. That's a thing in southeast Kansas. But if that man had passed away, these nurse practitioners literally could not work in Kansas anymore. What a shame. And so, it's things like that where you think, "Look, these nurse practitioners are already doing, in most cases, the job. They're already doing essentially full practice authority and their supervising physician has never touched their patient."

That wasn't...

- Collaborating physician.

- Collaborating physician, I'm sorry. You're right. Their collaborating physician wasn't always, sometimes never even met their patient. And it varies in some cases, some CPAs did include more collaboration. But, that's the thing is the freedom and the ability for APRNs as professionals to make that decision for themselves.

You can still technically have a collaborating practice agreement if you want one in Kansas, and you feel comfortable and that's how you want to operate your practice and your business do it. But the point is, with such a physician shortage in our state and in so many states, especially in non-populous areas, but like Michelle mentioned, we have huge underserved populations in our more urban centers.

But the lack of physicians in Kansas, and the fact that the growing population of providers lies in the nursing field and not in the physician field. And you think about access to care, we have to make sure we're empowering nurses nationwide to serve our communities.

It's key and essential in my perspective.

- So, what ended up happening, we had those roadblocks. We had tried in the House a number of times, and we had a champion in the House but couldn't get past the speaker. But, we ended up finding a strong champion in the Senate committee, the chairman, and then also the president of the Senate.

And so, again, back to these things that you can do if you've got a problematic chamber, unless you're Nebraska in here, you've got two chambers. So, try to work on one of the two to build support. And we, this year when we began thought that maybe we were just going to get it through the Senate to send a message to the House that we were serious about getting this done.

But as Alan was saying earlier, it would've passed three years ago. Once it came through the Senate with such a strong vote, it was very much a stone rolling down the hill. This thing was going to happen. And to our surprise then it, ran right over to the House and did the exact same thing. Again, back to things that you shouldn't have to worry about.

This is why you hire lobbyists to worry about this, but we creatively stuck the bill in the Senate committee. We stuck it into a House bill so that we didn't have to go through the House committee where the chairwoman was not supportive. They could just make a motion to concur on the House floor. So, these are handy little tricks that we were able to do. We have a couple of minutes left.

I did want to talk to Carol before this, but another lesson that we all learned, the medical society or your medical societies don't lose often. In Kansas, ours is very proud of the fact that they were organized prior to statehood. They've been around since 1859 and we have been a state since 1861. So they don't lose much and it ain't over until it's over.

We won with strong margins and yet still proceeded to run into trouble when it went to the rule-making phase. And so Carol, if you want to say a few things about that, you were suddenly right in the thick of things after the fact.

- Yeah. KMS keeps throwing sticks.

- [Carol] Is this on?

- No. It sounds like it's now.

- Is it on now?

- Yes.

- Can you hear? Okay. I'm Carol from the Board of Nursing. Yeah, I just, first of all, want to say a huge thank you to everyone up there, Nicole, National Council. They did a great job. It was not easy to do in Kansas, but they did a great job. They had a lot of challenges but what the Board of Nursing was basically handed is a signed bill that had to be implemented in two and a half months.

And, it required seven regulations to be revised. And maybe that's easy in your states, but it is not easy in Kansas, believe me. And just to kind of show you kind of, just recently, and it wasn't this one, it was a different one that I'm involved with too.

But anyway, the regulations did not get done by the date in the bill. So, there were a couple of legislators on this committee who their solution to this is that when the regulations are not in place by the date that the bill says they have control of our budget. So their solution is to take the salary of the executive administrator, me, out of that budget for a year, and that will solve everything, even though it really wouldn't because I wouldn't be there working free.

I'm the only one who does the regs, and I really doubt that the Board of Nursing is going to be able to hire somebody else for nothing. But anyway, that just kind of shows you a little bit that we were up against. So, we had no choice but to try to put temporary and permanent regs in. Temporary regs are the fastest to get through in Kansas.

Permanent regs, we have to do like a 60-day comment period and all of that. So there's absolutely no way that we would've been able to get those through. So what I did first on the regs, because I wanted them to go through as fast as possible, is I sat down with our general counsel. I said, "I want to make sure that I'm understanding this correctly because we already heard about some of the issues with the collaborative agreement language not being in there and all of that."

So, him and I crafted regulation changes. The timing of this all was that we did not have another board meeting until June and most of this had to take place before then. So we actually ended up having a couple of special board meetings, board presidents here.

We have a very supportive board. I will say that. At the last minute if we wanted to do a special board meeting, they were really good and we could do it as fast, as long as we could give public notice and all of that. So, we actually started them through the process, I took the temporary and the permanent at the very same time because they start out together and then they branch off differently.

And it kind of went back and forth a little bit through the Department of Administration as far as all the grammar and all of that then has to be perfect. And once it gets through that phase of approval, then it has to go to the attorney general's office. And there's two assistant attorney generals that look at it for legality and, it got approved through there. Okay, you need to hear that because, okay, three attorneys now have looked at this.

