

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 No.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 an important aspect of improving access to health care services. My name is Lynn Price. I am the Chair of the Nursing Department at Quinnipiac University and Connecticut's representative to the American Academy, a family nurse practitioner, and I represent the Connecticut Coalition of Advanced Practice Nurses.

Advanced practice nurses (APRNs) play an important role in healthcare, especially primary care. For example, nationally 74% of nurse practitioners are in primary care settings. Of these, over 30% work with vulnerable populations. Connecticut APRNs serve a growing need in these areas.

As you have heard today, APRNs are currently in autonomous practices. So, I want to be clear – this legislation is NOT about authority to practice autonomously. This legislation is about removing a disincentive to establish such practices. Too frequently APRNs encounter difficulty in securing agreements. And many APRNs face a lapse in an agreement due to circumstances beyond their control - a lapse which suddenly renders their practice illegal.

Attached to my testimony is a letter from an APRN who wants to open a practice serving individuals with developmental disabilities living in group homes, including those uninsured. She is having trouble finding a physician comfortable with this population who will sign an agreement. Without this requirement she would open her practice.

A multitude of studies over the decades all give APRNs high grades. All studies indicate APRNs appropriately collaborate and appropriately refer when needed. It is part of our practice standards. CT APRNs, according to the National Practitioner Data Bank, have one of the best safety records in the country.

The collaborative agreement does not serve a public policy need. It does not address safety or competency. Our credentials address competency and dictate our scope of practice.

Bottom line, there is no public policy reason to keep this agreement AND, equally important to consider, is the fact that the current APRN relationship to the patient would remain the same. What changes is the opportunity to practice and address health care needs.

I should note for the Committee that if the agreement is eliminated, CGS 20-94b would need to be amended to reflect the changes around the collaborative agreement and prescriptive authority.

Thank you.

Lynn Price, JD, MSN, MPH

March 16, 2009

To: The Public Health Committee
From: Patricia Baginski, APRN

In Support of House Bill 6674

I am a Family Practice APRN with 13 years experience in group homes along with 5 years in hospitals and clinics, I would like to start a business providing primary healthcare to people with developmental disabilities, including those without insurance and those on Medicaid or SAGA. The patients I want to serve live in group homes. Very few providers are willing to make home visits to these patients. Therefore, many of these individuals are forced to seek health care at over-burdened clinics. Their primary provider changes almost annually as the residents and students working in these clinics move on in their medical education, preventing these patients from obtaining the benefits of continuity of care.

The hitch in my plans is being able to find a collaborating physician who is willing to sign a collaborative agreement. Many raise the question of liability, and ask for a percentage of my billing. Without the need for a collaborative agreement, I could start the business within a month.

Thank you for your attention to this important issue.

Patricia Baginski, APRN

¹from Pearson Report, February, 2009, available at
<http://www.webnp.net/ajnp08.html>

