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K. Viereg M.D.

**Statement in opposition to**

**Senate Bill 192 – An Act Concerning Advanced Practice Registered Nurses and Primary Care Providers for Individual or Group Health Insurance Policies**

**Insurance and Real Estate Committee**

**February 25, 2010**

Good afternoon Senator Crisco, Representative Fontana and members of the Insurance and Real Estate Committee. I am Dr. Kathleen Viereg. As a practicing family physician in Cheshire for many years, and as current President of the CAFP, I am here today representing our 700 members in opposing Senate Bill 192—An Act Concerning Advanced Practice Registered Nurses and Primary Care Providers for Individual or Group Health Insurance Policies.

This bill is a back door way to dramatically expand the scope of practice of APRNs in our state, by allowing them to be designated as primary care providers through insurance plans. It is also misleading to the general public. It is ironic to need to fight these annual efforts, when in the broad view our groups are natural allies in the effort to provide quality health care to all the citizens of our state, and when we work together so productively with APRNs we supervise in many of our practices. Nevertheless, the academic and clinical training of APRN programs is not remotely comparable to the medical school and residency training of a family physician or other primary care specialist, and does not prepare them for independent practice. It is in the interests of patient safety that we must point this out. Coordinating the care of complex patients is a challenging task, and one of the most difficult things can be recognizing what one does not know. All professions have their routine tasks; it is when the situation is ill defined, as it so often is in the reality of primary care practice, that experience and depth of education count.

Many of us know individual APRNs whose skills and experience we highly value, but in passing legislation, one is setting a minimum standard. The academic curriculum and the clinical experience required for graduation from US medical schools and for later board certification are tightly regulated and have national standards; those for physician extenders are not. Physicians complete on average 3200 hours of clinical training in medical school and another 9000 hours during residency; the requirement to take boards as an APRN are 500 hours of supervised clinical work. With all due respect to our APRN colleagues, I do not see their training as adequate to independently treat patients, and must urge you strongly to reject this bill.

Thank you for your attention.

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