

## **2016 Special Committee on Organization of Public Health Boards**

### Kansas State Nurses Association

Chairman Rep. Hawkins and members of the 2016 Special Committee. My name is Carol Moore, Chairperson of the Legislative Committee of the Kansas State Nurses Association. I am also the Associate Dean of the graduate nursing program at Baker University. I am here on behalf of the members of the professional nursing organization in Kansas to provide testimony in opposition of the recommendation by Alvarez and Marsal, which is to establish an overarching umbrella structure that encompasses the public health boards in Kansas with the goal of improving efficiencies.

I appreciate this opportunity to provide rationale for our opposition to the recommendation. Nurses do not object to change—in fact, that is a constant reality in our practice. But we do object to this recommendation because we value the responsiveness of the Kansas State Board of Nursing (KSBN) to facilitate changes that enhance our ability to be current in practice and education.

For example:

- The acquisition of software that enables Kansas nurses to renew licenses online and pay renewal fees is vastly superior compared to paper/pencil. Graduating nurses can now submit application for testing (NCLEX) and for initial licensure. Employers and colleges/universities have the ability to verify the licensure status of applicants for employment or for admission to a nursing program.
- Graduating nursing students are able to get into the workforce much sooner and for those nurses moving into Kansas, they don't have to wait weeks or months to get a license—this is significant because there is a shortage of nurses. We want to increase the number of working nurses. We call this Safe Staffing.
- Nurses don't merely renew licenses—we must also complete 30 continuing education hours. There is random auditing of renewals to verify that this requirement was met by authentic education. The KSBN oversees the applications of continuing education providers and the quality of the programs.

The KSBN is the repository for the Kansas Nurse Practice Act, a public document available on the website. The Act defines our scope of practice and the KSBN is charged with the authority and responsibility to hold every licensed nurse accountable. The KSBN has done this with remarkable efficiency in a fair and non-judgmental manner—in the same manner that we care for patients. There are seven investigators with an average case load of 321 incidents that deviated from the Practice Act with slightly less than 20% of the total number of incidents referred on to the Assistant Attorney General. It is important to point out that the investigators are nurses—they know the nuances of our practice that someone who is not a nurse would be able to appreciate. Discipline is commensurate with the violation with the goal of maintaining public safety and the nurse's dignity. A characteristic of a profession is the monitoring of its own.

Schools of nursing are scheduled for a site visit from the KSBN every five years for an LPN program and every 10 years for an RN program. The purpose of these site visits is to determine compliance with the Kansas Nurse Practice Act procedures and policies regarding operations of the nursing program and a

curriculum that will graduate safe and competent nurses. When I was a member of the Education Committee of the KSBN, I was part of the team that made these two day visits. The team is accountable to both the school which includes the administration, faculty and students, and the public to make accurate and thorough assessments. There are 70 nursing programs in the State that have site visits and submit annual progress reports for board review.

The Kansas State Nurses Association Legislative Committee members made telephone calls to states where the board of nursing was in an umbrella structure configuration. Overwhelmingly, we were unable to speak to an individual who could answer our questions, often we were transferred and transferred again, only to voice mail. Seldom did we receive a response or return phone call to our voice message. Several times we were “on hold” for 15 minutes or simply, no one answered the phone.

When we were fortunate to connect with someone, the information provided was disheartening. Delaware said she was over 12 boards and had 5 staff in her office and they were behind in licensing. Montana said they are a small population state and have been in their structure for over 25 years and needed to pool resources for licensing boards. Indiana was most vocal in dislike of their arrangement--all licensure fees went to the state general fund and what was returned to the board was not sufficient to adequately support operations. I met an RN from Utah who told me about his visit to their board office. He found the office door unlocked and no one at the front desk. He had to “walk way back into the office area only to be told they decided to take the day off.” This lack of record security would not happen in our KSBN office.

Finally, what should concern every public health board is that we have not seen a financial analysis that supports an umbrella structure in Kansas. So I would challenge you to ask “where is the money?” before moving forward with this recommendation.

In summary, Kansas nurses appreciate the respect and consideration and efficiencies we receive from the KSBN and the responsiveness to our questions and concerns, individually or collectively. We are unable to identify any advantages of placing our regulatory agency in a potentially competitive relationship with another agency nor having an executive director in a position of possible biases and conflicts of interest. There is also a legitimate concern that this recommendation would undermine the efficiencies established by the KSBN. Thank you and I will stand for any questions now or later from the committee.