RE: Testimony in Opposition of SB41
February 4, 2025

Chairperson Gossage and Members of the Committee,

My name is Jamie Harrington, and I am a Certified Nurse Midwife (CNM) and Family Nurse Practitioner (FNP) practicing in Kansas. I appreciate the opportunity to provide testimony in opposition to SB41 as currently written. While I support the inclusion of Advanced Practice Registered Nurses (APRNs) under the Health Care Stabilization Fund (HCSF), I must highlight significant concerns based on my own challenges securing malpractice insurance coverage as an APRN-CNM who is already included in the HCSF. Unfortunately, my situation is not unique as multiple CNMs have faced similar issues.

My personal experience navigating the HCSF has been frustrating and financially burdensome. When I attempted to get malpractice in 2021, there were no available carriers in the HCSF for CNMs, but at the same time I was required to have coverage to practice and keep my license active. The only option was to go through the Availability Fund which was designated for high-risk providers and that came at a high cost. Now there is only 1 malpractice carrier in the HCSF, creating a lack of competition, consumer choice, and high cost.

When I stepped away from clinical practice to oversee a graduate nursing program at a local university, neither myself nor my employer was not able to afford to pay thousands of dollars a year for coverage for someone just working in academia. To keep my job and as part of nursing accreditation requirements for nursing programs I had to have an ACTIVE APRN license so putting my license in inactive status was not an option. *Extending state tort malpractice coverage to physicians and APRNs working in public institutions such as universities and health departments would help ease taxpayer burden. Exempt physicians and APRNs from malpractice coverage mandates and the five-year licensure expiration rule when they experience job loss, transition to academia, take family leave, move into administrative roles, or step away from clinical practice temporarily. This flexibility would retain skilled healthcare providers in Kansas and allow them to return to practice without unnecessary barriers.*

I was also unable to work in a part time clinical capacity because practices didn't want to pay a high-risk hefty malpractice premium for someone who was working in an office-based GYN only practice. There is no option for part time coverage or tiered coverage based on your role and scope of practice. *Physicians within the HCSF have tiered coverage based on their practice specialty and services performed. This should extend to APRNs in the HCSF as many APRNs, including myself, hold dual certifications (such as CNM and FNP), yet there is no clear guidance on how HCSF applies to providers working in overlapping specialty roles. This uncertainty increases the difficulty of securing appropriate malpractice coverage, leaving APRNs at risk and further limiting access to care for Kansas patients.*

I also request that the bill be amended to add an APRN preferably in each discipline (CRNA, CNM, and NP) to the HCSF board so that they can be included in the decision-making process.

KDHE recently received a Transforming Maternal Health (TMaH) grant to expand access to midwifery care and freestanding birth centers. *Adding freestanding birth centers to the definition of health care providers in HCSF can help support sustainability in Kansas and lead to better maternal and infant health outcomes in our state.*

Without these necessary amendments, SB 41 will continue to impose significant barriers to APRN practice, further restricting access to high-quality healthcare. My personal experience navigating Kansas' malpractice insurance system has shown me firsthand how these policies disincentivize midwifery and APRN practice in our state. We need fairer, more sustainable malpractice policies to ensure Kansas retains qualified providers who can deliver essential healthcare services.

Thank you for your time and consideration.

Sincerely,

Jamie Harrington, APRN, CNM, FNP-BC

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