

**PUBLIC HEALTH COMMITTEE
PUBLIC HEARING MARCH 20, 2013
HB 6391 (Raised) AAC THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES**

Testimony of Sheryl LaCoursiere, PhD, FNP-BC, APRN in **Support** of Raised Bill No. 6391

Senator Gerratana, Representative Johnson, and members of the Committee.

My name is Sheryl LaCoursiere, PhD, APRN, I am a Board Certified Family Nurse Practitioner (FNP-BC) practicing nursing in Connecticut for the past 32 years. I currently practice in assisted living with geropsychiatric patients, so frequently collaborate with both medical and psychiatric providers.

I am also a Professor at the University of Massachusetts Boston Doctor of Nursing Practice (DNP) Program. This program is a clinical doctorate for nurse practitioners who have already completed a Master's Degree program, and are looking for more training in assuming leadership positions. In this program, many of my students are Nurse Practitioners in the independent practice states of New Hampshire, Vermont, Maine and Rhode Island. Through these students, I have come to know the variety of independent practice situations that are available to them that are **not available** to APRNs in Connecticut.

In my own practice, I have encountered difficulty in laboratory facilities not wanting to run the blood tests I have ordered without identifying a collaborator. This has caused them to resist doing "home draws," which means coming to an assisted living facility and having a lab technician draw frail patients in the comfort of their rooms. This has great economic consequences, and for many patients means a van has to be called to transport them to lab drawing stations.

I would also encourage the Committee to look closely at testimony of specialty medical colleagues who do not have a daily working relationship with APRNs, yet claim to represent large numbers of Connecticut physicians. I am appreciative of the support of this bill from medical colleagues Dr. Henry Schneiderman at UConn Health Center, Dr. Daren Anderson of Community Health Center, Dr. John Rodgers of Prime Health Care, as well as Drs. Eric Liben, Gidon Goldenberg and Georgia Kelly of Medical Associates of North Haven.

I would also like to draw the Committee's attention to the study of patient satisfaction with Nurse Practitioners, presented at the American Academy of Nurse Practitioners 26th Annual Meeting in 2011. In this study, researchers administered the U.S. Agency for Healthcare Research and Quality's Consumer Assessment of Healthcare Providers and Systems (CAHPS) questionnaire to a random sample of low-income NP and physician patients who were enrolled in a county-funded public health care plan. The majority of survey questions showed statistically significant differences in satisfaction between patients in the NP and physician groups, with the NP patients reporting greater satisfaction.

We all know that there is a shortage of primary care providers in general, and you have heard testimony after testimony of difficulty of APRNs in procuring collaborative agreements. This has been in addition to price-gouging in those collaborators who are willing to sign an agreement for a fee. The current arrangement has many elements of bullying in it. This has been prohibitive enough for APRNs to close their own practices.

I urge the committee to look forward to the inevitable implications of the Affordable Care Act, and project what will happen as the supply of primary care physicians continues to decrease, and current collaborators retire. In addition, please look "outside of the box" **to the effective models already present in 4 out of 6 of our neighboring New England independent practice states.**

Thank you very much for your consideration of this bill.

Best regards,



Sheryl LaCoursiere, PhD, FNP-BC, APRN