

**Written testimony in Support of SB 174 - Updating APRN Statutes**  
**Senate Public Health & Welfare Committee**  
**Date February 18<sup>th</sup>, 2021**

Chairman Hilderbrand and committee members,

My name is Carmine Di Palo from Leawood, KS.

I am the Chairman and CEO of Revere Healthcare Solutions Inc. (or “RHS”, [www.reverehs.com](http://www.reverehs.com)) a KS based and KS focused company delivering employer-sponsored, membership-based primary and preventive healthcare at two clinics located in Garden City, KS (the “Grow Well Clinic”, [www.growwellclinic.com](http://www.growwellclinic.com)), and in Dodge City, KS (the “Care To Thrive Clinic”, [www.caretothrive.com](http://www.caretothrive.com)). In 2020, our clinics delivered more than five thousand (5,000) visits.

Merilyn Douglass is RHS’ Lead Nurse Practitioner. RHS delivers almost 100% of its healthcare with nurse practitioners.

I will provide a brief background before addressing two issues that I believe are relevant when evaluating the benefits of SB 174.

I am 50, and have lived in Leawood, KS for the last ten years. My wife’s family is from Kansas City. I was born and raised in Italy, where I graduated in Chemical Engineering in 1994. I started my career as a Chemical Engineer, but soon after I was hired by an American strategy consulting company and offered a full scholarship to attend a Master in Business Administration (MBA) at M.I.T. in 1998-2000. After graduation, I went back to Italy, where I worked for an investment firm focused on acquiring companies in Continental Europe. In Kansas City, I manage an industrial holding company called Revere Partners. In 2015, Revere Partners founded RHS and since, I have devoted the majority of my time to RHS because I believe that quality, affordable primary care and preventative care are the only tools available to all the constituencies of the healthcare market (patients, employers, providers, payers) to achieve better healthcare and lower costs.

I have followed at a distance, through Merilyn Douglass, the progress of the debate related to APRN status in the state of Kansas.

As a businessperson, I believe that one of the key market forces (and predictor of success, or failure) is competitive advantage (or dis-advantage). Whether we consider the sustainability of a business vis-à-vis its competitors or the sustainability of a state (or a county, or municipality) vis-à-vis its neighboring states, both a business and a state need to carefully manage their ability to avoid competitive dis-advantages and hopefully build competitive advantages. As in everything, the difference between success and failure is represented by the quality of the talent pool available: the people a business (or a state) is capable to recruit, retain, and motivate. Both the state of Nebraska and the state of Colorado offer full scope of practice to nurse practitioners. Simply put, with an estimated 42% of the state population living in smaller communities, the state of Kansas cannot afford losing nurse practitioners, trained at Kansas great nursing schools, to Nebraska and Colorado.

Without the expeditious approval of SB 174, the state of Kansas will protract a competitive disadvantage that has cost and will certainly cost the state an unnecessary drain of nurse practitioners to neighboring states, negatively affecting both affordability of and access to healthcare.

A further observation is derived from our experience at RHS: every time we enter a community, there is some concern on the part of existing healthcare facilities about added competition. However, healthcare, contrary to what is common knowledge, is *not* a zero-sum game. As new options for lower-cost visits are added to the supply of healthcare in a community, increasingly more patients gain access to, as an example, primary care or behavioral health.

Giving to nurse practitioners, through SB 174 an enhanced independence and ability to offer a lower price for the entry to quality healthcare serves an important purpose: reducing the number of individuals dis-enfranchised from the healthcare system due to (un-)affordability and/or (lack of) access.

It is worth mentioning that, together with patients, the main beneficiaries of achieving such purpose are physicians offering services in downstream medicine (to the now enfranchised patients).

I thank you for your time and attention, and I ask for your support of SB 174: it is evidently in the best interest of patients, of payers, and ultimately of *all* the stakeholders in the healthcare sector in the state of Kansas.

Please feel free to contact me if you have any questions.

Sincerely,

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