

PUBLIC HEALTH COMMITTEE
PUBLIC HEARING 3/20/13

RAISED BILL No. 6391 AAC THE PRACTICE OF ADVANCED PRACTICE REGISTERED NURSES.

Testimony of Elena Schjavland IN SUPPORT OF RAISED BILL No. 6391

Senator Gerratana, Representative Johnson, and members of the Committee

Thank you for the opportunity to speak about healthcare, including ease of access, competent provision of care, and vulnerable populations in Southeast Connecticut. This is directly related to the onerous requirement of a physician *collaborative agreement* necessary to practice in our state.

I am licensed in CT as an Advanced Practice Registered Nurse (APRN) and specialized by the American Nurses Credentialing Center (ANCC) as an Adult and Geriatric Nurse Practitioner-Board Certified practitioner. I am self-employed as a Memory Disease and Dementia Specialist, providing house calls to adult and seniors in SECT. I see clients and their family-caregivers from the border of RI, across Rt. 2, down I-395 to I-95 coastline including Old Saybrook. I accept Medicare, private insurance and fee for service; I evaluate veterans and some vulnerable clients *pro bono*. I receive self-referrals, and CT State program (CCCI & Protective Services) and physicians & nurses consultation requests. I employ an electronic health record and *e-prescribe* strategies as requested by the Center for Medicare and Medicaid.

I spent over 12 months trying to locate a physician willing to sign an agreement to collaborate with me as a Nurse Practitioner (NP) to render care to Connecticut's portion of the 5.4 million US citizens with cognitive impairment, dementia, and Alzheimer's disease. Procuring a collaborative agreement is one of the most difficult things to do. Physicians ignored me or turned me down because of money and potential liability.

I took much care to describe my Nurse Practitioner model of care of the cognitively impaired, and my specialty education/training. I am fully-qualified to evaluate, diagnose, and treat memory disease. I also can medically manage the behavioral components of dementia. My background also includes years employed as a critical care nurse and acute care nurse practitioner at Yale's MICU and Hartford Hospital's Trauma/Neuro Intensive Care Unit.

So why didn't CT doctors want to collaborate? The reasons were: financial, litigious, and personal. Do you know that some NP's pay the physician who signs the collaborative agreement in excess of \$2000/month?

The one thing certain about NP's is that *we care*. That care includes countless hours case managing our clients to specialty physicians, MD's, mental health practitioners, and the requisite home care services. We excel in partnering with our clients to define goals, adhere to medical plans and offer patients the psycho-social and educational support inherent in our craft.

I am extremely fortunate to have FINALLY connected with a physician willing to be a collaborator. It was a serendipitous meeting at an Alzheimer's conference, and he is as dedicated to the care of our aging population and cognitive impairment as I. He knows there are too many patients with health issues that need to be addressed. He knows there aren't enough doctors; He knows NP's offer accurate diagnostic work, prescriptive therapies and comprehensive treatment models. I don't know what I will do if he moves to another state's hospital and academic setting.

In my practice, I have diagnosed/referred a Basilar Artery brain aneurysm, non-dementia Depression, Fronto-temporal dementia with transfer to a Baltimore research study, a young-onset dementia due to Lyme disease encephalitis, and countless other distinctive clients. These diagnoses are not unique to me... it is within the scope of practice, i.e.: the business and competence of all nurse practitioners. We know how to care for sick and well clients. I am offering a unique level of care to Alzheimer's and dementia patients. If you have tried to find help in diagnosing and managing memory disease of a loved one in your family, you will relate to the difficulties finding care. I can't even begin to address the inaccessible care for depressed clients and vulnerable seniors living alone in the community!

In closing, I am responsible for the care I provide; I am personally insured with business and malpractice insurance. The collaborative agreement has proven to be a clear and distinct barrier to establishing my practice and I am not alone. Many Advanced Practice Nurses have similar stories. It has become more and more apparent over recent years that this statutory mandate, which seems to serve no regulatory purpose, is contributing to decreasing opportunities for care, leaving CT patients with less access to care.

I URGE YOUR SUPPORT OF THIS BILL.

Most Sincerely,

A handwritten signature in blue ink, appearing to read "Elena Siro", is placed on a light gray rectangular background.