

Jane Grant-Kels Testimony in Opposition to
Senate Bill 7161 An Act Revising the Definition of Advanced Nursing Practice
On behalf of
The Connecticut Dermatology and Dermatologic Surgery Society
The Connecticut ENT Society
The Connecticut Society of Eye Physicians
Presented to the Public Health Committee
Monday March 5, 3007

Senator Handley, Representative Sayers and members of the Public Health Committee, my name is Dr. Jane Grant- Kels and I am a board certified dermatologist and chairman of the department of Dermatology at UCONN Medical Center. I am here to represent the Connecticut Dermatology and Dermatologic Surgery Society as former past- president, the Connecticut ENT society and the Connecticut Society of Eye Physicians, for who my husband is a member, **in opposition to SB7161** An Act Revising the Definition of Advanced Nursing Practice. I would also like to state that we support the testimony of the Connecticut State Medical Society in their belief that this legislation would grant nurse practitioners, nurse psychotherapists, and certified nurse anesthetists, the authority to independently practice within a broad and vaguely defined scope of what is now considered the licensed practice of medicine.

As Chairman of the Department of Dermatology, I work with all levels of health care providers in a cooperative healthcare delivery system. Our clinic has nurses of all levels, physician assistants, technicians, and medical assistants, all of whom play a vital role in our practice. As a physician, it would be virtually impossible to perform my job and see the level of patients needed to prosper in today's market without the support of these individuals. Clearly medicine is not what it was ten years ago and professions are evolving, but we must never lose sight of what is in the best interest of the patient.

I and my medical doctor colleagues believe that the healthcare delivery system is failing, but not because there are not enough physicians in the state. Statistics actually show that Connecticut has one of the highest per capita physician bases in the county; the system is failing because we as a society no longer value quality or truly care what is best for the patient. We now equate healthcare with dollars, thanks in part to the insurance industry's insidious influence of looking at health claims as "loss ratios", and their non-negotiable reimbursement and care plans that often show disregard for the physicians decision making and determination of what is actually medically necessary for each patient.

The bottom line is that every one, except for the insurance industry who reported record profits for the past five years, and who can afford to pay for "run-away" CEO compensation packages, is feeling the squeeze in the healthcare industry. This includes the nurses who believe independent practice will help them gain higher financial reimbursements. If the nurses and physicians were paid more fairly for the work they perform and there were greater transparency in the insurance industry, I believe you would not be seeing the turf battles you are seeing today, and patients would receive the highest quality of healthcare in the world, because more healthcare dollars would actually

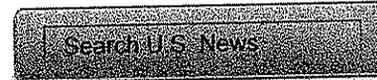
be spent on patient care. If we do not renew our efforts to achieve the highest levels of healthcare and our commitment to excellence, we are headed for disaster. Allowing other health care providers who do not have the depth and breadth of training that doctors have to function as M.D's is truly not the answer to improving healthcare in Connecticut.....Industry reform and mandating transparency is the key.

In closing, I ask you; Does it really make sense to allow an APRN the same scope of practice and independence as a medical doctor, or does it make sense to continue to work in a team environment, striving for the best quality of care we can possibly achieve? Physicians and nurses have always shared a close working relationship, we recognize that we all have unique and distinct roles to play in this diverse healthcare arena.

Thank you



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Physician: A Day in the Life

By Marty Nemko

Posted 12/18/06

As an internal medicine doc at Kaiser Permanente, an HMO, you're freed from lots of paperwork, but you still put in more than 50 hours a week. You start at the hospital, examining your inpatients. You're empathetic, but you also keep some emotional distance; you've learned that's necessary, to keep from burning out.

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Next, it's off to your nearby office, where you spend less time than you would like with each patient. You treat everything from a sinus infection to a lacerated finger, and do lots of wellness exams, some with people who have been your patients for years. Those are straightforward. But one patient comes in with a stomachache, which requires some judgment. It's probably nothing. But should you order a test that is costly and uncomfortable and subjects the patient to radiation? And should you refer the patient to a gastroenterologist?

You also deal with some difficult patients, like a hypochondriac and a diabetic who refuses to stop smoking. In between exams, you're on the phone or the computer answering patient questions. You end your day attending a seminar on the use of statins as a tool in the fight against cardiovascular disease. At home, you spend another hour on paperwork.

Smart Specialty

Infectious Disease. Avian flu, West Nile Virus, AIDS—there is no shortage of nasty diseases. Then there are the bioweapons that terrorists might be ginning up. Specialists in infectious disease may be the doctors who end up saving the most lives.

Research. Doctors working at universities, government research labs, and drug and medical device companies play key roles in developing medicines and cures for disease. Work hours and stress tend to be moderate.

College Student Health Service Physician. College students' health problems are usually curable. There's little or no overhead. And college campuses are often lovely places to work.

Executive. Hospitals, health networks, and group practices hire docs to direct their operations.

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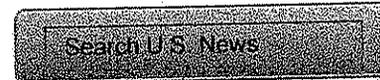
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Registered Nurse: A Day in the Life

By Marty Nemko

Posted 12/18/06

You report to the nurses' station in Ward 3, a general medical/surgical ward. You are a generalist at a community hospital so you'll see a wide range of patients, although you have specialist nurses and physicians to call on if you're not sure what to do. Your first patient is having a lot of pain. Following the orders on the doctor's chart, you alter the medication, carefully noting the change on the bedside records.

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Your next patient needs to go on a dialysis machine. You assiduously follow the required procedures, careful to avoid mistakes. At the same time, you make sure to provide some TLC to the patient.

Next, a patient is wheeled up from surgery. You check her vital signs and other indicators, which reveal that she's doing OK. So you hook her up to the appropriate monitors and insert an IV, double-checking that the medication is correct.

Your next patient had surgery two days ago and now needs to have his dressing changed and his tubes drained. It's uncomfortable for him. But you're both fast and gentle, with a reassuring manner that makes the process easier. Finally, you meet with a patient who is about to be discharged. You teach him how to self-administer medications, and you highlight problems to watch out for, handing him emergency phone numbers just in case.

Smart Specialty

Nurse Practitioner. Like a physician assistant, you'll provide most of the direct patient care normally handled by a physician. Training is shorter than for physicians, there's less paperwork, and you're likely to work with healthier patients—which means a high success rate.

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