Interim Committee on Organization of Public Health Boards
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Public Comment
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Good morning Chairman Hawkins and members of the Interim Committee. I am a registered nurse in Kansas that is grateful for our "citizen's legislature" that is approachable and user-friendly. The breadth of this interim study's conferees invited by the chairperson is a testament to your desire to listen to the potential advantages and disadvantages of creating what is commonly referred to as an "umbrella board". Listening to last week's testimony from the state agencies, what messaging I heard loud and clear was that there is no real support for consolidation of regulatory boards under what is often referred to as an "umbrella board", but that as state agencies they would be willing to cooperate if that was the direction the legislature headed. The common theme was their duty to "protect the public", which is indeed what is the role of regulators, and they identified complexity and autonomy in doing this work, all funded by fees from those they license. No state general funds are being expended in doing this work, unless a task tangentially related to their regulatory role has been added to their agencies work, such as in the case of the Board of Pharmacy work in tracking prescription orders for scheduled drugs.

It's not a secret that the Board of Nursing in terms of numbers of licensees is the tail that wags the dog in this scenario of creating one large public health board. The 72,000 is more licensees regulated by one agency than if you added up all the other health fee funded agencies combined that you took testimony from last week. In fact, I didn't do the number crunching this time, but in the late 1980's a public health umbrella board was considered by the Kansas legislature, and back then the Board of Nursing regulated about 18,000 more than all the other public health agencies combined—and that was before the Board of Healing Arts added Naturopaths, Physical Therapists, PT Aides, Occupational Therapists, OT Aides, Athletic Trainers, Radiologists Technologists and Respiratory Therapists.

Your assessment last week that the Board of Nursing is one of the most efficient was accurate, but like all regulatory agencies that spoke last week, in carrying out their statutorily imposed responsibilities their duty is to the public, protection of the public first and foremost, and then customer service to licensees so they can practice their beloved professions.

Nurses are a proud profession and we don't speak out vocally very often, however, when an issue such as this, that has the potential to reduce our autonomy for self-regulation by our peers is threatened or perceived as threatened we become vocal. The actual interim study approved was the combining of *the Board of Nursing with the Board of Healing Arts,* so yes, we in nursing were concerned, and are concerned.

From an "economies of scale" perspective, it escapes me that you would start with the two largest state public health fee funded agencies as a starting point. I heard last week from

fee funded agencies with .5 FTE, 1 FTE, 3 FTE and smaller agencies than 26 FTE's and 54 FTE's. Thinking about just office space, phones, a fax machine, computers, and a copier it would seem logical that combining smaller agencies first as a pilot would be the direction you decide upon. But even the smaller agencies voiced concern about a move in this direction, and losing autonomy and expertise in their regulatory role and customer service to the public and to those they license.

If this isn't about economies of scale, if it's a more political issue of power and control, I'm not seeing any signs of that from the conferees last week. If it's a political issue, it's not been transparent here yet.

If this isn't about economies of scale, and it's about generating additional revenue for the state, the Executive Director of the Dental Board said it best last week, a simple 2.5 M can be generated to the SGF by simply returning to the $200,000 statutory limit for the state collecting from each fee funded agency, versus the $100,000 per year that has only been in effect for a couple of years anyway. I personally support that move juxtaposed to the alternative of creating an "umbrella board" for public health fee funded agencies, if it's about money.

A recommendation that could increase economies of scale discussions/action by these agencies is that they do meet together to identify areas where additional sharing of services or other economic savings are explored and implemented and that these be reported to the Legislature annually when the fee funded boards budgets are discussed. For the most part, they indicated they share and discuss these types of items now, and many shared they would be willing to do this more formally in the future. This is a reasonable request by the Legislature or Executive Branch and would give you another layer of information for making financial decisions about their budget allocations.

I personally can't and don't support an umbrella board for public health fee funded agencies in Kansas, and ask that your recommendations from this interim study reflect that.

Thank You for the opportunity to address this issue.

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