

**Connecticut
Council of
Child and
Adolescent
Psychiatry, Inc.**



104 Hungerford St
Hartford, CT 06106
860-559-7464
fx-860-727-9863

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We are here today to oppose the language in the bill which changes the status of the APRN in the bill:

HB 6674 AN ACT CONCERNING WORKFORCE DEVELOPMENT AND IMPROVED ACCESS TO HEALTH CARE SERVICES.

We applaud the Committee's concept to develop a plan to address the workforce shortage in healthcare. We agree that there is a shortage of access to certain types of healthcare, most especially in psychiatry. However, we do not believe that any other healthcare professional can take the place of physicians, and we are very concerned about this trend. Further, we agree with the American Medical Association when they say in their 2008 Scope of Practice Data Series that the health and safety of patients can be threatened when limited licensure providers are permitted to provide patient care services that are not commensurate with their education or training.

For Child and Adolescent Psychiatrists, our training consists of a minimum of eight years of intensive training after college and for the additional complexities of treating children (who are not simply "little adults"), our training further requires an additional two years of preparation to specialize in treating this vulnerable group. Contrast this with the fact that an APRN has as little as one year of post-bachelor's education and it is clear that careful psychiatric supervision is absolutely necessary, especially when the wrong medication for the wrong child could have devastating consequences.

The language in Section 2 of this bill is quite disturbing. It seemingly would allow a Nurse Practitioner to work collaboratively with any other licensed healthcare provider. It actually removes the word "shall" from the language, which would permit for no relationship at all between a licensed physician and the NP.

Further, it would allow the NP to work with *any licensed healthcare provider*, even a provider with less training than the NP. For example, a NP would work collaboratively with an acupuncturist or a Veterinarian. This could be disastrous. Can you imagine going to a NP, who does not collaborate with a physician but who only regularly collaborates with a physical therapist? What would happen when there is a question on a psychotropic medication complication? Or perhaps an unexpected bad reaction to that medication?

We recognize that there is a place for APRN's and there are many in the community who play a significant role in healthcare. Many of us work regularly with APRN's. However, they must not be allowed to practice medicine as a physician without the same training a physician has.

Again, we urge you to keep the collaborative relationship between the licensed physician and the nurse practitioners as it is today.