

PUBLIC HEALTH COMMITTEE

PUBLIC HEARING 3/20/13

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

**Testimony of Linda Schofield - BSN, MPH
IN SUPPORT OF RAISED BILL No. 6391**

Senator Gerratana, Representative Johnson, and members of the Committee

As a patient of numerous APRNs over the years, as a trained nurse myself, and as a health policy professional of many years experience, I want to lend my support to HB 6391, which would simply amend existing law to recognize that APRNs practice independently already.

Current law only requires an APRN to have a written collaborative agreement with a physician. It does not require actual collaboration, supervision, co-signing of orders, or indeed any actual interaction at all. This requirement for a piece of paper does, however, create a barrier to entry for APRNs in some cases, as it can be difficult or costly to find a physician to sign such an agreement, given the liability issues such agreements would inevitably raise in the minds of the signatory.

With or without a written collaborative agreement, APRNs must work within their scope of practice and they do work with their colleagues in a collaborative manner. That is the nature of good health care professionals: to work collaboratively with other professionals on the health care team and to refer as appropriate to other professionals with different specialization or expertise when appropriate.

As we move into the implementation phases of health care reform, the need for primary care practitioners is exploding. We desperately need more primary care professionals, and APRNs are a cost effective source of such care. Efforts over the years to prevent APRNs from practicing independently have been anti-competitive. Now with the benefit of years of experience to evaluate, we can see that, in the many states where APRNs practice fully independently, the fears that they would harm either patient care or physician practices have not come to fruition.

APRNs provide very good quality care. I can speak from my own experience. I have found APRNs to be more thorough and to listen more carefully and take more time to be patient-centered, than many of my past physicians. Lest I give the wrong impression, let me add that I also have the good fortune of having some great doctors on my own current personal health care team.

To suggest that APRNs would provide lower quality care or create safety concerns without collaborative agreements is a red herring. You will hear from some APRNs themselves, and they can best describe that some physicians see these agreements simply as a source of revenue, but don't really provide much collaborative assistance. Others provide collaborative assistance without written agreements or payment, and will continue to do so after this bill is made law.

What is important to note is that APRNs have been practicing independently in CT for 13 years. So we have a strong base of data to evaluate their safety record. The number of licensure actions and negative findings, reported to the National Practitioner Data Base, against APRNs is dramatically lower than against physicians in CT. The APRN ratio is 1 complaint for every 685 APRNs, compared to 1 complaint for every 6 doctors.

I urge you to support this bill.

Linda Schofield, Simsbury, CT