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**CONNECTICUT NURSES'
ASSOCIATION**
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TESTIMONY RE: H.B. 6306 AN ACT CONCERNING THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.

Insurance and Real Estate Committee
Tuesday February 21, 2011

Good afternoon Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee. Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut, **for H.B. 6306 AN ACT CONCERNING THE LISTING OF ADVANCED PRACTICE REGISTERED NURSES IN MANAGED CARE ORGANIZATION PROVIDER LISTINGS, AND PRIMARY CARE PROVIDER DESIGNATIONS.**

I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University. I have practiced nursing for over 45 years and have been educating nurses in Connecticut in both the public and private sector for over 35 years.

Connecticut Nurses Association supports this bill which will require the

Insurance Companies to:

- I. Recognize qualified APRNs as fully available, fully credentialed providers – in other words, mandating that all carriers treat these providers, properly licensed and providing care, without discrimination as fully participating providers.

- II. List all participating providers in a proper manner. For example, APRNs providing direct care (assessment, diagnosis, treatment, follow up, and referral as necessary) for acute and chronic health conditions, should be listed as primary care providers.
- III. Eliminate Inconsistency in recognizing, credentialing, empanelling or contracting with APRNs - practices which at a minimum keep APRNs out of insurers' provider network directories, and thus hidden from consumers.
- IV. Failure to fully recognize APRNs also prevents accurate tracking of APRN access and outcome data, as APRN claims and other data are submitted under physician codes. Provider outcome data is rapidly becoming a key public policy assessment point, and must be accurate.
- V. Failure to fully recognize APRNs creates further data loss, due to the ripple effect across the health care continuum. Pharmacy, durable medical equipment suppliers, diagnostic settings, and other arenas frequently needed for adequate consumer care generally follow insurance billing practices, and do not track APRNs as a separate provider group. Resource use is a critical data point when implementing a statewide initiative to increase access to care.
- VI. Allow all credentialed APRNs to bill carriers and to be directly reimbursed. This is vital to allow accurate tracking of APRN access and outcome data as is a key public policy assessment point.

Thank you