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PUBLIC HEALTH COMMITTEE

Public Hearing 3/20/13

Raised Bill No. 6391 **AAC The Practice of Advanced Practice Registered Nurses**

Testimony **IN SUPPORT**

Senator Gerrantana, Representative Johnson, and members of the Committee:

I am a Family Psychiatric Nurse Practitioner and I provide psychotherapeutic and psychopharmacologic services for persons with mental illness in Connecticut. I have a private practice in New Haven where I treat approximately 400 patients and I have a collaborating physician. She is one of the many colleagues with whom I collaborate to manage my patients as they seek wellness and symptom relief. We have engaged in a fruitful relationship for the last 10 years. She will soon be readying herself to transition all her service to NYC. She is the collaborating MD for most of the New Haven County APRNs. When she leaves, many hundreds of mentally ill patients may be without care if we are unsuccessful in striking a mutually compliant collaborative agreement. I have had disruptive and ill-informed interactions with psychiatrists in the past as I have attempted to find a collaborator.

Additionally, I am a member of the medical staff that serves two not-for-profit clinics offering psychiatric services, primarily, to our most indigent of mentally ill people. Between both clinics, we manage approximately 2,000 patients, most with serious and persistent mental illness. My collaborating MD in these facilities is close to retirement. He brings years of wisdom, a healthy respect for my independent practice, and a generous relationship with these financially challenged clinics. When he retires over the next few years, the 2,000 patients we serve may experience a break in those services given the current legislative mandate of collaboration.

Collaboration is one of the many clinical and ethical mandates that all practitioners of medicine are encouraged to employ in our quest for optimal patient care. It happens naturally as we consult with each other daily in providing care and relationships are formed among providers. We assume respect for colleagues in various specialty practice settings and ultimately refer patients back and forth as their medical needs change.

The process of mandating collaboration with regulatory statute distorts its true spirit and provides a forum for great misuse of power, misassumption of patient responsibility, and indentures APRNs to physicians for whom previously collegial relationships are forced to become parental. If we are unable to find a reasonable and knowledgeable collaborating MD willing to sign this document, our practices close and patients are not able to access care. Nothing changes in the day to day operations of my psychotherapy and medication management practice whether I have a written agreement with an MD or not, but the act of needing to have one constructs a level of administrative dictate that can bring patient access to mental health care to an immediate and unnecessary halt.

This current public health policy overtly restricts the establishment and maintenance of mental health services. At a time when this access to care needs to be most available to our most vulnerable population, I urge your support of this legislation to help reverse a proven bad policy.

Respectfully submitted,

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Family Psychiatric Nurse Practitioner