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Connecticut State Medical Society Testimony in Opposition to
House Bill 6391 An Act Concerning The Practice Of Advanced Practice Registered
Nurses
Presented to the Public Health Committee
March 20, 2013

Senator Gerratana, Representative Johnson and members of the Public Health Committee, on behalf of the more than 7,000 physicians and physicians in training of the Connecticut State Medical Society (CSMS), we present this testimony to you today in strong opposition to House Bill 6391 An Act Concerning the Practice of Advance Practice Registered Nurses (APRN). This legislation would grant nurse practitioners, nurse psychotherapists, and certified nurse anesthetists the authority to independently practice within a rather broad and vaguely-defined scope of what is now considered the licensed practice of medicine in Connecticut.

Current statute requires a critical bond between the APRN and collaborating physician to ensure that the patient receives the right care for the right reason at the right time. These functions have been mutually identified by the two parties: the physician has assessed the abilities and talents of the APRN, and there is an assurance the physicians is willing to assume responsibility for the APRN's delivery of medically necessary services and treatment based on a set of previously-established protocols.

By removing the requirement for collaboration with a physician, the APRN alone would make all treatment decisions whether the APRN is working with a patient with a single episode of care or with a patient with multiple co-morbidities that involves complex and often varied treatment modalities. If passed, this bill would allow APRNs to open their own practices to evaluate, diagnose, and provide treatment for potentially complex and life-threatening disease, as well as to prescribe, administer, and dispense medications to patients, including controlled substances that require the development of patient treatment plans. All of this would take place without the benefit of oversight from a licensed physician with years of clinical training and practice.

APRNs are valuable care extension resources, but they are not a substitute for a trained and licensed physician. We do not believe that quality of care is well served by substituting the medical and technical skills of an APRN for the education, training and experience of a licensed and practicing Connecticut physician. To be clear, this proposed change will not address the growing shortage of physicians in our state, particularly in primary care practice.

CSMS, along with the American Medical Association and the largest, national, yet Connecticut based company, IMS, that tracks and consolidates prescribing information evaluated psychotropic prescribing patterns for children in Connecticut We found that pediatricians and family physicians are filling any unfortunately necessary gaps when it comes to medication management and prescribing. We also found that in some rural areas, there appears to be a rather significant and disturbing frequency of prescribing by APRNs per patient. In some situations on an 8 to 1 level of the more trained and educated

physician specialist. What is even more troubling is the types of medication being prescribed by APRNs relied on older generations and even antiquated medications that may have more side effects and could lead to significant issues for patients in years following treatment.

A physician's medical education and training is fundamentally different than that of a nurse's. Medical education and training is more extensive and scientifically rigorous, and has greater depth of clinical judgment. . Physicians must have a minimum of ten years of post-secondary training in patient diagnosis and therapeutics just to be licensed in this state. The vast majority of physicians have additional years of education and training. Medical education and training provide the knowledge base necessary to understand and handle the vast array of illnesses and injuries that are presented in a direct patient care practice. This knowledge cannot be acquired in a few years of college-level training or related masters' studies. Physicians complete on average 3,200 hours of clinical training in medical school and 9,000 hours during residency, compared to 500 hours for APRNs. In addition, physicians must complete a minimum of 50 hours of continuing education every two years by statute along with 5 mandatory courses, and complete much more continuing education through the stringent requirements of hospitals, insurance panels, and national medical specialty boards.

There is no substitute for the education, training and skills of a physician. Patients will not be well-served if advanced practice nurses are allowed to practice and prescribe independently, without appropriate physician direction, knowledge and involvement. Every patient deserves the confidence of knowing that a fully-trained physician is involved in the course of his or her medical care.

Please reject the concept of independent practice of APRNs and work with CSMS in identifying the circumstances where we can assist our colleagues in creating opportunities for them to continue to benefit from collaboration with a physician in the treatment and care of patients. We are concerned first and foremost about the medical care received by the patients of Connecticut and we believe that licensed and well-trained physicians are the best able to identify, diagnose, treat and monitor patient illness and disease and when necessary and clinically appropriate, provide the medical and surgical procedures necessary for quality patient outcomes. We are very concerned about a lessening of the standards of training and education necessary to provide quality medical care in Connecticut. At a time when quality care demands more stringent standards, this bill would lower the standards of care and therefore the clinical quality provided to Connecticut patients.

Please oppose House Bill 6391.