

**TESTIMONY TO THE PUBLIC HEALTH COMMITTEE ON  
H. B. NO. 6391, AN ACT CONCERNING THE PRACTICE OF ADVANCED  
PRACTICE REGISTERED NURSES  
PUBLIC HEARING MARCH 20, 2013**

My name is Susan Hope and I am a Psychiatric APRN practicing in a private practice in West Hartford. I am writing with a request that the mandatory collaboration with a physician requirement in the nursing statute be removed so that I can practice without the threat of suddenly needing to close my business due to another professional's actions.

I have a Masters in Psychiatric Nursing (1975) and an APRN license (1995) and I meet all of the standards of my profession, as set and monitored by the American Nurse Credentialing Center (ANCC) and the Board of Nursing. I carry my own malpractice insurance and have had no claims filed against me in the now 20 years that I have been covered. The coverage requirement amounts are the same as they are for psychiatrists.

I work independently in my own private office and I diagnose and treat (including ordering appropriate tests and medications) a caseload of over 300 adult patients. I treat them with psychotherapy or psychopharmacology or a combination and I treat the full spectrum of psychiatric disorders. **Many of my patients were previously treated by psychiatrists and were referred to me by other physicians or mental health professionals.**

Due to a now **arcane appendage** in the statute governing APRN practice, I continue to have to find and maintain a relationship with a psychiatrist, have an arbitrarily written contract that covers the association, and be at risk of practicing illegally if the psychiatrist ends the relationship.

I have had the experience three times in twenty years where I had to scramble to find a psychiatrist. The first was when the psychiatrist decided "on the advise of her attorney" to abruptly end the association after 6 years. This coincided with our last strong legal attempt to remove the collaborative mandate. The next was when **the collaborating psychiatrist had his license suspended due to his prescribing practices.** The next psychiatrist was only willing to fill in for a few months.

The current arrangement with the psychiatrist involves a group of 7 APRNS meeting once a month in the psychiatrist's home and discussing topics or a few cases pertinent to our practice. This is NOT supervision and it is not necessary for our safe and competent practice. We each pay her a fee that she sets.

The mandatory collaborative requirement is an impediment that keeps APRNs in a tethered position to a practitioner in a **different profession.** It is kept in the statute by strong lobbying efforts by the medical profession which has a strong financial incentive to continue the dependent relationship.

The mandated collaborative requirement needs to be removed from the statute so that APRNs can continue to practice without the threat of sudden disruption of patient care and loss of the business.

