

Testimony Submitted by Margaret Flinter, APRN, PhD

Senior Vice President and Clinical Director

Community Health Center, Inc

Middletown, Connecticut

Members of the Committee, thank you for the opportunity to submit testimony in support of SB 414.

AN ACT CONCERNING ADVANCED PRACTICE REGISTERED NURSES'

CERTIFICATION OR SIGNATURE.

As part of the first generation of nurse practitioners in Connecticut, and now the clinical leader of Connecticut's largest federally qualified health center, I can state emphatically that I believe this is legislation whose time has come. I support its purpose: to allow an advanced practice registered nurse to sign, certify or give an authorization where a physician is allowed or required to do so and believe it advances our ability to provide timely, safe, high quality, patient centered care.

When I graduated from Yale 32 years ago as a new family nurse practitioner, the role of nurse practitioners was quite new and understandably, not well understood. Over the years, as the evidence on the safety, quality, and effectiveness of nurse practitioners and other earlier established advanced practice roles (nurse midwives, nurse anesthetists, clinical specialists) accumulated, barriers have rapidly fallen.

One of the remnants of those early days that persist and will be rectified by this legislation is the requirement for MD signature in instances where the nurse practitioner, or other APRNs, is the primary responsible provider. In these instances, what most often happens is that the patient experiences delays or barriers in accessing some needed service, certification, or authorization while the NP/APRN goes off in search of an MD who does not know the patient to sign the document. All

that is accomplished is that valuable time of all three parties—the patient, the APRN, and the MD—has been wasted. In our current health care environment, we have no such time to waste.

Let me give you an example. One of the statutes prohibits the utility company from discontinuing service if the patient has a serious illness that requires electrical equipment. As a community health center, my magnificent and very busy staff of physicians and NPs care for tens of thousands of low income patients. Many have serious medical illness and require electrical equipment—such as a nebulizer or oxygen—as part of their regimen. They also live on the financial edge, and often struggle to pay their bills, including utility bills. Thousands of these patients have a nurse practitioner as their primary care provider, responsible and accountable for all their primary care including assessment, treatment, and prescribing, diagnosing, and coordinating care. What happens when such a patient present the utility form to the NP for signature? You guessed it: he or she has to stop and go in search of a very busy colleague, interrupt that person, and get them to sign it. That is neither a rational nor an effective use of resources.

SB 414 has so many similar examples. Some involve quite complicated assessment of the patient's condition; some are focused on creating access to special services. In all instances, though, I believe the intent of the legislation—to allow APRN signature in the cited statutes that currently call for MD signature—is reasonable, safe, and reflects today's practice—not the environment of 32 years ago.

In providing this testimony, I speak on behalf of our medical staff of MDs and NPs, many of whom have called me over the years—and a recently as this month—to say “Can't we get this changed? It does not make sense for (the MD) to be signing this form for (the NP/APRN) when he/she is the primary care provider!

They are right. It no longer makes sense. Thank you for helping to bring our statutes into line with today's practice.