



PUBLIC HEALTH COMMITTEE
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Testimony IN SUPPORT of Raised Bill 6391 AAC THE PRACTICE OF ADVANCED
PRACTICE REGISTERED NURSES

Lynn Price, JD, MSN, MPH
March 20, 2012

Senator Gerratana and Representative Johnson
Members of the Public Health Committee

Honorable Chairs and Members of the Public Health Committee:

Thank you for the opportunity to present testimony on Raised Bill 6391. My name is Lynn Price. I am a family nurse practitioner, and a member of the Connecticut APRN Society's Health Policy Committee. I ask that you support this bill.

For the past fourteen years, Advanced Practice Registered Nurses (APRNs) have been unable to practice without a physician's agreement. APRNs are the only licensed and board certified profession facing such a threshold to practice. The current statute does not require physicians to render such permission, and many APRNs have encountered difficulties in garnering the requisite agreement, as you will hear in other testimony today. Some APRNs have had to pay significant fees to obtain a physician's "agreement," examples of which will be presented today.

You will likely hear claims today that in seeking elimination of the mandatory agreement to allow APRN practice, APRNs actually seek to eliminate all and any collaboration with other health care providers. On the contrary, we recognize that actual collaboration between professionals is necessary, and will continue in the interest of providing excellent patient care by all involved. Such collaboration is not derived from the statutorily-mandated "collaborative" agreement, but from professional standards for patient care. Existing collaborative, inter-disciplinary relationships will continue, as is the case in the 19 jurisdictions where APRNs practice without mandated physician gatekeeping of APRN practice.

Although the mandatory "collaborative" agreement is often posed as a scope of practice matter, the elimination of this agreement would not change APRN practice or relationships with patients. Everything we do today, we would be doing tomorrow.¹ The mandatory agreement does not govern APRN practice, as it contains standards of practice to which we adhere as licensed professionals. I have attached a sample agreement under which many of us currently practice. The majority of the physician contact I have is with specialists, not my collaborating physician. The contact I have with my

¹ The requirement for a written agreement for prescriptive authority regarding controlled substances in schedules II and III Section 20-94(a) would become moot, and would need amended wording. The existence of an agreement is not a demonstration of competency for prescriptive authority; the national board certification and state licensure demonstrates such competency.

collaborating physician consists of team-based care, which will continue as the expected standard of care, regardless of the lack of a statutory mandate.

You may hear today from those opposing this bill that APRNs do not meet the educational thresholds to provide safe and effective patient care, as we are not educated in the model used in physician training. Our education is competency-based, and focused on the area in which we will be board-certified. Voluminous studies over the past forty years clearly and repeatedly demonstrate that APRNs render safe care, have excellent patient satisfaction rankings, and achieve desirable health outcomes at least as well as physicians.² This solid, consistent data regarding APRN practice led the Institute of Medicine to recommend in 2010 that state legislatures remove barriers to full practice for APRNs, a recommendation that was endorsed by the National Governors' Association in December, 2012 after the Association reviewed all of the evidence on advanced nursing practice.³

Removing barriers to APRN practice benefits patients by increasing access to primary care providers, including behavioral health. In the fourteen years since the requirement for physician supervision was replaced by the current statute, we saw APRNs able to enter settings where need was high and physician presence unusual, such as corrections and long-term care. (You will also hear today that such arrangements remain fragile, as they depend entirely on securing physician agreement to the practice). Removal of the current mandatory agreement will encourage further innovations, such as nurse-managed health centers, a model of care management with a record of success.⁴

The American Association of Nurse Practitioners (AANP) reports that 75% of actively practicing nurse practitioners render primary care services.⁵ We know already that we have an access problem in Connecticut, which will increase many fold once the Affordable Care Act is fully implemented, for which Connecticut is otherwise reasonably well-prepared.⁶ Please support Raised Bill 6391 to eliminate an archaic barrier that fulfills no public health policy purpose.

Thank you,

Lynn Price, JD, MSN, MPH

² See Newhouse, R. et al. (2011). "Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review," *Nursing Economics* 29(5), 1-22.

³ National Governors' Association. (December, 2012). "The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care." Available at <http://www.nga.org/files/live/sites/NGA/files/pdf/1212NursePractitionersPaper.pdf>

⁴ The federal Health Research and Services Administration granted \$15 million in 2010 for a pilot project with 10 such centers across the United States, based on success with such models in Pennsylvania, Minnesota and elsewhere within integrated health systems. See the Robert Wood Johnson report "How Nurses are Impacting Primary Care" (July, 2012), available at <http://www.rwjf.org/content/dam/files/file-queue/cnf20120810.pdf>

⁵ American Association of Nurse Practitioners, "Nurse Practitioners in Primary Care", available at <http://www.aanp.org/publications/position-statements-papers>

⁶ Connecticut Health Policy Project. (August, 2012). "Connecticut Health Care Reform by the Numbers: Estimates of the Impact of the Affordable Care Act's Reforms," available at <http://www.cthealthpolicy.org>