

Connecticut Coalition of Advanced Practice Nurses

American College of Nurse-Midwives (ACNM), Region I, Chapter 2
Connecticut Advanced Practice Registered Nurse Society (CT APRNS)
Connecticut Association of Nurse Anesthetists (CANA)
Connecticut Nurses' Association (CNA)
Connecticut Society of Nurse Psychotherapists (CSNP)
National Association of Pediatric Nurse Practitioners (NAPNAP), Connecticut Chapter
The Northwest Nurse Practitioner Group

March 16, 2009 COMMITTEE ON PUBLIC HEALTH

SUPPORT of Raised Bill 6674, AAC WORKFORCE DEVELOPMENT AND IMPROVED ACCESS TO HEALTH CARE SERVICES.

Senator Harris, Representative Ritter, and Members of the Public Health Committee:

Thank you for this opportunity to address the ARPN collaborative agreement. My name is Mary Moller. I support the elimination of the statutory requirement that an advanced practice registered nurse have a collaborative agreement with a physician in order to work. I moved to New Haven in late 2008 to become the new specialty director for psychiatric-mental health nursing at the Yale University School of Nursing. I moved from Spokane, WA where for 16 years I was the owner and clinical director of the first nurse managed, owned, and operated outpatient psychiatric clinic in the United States providing private psychiatric services for patients who had no insurance, or who had state assistance. We had four prescribing ARNP's (the WA state licensure designation), a child adolescent therapist, a social worker certified in drug and alcohol counseling. We regularly served as a practicum site for Washington State University College of Nursing, University of WA College of Nursing, Gonzaga University School of Nursing, as well as students from around the country who would come to study at our clinic. I developed the Three R's Psychiatric Wellness Rehabilitation program that has published outcomes of a reduction in re-hospitalization of 93.5% for individuals with serious and persistent mental illnesses. The Three R's Program is being implemented in several states, Israel, and South Korea. I serve as a consultant to the Israeli Ministry of Health Division of Psychiatric Nursing. I am also President-Elect of the American Psychiatric Nurses Association.

One of my concerns in moving to CT was the restrictive nurse practice act that is antiquated and cumbersome and dissuades competent advanced practice nurses from coming to this state. For advanced practice nurses such as myself who have practiced autonomously with full scope of practice, the CT nurse practice act language insinuates incompetence and fosters forced reliance on physicians willing to sign rather than freedom to collaborate with the best available MDs. There is no way that I would be able to implement my clinical model here in CT because the required collaborative agreement would put the clinic at unacceptable risk. Considering that three New England states (and soon a fourth) recognize the full scope of independent practice of the APRN, it is most surprising to

me that CT remains behind-the-times. I have successfully obtained my APRN license and have a psychiatrist friend who lives in Texas but is licensed in CT to serve as a collaborator. That is a ridiculous machination to have to orchestrate in order to provide care to the most neglected segment of our population.

Independent practice is the standard of the advanced practice nurse, as recognized by the American Nurses Association, the National Council of State Boards of Nursing and 67 other groups. To use the argument that NPs are not safe or competent is a fallacy not supported by data. Quite the opposite is true. The cumulative number of medical malpractice reports from the National Practitioner Data Bank from 1990-2008 in Connecticut was 1 per 725 NPs, 1 per 25 DOs/interns/residents, and 1 per 6 MDs/Interns/Residents.

To get bogged down in physician-nurse power struggles is not helpful in guaranteeing the public an adequate supply of competent health care providers. What would be helpful is for the Connecticut General Assembly to embrace what many other states have: independent practice that allows the APRN to function with the full scope of practice that advanced practice nurses are educationally prepared to provide. I would like to be able to implement the Three R's program in Connecticut to actively serve most needy residents without potential risk of having to close the practice, or spending time seeking collaborative agreements with physicians who don't know me, and vice versa. Ongoing consultation and peer review is a standard within the American Nurses Association Scope and Standards of Advanced Practice Nursing. The required collaborative agreement serves no positive public policy purpose, and in fact restricts access to care, particularly for our residents with the greatest need.

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