



To: Committee on Public Health and Welfare

From: Dustin Baker, MSN APRN, NE, FNP-C
Kansas Advanced Practice Registered Nurses Association (KAPN),
President

Date: February 6, 2025

Re: SB 41, adding ARPNS to the definition of healthcare provider

Chairwoman Gossage, Vice-Chair Clifford, Ranking Member Holscher, and Members of the Committee:

The Kansas Advanced Practice Nurses Association (KAPN) appreciates the opportunity to testify in opposition to SB 41, adding advanced practice registered nurse (APRN) to the definition of healthcare provider for the purpose of the healthcare provider insurance availability act. As introduced before the committee SB 41 would add APRNs with prescriptive authority into the definition section of state laws governing the Health Care Stabilization Fund (HCSF) under *Chapter 40. Insurance, Article 34. Health Care Provider Insurance, K.S.A. 40-3401. Definitions.*

In 2022 with the passage of HB 2279, the legislation sought to protect the public by mandating that APRNs maintain malpractice coverage as a condition of rendering professional clinical services as an APRN and to provide proof of that insurance coverage at the time of licensure and renewal of licensure. The legislation expressly mandated malpractice insurance coverage and not fund participation.

According to Health Care Stabilization Fund (HCSF), the Kansas Health Care Provider Insurance Availability Act was originally enacted “in 1976 at a time when many physicians and other health care providers could not obtain adequate or affordable professional liability insurance coverage”. Today, APRNs in Kansas are required to obtain malpractice insurance coverage as a condition to practice. Finding coverage today is simply not as difficult as it was in 1976 for APRNs.

As an organization that represents the approximate 8,000 APRNs in Kansas we have some real concerns with the current language of SB 41:

- Limited availability of approved fund plans that require physician involvement in APRN practice, coupled with the addition of the annual surcharge element, could have the unintended consequences of forcing APRN owned practices to seek costly alternative coverage or relocate out of state.
- Participation in the fund requires additional financial contributions and specific qualifying coverage that would lead organizations to transfer those costs to consumers.
- Some major APRN liability insurers are not listed as explicitly approved providers under the fund.
- Clarification to confirm whether current major carriers of NP liability in Kansas would qualify as equivalent under the fund statutes for termination of coverage under 40-3430a.
- HCSF Board of Governors consists of 22 persons appointed by the commissioner of insurance, which make up 3 members who are doctor of medicine, 3 Kansas hospital association, 2 members of osteopathic medicine, 1 member of chiropractic, 1 member CRNA, and 1 member of adult care homes. There is no representation of the nurse midwife community, nor does proposed language offer a clinical nurse specialist, mental health nurse practitioner or nurse practitioner representation.
- Exemptions from the Nurse Practice Act (NPA) liability insurance requirements do not match, and APRNs are not afforded the same exemption provisions that CRNAs, CNMs, and MD/Dos are in Chapter 40. Insurance, Article 34. Health Care Provider Insurance.
- Some insurance companies do not align with current NPA, as they require an agreement with a physician as a stipulation.

APRNs in Kansas would respectfully ask the committee to contest the current bill as written. We would ask that the committee allow the nursing community to conduct a more comprehensive review to clarify eligibility of APRNs within the Kansas HCSF in order to:

- Ensure consistency within existing APRN malpractice requirements.
- Address potential conflicts with existing coverage held by APRNs and APRN owned businesses, especially in the rural and underserved areas.
- Confirm that current major liability insurers meet fund requirements.
- Ensure no delays or disruptions in Kansas APRN practice ability to continue to provide safe and covered care to patients.