



To: Senate Public Health and Welfare Committee

From: Rachelle Colombo
Executive Director

Date: February 6, 2025

Re: SB 41; Adding Certain APRNs to Health Care Stabilization Fund

The Kansas Medical Society appreciates the opportunity to offer the following comments in support of SB 41. This bill would amend the statutory provisions of the Health Care Stabilization Fund (the “Fund”) to add two categories of nurse practitioners (APRNs) to the list of healthcare providers who are required to maintain professional liability insurance as a condition of providing professional clinical services in Kansas.

Since 1976, Kansas has had a unique insurance arrangement governing professional liability insurance for physicians, hospitals, and several other categories of health care providers. In response to the medical malpractice crisis in the 1970’s, the legislature created a structure that combined insurance coverage from private markets with a state-operated, but provider-funded insurance facility called the Health Care Stabilization Fund (the Fund). It is important to note that the Fund is financed by premiums paid by the participating healthcare providers, not by the state’s taxpayers.

The Fund serves two very important purposes – ensuring that there is a reliable source of professional liability insurance for healthcare providers and providing for a guaranteed source of monetary recovery for patients who are injured as a result of medical malpractice. Healthcare providers are required to purchase a liability insurance policy from this structure of at least \$1 million per claim in order to render professional services in Kansas. This system has worked very well for nearly five decades, and it has provided tremendous benefit to both patients and healthcare providers.

At the present time, of the four categories of advanced practice nurses licensed in Kansas, only two (nurse anesthetists and nurse midwives) are required to comply with the provisions of the Health Care Stabilization Fund law (found at KSA 40-3401 *et seq*). The largest category of APRNs (with approximately 7200 licensees), nurse practitioners, do not participate in the Fund, and neither does the last category, clinical nurse specialists (with approximately 370 licensees). When the legislature granted APRNs the authority to independently prescribe drugs and durable medical devices in 2022, the legislation also required them to maintain malpractice insurance, but it did not mandate a minimum level of coverage, as is required by all healthcare providers in the Fund, including the two APRN groups already required to participate in the Fund, nurse anesthetists and nurse midwives.

By adding the remaining two APRN groups to the Fund, this legislation would make the minimum coverage requirement for all APRNs consistent with that which is required of all other healthcare providers participating in the Fund, at \$1 million per claim. This just makes good sense from a patient protection and public policy perspective, as it will assure patients who are treated by these APRNs will have the same statutorily assured right of compensation for personal injury sustained due to negligence, as they would have for virtually all other healthcare providers.

One technical amendment we would suggest is to make the effective date January 1, 2026, to allow for a smooth transition. We urge the Committee to report SB 41 favorably for passage. Thank you.