All right. So, the next step for the temporary ones was to go in front of the state rules and reg board and all this, again, had to be in place by July 1st because that was the date that the first part of the bill. There's two different implementation dates for different things in this bill, which has been very confusing for a lot of the implementation.

I will say that. So, I had never done temporary regs before, but I talk to a lot of people and they're like, "You just go there and it's no big deal." Okay? So, I show up that day for that and one of the first people I see is KMS. And I'm thinking, "Okay, so what's going on here?"

But that same time I get an email from one of the people on the board that said, "You need to be aware of what's going to happen today." So, KMS basically had shown up and they had talked to some of the members on this committee or this board and gotten permission to speak also instead of just the agency that's presenting these.

So, they had me speak first. So I just kind of spoke and talk about them and why we're doing them and what's included and all of that. And then they allowed KMS to come up and speak. KMS's thing in this whole, my part, the Board of Nursing part, is to cause a lot of confusion. Literally a lot of confusion.

They brought their general counsel who came up and proceeded to tell everybody all about the practice of nursing. Of course, they were not saying it right. We also heard them say that the Board of Nursing was giving the authority to the APRNs to practice medicine and do surgery. You know, stuff like that. So they just kind of kept this up for a little bit. Well, you could see the confusion being created among the board members, you know, and that's exactly what they were trying to do.

But unfortunately at these hearings for these regulations, you speak when you're called. So that meant that I didn't have the option to go back up and give feedback. And that was the key right there. I think that was planned that way. I really do. So there were seven regs. They approved three of them, but they did not approve the other four, which basically what we were looking at then is the APRNs could prescribe without a collaborative agreement, but they couldn't do anything else in their practice without a collaborative agreement.

Everything else had to have a collaborative agreement. Now that was extremely confusing, didn't make any sense or anything else. So, I think collaboration is so very important in this because right after that hearing, the first thing I did was reach out to Nicole and I said, "You need to understand what just happened. Okay? And, I don't know what we can do other than education. I don't know if they're going to give us another chance on those four, you know?"

And so, a lot of people started working then behind the scenes and everything like that. So three of them were implemented by July 1st, the others were not. And, the date that I was supposed to present the permanent ones was July 18th. Well, like two days before July 18th, I got a phone call from the chair of that records board and she said, "We've had some education and you know, I don't think it's going to be a problem for us to get those other four in place. So what we want to do is we want to have that board meet again before the other committee meets to talk about the permanent ones so we can approve your temporary ones."

And that was great because that gave us more momentum to go in for the permanent ones to say the temporary ones have been approved. And they did, they called the meeting to order, no discussion, they passed them, and that was it.

- And sorry, I don't want to cut you off too much, but I just... Back to if you are thinking about this in your state, there are elements of this that this is a muscle play. And, we can say this as nursing organizations, you can't say this, but as legislators, it is imperative that you keep it as simple as possible, imperative.

And I promise you, they will still get confused if they are not doctors or nurses. This is a very arcane portion of the law. It is very complicated. And so, the situation that Carol was talking about, this is the rules and regs committee. It's a joint committee of House and Senate members.

We had supporters that had been with us through the entire process that almost derailed the regulations from going into place because it's just difficult for them. If you are skilled at creating confusion, which we've been on all sides of all sorts of things, if we want something to pass, we're clarifying it.

If I want it to stop, I'm creating confusion. I mean, that's what we do. And they created confusion and legislators had no idea what was going on. So we were making late frantic phone calls...

- Oh, so many phone calls. I will say, and that's also where relationships matter. You know, Alan, we've all talked about where those relationships in leadership matter, but also with your policy champions, and having those placed in really strategic places within the capital and within the committees, and having people who you've built this mutual trust with because then those phone calls go better when you say, "Hi Barb, I really need to talk to you about what happened this morning and how we can fix it."

- Barb, we're going to coffee.

- Right? But that is key and essential to making sure that you're able to be successful is building that mutual trust with key legislators in lots of different places, not just one.

- And following through. We maybe falsely made the assumption after you pass a Cbill with overwhelming majority, that the rules and regs passes, which usually is very sleepy. I used to sit on rules and regs and it was killer to stay awake in that joint committee. And because it normally not fireworks at all, but to the medical society's credit, they thought they saw an opportunity to derail things and we ended up being fine.

But it was difficult.

- Well, we're kind of fine. Go ahead, Carol and tell us the rest of the story.

- Okay. So, they basically have control over the temp regs. You got to remember that. When we got to the permanent ones, you know, an hour later, they do not have control over the permanent ones. The ones that have control over the permanent ones are the Board of Nursing, and they don't like that, okay? Not the Board of Nursing, but some of the legislators do not like that these state agencies kind of have that amount of power.

So, the same thing happened in that hearing. They let me talk first. Same thing. I mean, the temp and the permanent were exactly the same. They just had different implementation dates. That's it. That was the only change.

So then KMS got a, I could almost tell you by heart everything they've said throughout this whole thing. And same thing, just the same spiel. They caused all this confusion and they ended it with saying, "There's a simple solution to this. The Board of Nursing just needs to take medical out of there and put nursing in. So it would no longer say medical plan of care, it would say nursing plan of care. It would not say like medical diagnosis, it would say nursing diagnosis."