TABLE 3 STATE LISTINGS OF NPDB & HIPDB RATIOS FOR NPs, DOs, AND MDs

State	NPDB Ratio for NPs	NPDB Ratio for DOs	NPDB Ratio for MDs	HIPDB Ratio for NPs	HIPDB Ratio for DOs	HIPDB Ratio for MDs
ALABAMA	1:592	1:10	1:11	1:11	1:11	1:20
ALASKA	1:133	1:9	1:6	1:67	1:6	1:8
ARIZONA	1:75	1:3	1:5	1:630	1:7	1:12
ARKANSAS	1:414	1:6	1:6	1:151	1:13	1:27
CALIFORNIA	1:272	1:8	1:5	1:2538	1:27	1:21
COLORADO	1:85	1:5	1:6	1:1964	1:6	1:14
CONNECTICUT	1:725	1:25	1:6	1:126	1:31	1:33
DELAWARE	1:578	1:4	1:5	0 in 578	1:20	1:37
DC	1:483	1:4	1:5	0 in 965	0 in 70	1:23
FLORIDA	1:75	1:3	1:3	1:232	1:17	1:33
GEORGIA	1:306	1:5	1:5	0 in 3977	1:11	1:21
HAWAII	0 in 601	1:11	1:8	0 in 601	1:20	1:35
IDAHO	1:90	1:7	1:6	0 in 540	1:17	1:22
ILLINOIS	1:242	1:7	1:4	0 in 3383	1:1203	1:22
INDIANA	1:317	1:3	1:3	1:2218	1:31	1:62
IOWA	1:238	1:4	1:5	0 in 1188	1:7	1:16
KANSAS	1:418	1:3	1:3	1:334	1:15	1:25
KENTUCKY	1:209	1:7	1:4	1:209	1:9	1:12
LOUISIANA	1:195	1:2	1:3	1:222	1:125	1:22
MAINE	1:152	1:7	1:8	0 in 913	1:10	1:22
MARYLAND	1:158	1:16	1:6	0 in 2845	1:44	1:28
MASSACHUSETTS	1:130	1:13	1:7	1:295	1:12	1:28
MICHIGAN	1:328	1:2	1:3	1:193	1:12	1:27
MINNESOTA	1:296	1:12	1:9	1:2371	1:18	1:38
MISSISSIPPI	1:167	1:5	1:3	1:94	1:7	1:17
MISSOURI	1:207	1:5	1:5	0 in 3304	1:6	1:24
MONTANA	1:117	1:3	1:3	0 in 468	1:11	1:21

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NATIONAL INFORMATION ON APRN LICENSING, 2009:

Jurisdictions where Nurse Practitioners can prescribe, including controlled substances, independent of any physician involvement:

Alaska
Arizona
Idaho
Iowa
Maine
Montana
New Hampshire
New Mexico
Oregon
Rhode Island
Washington
Wyoming
District of Columbia

LEGISLATIVE ACTIVITIES:

New York has legislation pending – Colorado and Maryland are pursuing removal of collaboration.

Vermont (through regulation) has reached an agreement to remove the collaborative agreement requirement and final action is expected shortly.

This is a summary of a Vermont taskforce looking at the issue of eliminating collaborative agreements through regulation

There was no evidence presented that the written collaborative requirement serves any professional purpose, assures quality of care, or protects the public. There was convincing anecdotal evidence that the elimination of the requirement may increase access to health care for Vermonters without adversely affecting the quality of care.

Elimination of the written collaborative agreement requirement is supported when one considers:

- the potential for increasing access to care for Vermonters
- the opportunity to focus care by APRNs on the chronic care model through the Vermont Blueprint for Health Care
- the extent to which the signed agreement requirement has been a barrier to APRN practice
- the extent to which the requirement has met its original intent from 1984 to facilitate APRN practice with physicians and establish mutual collaborative practice habits
- the continued oversight by the Board of Nursing for APRN practice and protection of the public
- the history of the nationally defined scope and standards of practice for APRNs
- the formal education, training and national certification required of APRNs
- the increased communication and collaborative environment of modern health care
- the supportive evidence of successful quality and outcomes documented in the literature
- the positive experience of other States which do not require a written agreement between APRNs and physicians.

Appendix A – Taskforce Participants

Participants (13) of the APRN Taskforce include:

- | | |
|------------------------------|--|
| ▪ Professional Regulation | Christopher Winters, Esq. - Group Facilitator |
| ▪ Vt Dept of Health | Lisa Dulsky Watkins MD/
Kathleen C. Keleher APRN |
| ▪ Board of Nursing | Anita Ristau RN retired, Linda Rice APRN |
| ▪ Medical Practice Board | John Murray MD |
| ▪ UVM Department of Nursing | Nancy Morris APRN |
| ▪ Vt Nurse Practitioner Assn | Deborah Wachtel APRN |
| ▪ Vt Medical Society | David Johnson MD, David Coddair MD,
Peter Cherouny MD |
| ▪ Consumer | Alan Weiss |
| ▪ Vt State Nurses' Assn Inc | June Benoit APRN |
| ▪ Legislator | Bill Keogh |

There is a minority report from the Vermont Medical Society.