

PUBLIC HEALTH COMMITTEE

PUBLIC HEARING March 11, 2011

**RAISED BILL No. 6549 AAC THE DEPARTMENT OF PUBLIC HEALTH'S OVERSIGHT RESPONSIBILITIES RELATING TO SCOPE OF PRACTICE DETERMINATIONS FOR HEALTH CARE PROFESSIONS.**

Senator Gerratana, Representative Ritter, and members of the Committee

Thank you for the opportunity to speak on this bill.

My name is Mary Denise Moller, Associate Professor of Nursing at Yale School of Nursing. Today I am representing the CT State Chapter of the American Psychiatric Nurses Association (APNA). I have been an Advanced Practice Psychiatric Nurse since 1982, licensed in WA state since 1993 where Advanced Practice Nurses have been allowed to practice within the full extent of education since 1978. This legal authority has allowed patients full access to psychiatric and primary care services. WA, like 24 other states is far ahead of CT in implementing recommendations of the recent 2010 Institute of Medicine report on the Future of Nursing.

While the spirit of Raised Bill 6549 is intended to facilitate Scope of Practice issues, it will also have serious ramifications on CT's system of care and access to care for many underserved citizens for year's to come. I do not believe the outlined medical model will best serve our state.

I recognize this has been a difficult process in CT. If you decide on the DPH proposed process, please add a positive element. In this bill, opposition is heavily represented and any professional group supporting a request is not invited to the table. The process should allow for, and welcome comments by those in SUPPORT of a request, and they also should have a place at the table. There are many good and solid reasons to address SCOPE changes. Good judgement, intelligence, experience, professional knowledge is not exclusive to those who oppose a request, in fact, quite the opposite may be true. It is the citizens in need that should be the priority – not a single profession.

I'd like to make a few comments in particular on Section 1 subsection (f). This appears to be delineating a process to avoid all requests going to DPH. I understand that, and agree, but as a matter of good public policy I urge you to expand the criteria to reflect a basis for decision that is in tune with SCOPE decisions. Something like:

*Identify those requests that do not represent any significant change in scope, but rather represent the formalization of changes already occurring in education or practice within a profession, due to the results of research, advances in technology and changes in healthcare demands, among other things; and that, from a regulatory perspective, clearly meet appropriate requisite training, poses no health or safety issue, benefits the public, and has no negative impact on access to care.*

That, or something like that, makes a clear statutory statement that Ct is considering requests in a professional way acting in the best interest of its citizens. We need, together, to find a way to advance healthcare in CT in the way expressed by the IOM (Institute Of Medicine) report. The future of all licensed health professions is a huge responsibility deserving consideration of the best national approaches.

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