The nurses in the room know that the nursing care plan and nursing diagnosis for RNs, LPNs is certainly not the same as what the APRNs do, okay? But that's all the legislators heard. So they look at me and they're like, "Well, there's a solution. Just go ahead and do it."

And okay, I wouldn't agree to anything. It's not my decision, okay? So, again, all they could do was give feedback to the Board of Nursing. They could not stop this going forward, and they knew that. So they provided that feedback. The feedback that they requested is that there be feedback from the Board of Nursing as to why that would not be taking place, basically, is what they said.

Okay. So again, I left, I talked to Nicole and I said, "Okay, this is not just the Board of Nursing, we need feedback from everyone here to give this feedback and get it all kind of put together in a nice document and everything." So we did that. We sent it over, didn't really hear anything. And then I will tell you the best part of this for me.

The very best part of this whole thing has been the public hearing. Because we had the public hearing and, you know, it's publicized. Anybody can show up and give comments. Well, you know who was there. Okay? She started calling me numerous times ahead of time to let me know that she was going to be there and give a presentation.

And I said, "Fine, you know, I can't stop anything like that." So, in the room was KMS on this side, and they had their general counsel, they brought some physicians with them, okay? On this side was everybody for this, one of the legislators was there, Representative Blacks was there, and some employers and some of APRNs.

So I asked them when I started the public hearing, I said, "I just need to know how many of you want to give comments so that we'll know how much time we have." And I was a little concerned because the only one that was going to give comments was KMS. And I thought, "This isn't going to go good because I can't say anything at this. I am there just to facilitate it."

And their general counsel, just to kind of show you how intimidating she tried it to be. Like two days before she sent me this email and she said, "Well, I just need to know, will the board be at this or will it just be staff?" Okay, the board doesn't attend this. It's just staff, you know? But I wouldn't say that we're just staff.

So anyway, I thought, "Hmm, okay, let's see how this goes." So I let her come up and she had this table and she just strung everything out, everything. Nurse Practice Act and everything. And she just kinda looks at me and I said, "Okay." I said, "What you need to understand is you have 10 minutes." And I had my phone on the timer, and I said, "It starts right now."

So, she said the very same thing again for 10 minutes. And then when my timer went off, I will give her credit, she shut up and went and sat down. So then I just got up and this was kind of the best part. I said, "So I'm just double-checking before, you know, we end this, is there anybody else in the room that has decided that they want to give comments?"

I said, "How about anybody else from this side, which is KMS?" " Oh, no, no." She was the spokesperson for them. I said, "Okay, fine." I said, "How about this side?" Everybody's hands went up. We now had control because she was not going to be able to give any more feedback and they all then could get up and give feedback about what she said.

It was great. It was absolutely great, and there wasn't anything she could do about it. Absolutely none. So then, all of the... We had 80 pages of comments that went to our board to review before the board meeting. And then there was basically no discussion from the board. They just passed them, each of them.

And so they actually, the permanent ones became implemented and in effect October 14th, and the temporary ones would've run out October 28th. So we [inaudible] That's it. But, you know, there was a lot of lessons to be learned. The implementation can be very, very challenging. Typically, we have a little bit more time than that, but Adrian and I had already talked about what we would have to do because we're going to have to make some changes to our licensing software.

And those of you that work at a board of nursing, you know, you have to have vendors, you have to have a lot of people involved. So we were just kind of waiting, you know, to see the outcome of the bill and everything like that before we talked to vendors and stuff like that. But it was still, I would say it was a scramble to get it done in two and a half months. The part that got implemented on July 1st was removing the collaborative practice agreement and then the medical malpractice insurance coverage.

And then what starts July 1st of 2023 is the national certification. But that has been very confusing to APRNs. The communication in this whole thing has been huge, absolutely huge, because I'm convinced

there's still a lot of misinformation being fed to the APRNs out there from, I'm sure KMS. I can't prove that, but I'm sure it probably is because we get a lot of phone calls, you know, and so we've just tried to do communication, communication, communication.

- Thank you, Carol. We've got this super handy timer, and we're technically out of time. This is a photo of the signing ceremony, and if you have the opportunity to do that in your state, we would certainly hope that you would. You probably wouldn't have a picture of the National Champions basketball team behind you, because that's kind of a Kansas thing, but, that's the signing ceremony.

And then, that's the actual size of Kansas relative to the rest of the country in our own minds. But, I'm not in control of the time. I know you have a speaker after us. If there is someone with a burning question or something or we don't have time for any questions? Okay.

So, do not ask us a question.

- I want to thank Nicole and everybody for having us. This is a lot of fun and a great place to be.

- And, KMS is not done. They've asked the attorney general for an opinion on all of this. And even though we had the attorney general's input from the very start, they're still asking for an opinion.

So, it hasn't stopped yet.

- Oh, we stand ready. We'll fight it to the end. But really appreciate everything you guys do and try to make sure we have opportunities for nurses to help make sure healthcare is affordable and accessible across the country. Thanks, guys.