





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.

- 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, 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,



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





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.

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"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





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



And I said, "Fine, you know, I can't stop anything like that." So, in the room



