

**PUBLIC HEALTH COMMITTEE**  
**PUBLIC HEARING 3/20/13**  
**RAISED BILL No. 6391 AAC THE PRACTICE OF ADVANCED PRACTICE REGISTERED**  
**NURSES.**

**Testimony of Kathleen Sullivan-Conger**  
**IN SUPPORT OF RAISED BILL No. 6391**

Senator Gerratana, Representative Johnson, and members of the Committee

My name is Kathleen Sullivan-Conger I am a mental health Advanced Nurse Practitioner, I have been assessing diagnosing, and prescribing medication for 5 years and working in the field of psychiatry as a nurse for approximately 17 years. Throughout my career I have always provided services to populations of people in financial and emotional disparity and I am a nurse educator and also work in private practice providing services to military families, children and professionals and paraprofessionals from various large companies, school systems, hospitals and surrounding casinos. I am continuously requested for my services and for difficult cases by therapists and primary care doctors as I specialize in trauma, addiction and holistic collaborative care. I provide services to approximately 75-100 clients per week.

Regarding the collaborative agreement, I have struggled throughout my career to maintain a proper collaborator and in 2012 left my position in a center servicing a population of disparity because of this problem. This issue not only caused loss of provider at the center but also created financial issues for me such as loss of wages, sick and vacation time, educational funds, retirement opportunity and health benefits. I had no other choice then to leave my position or become liable for working in a situation that does not meet Connecticut state health practice standards. For the first time in my career I do not work with populations of disparity under Medicaid or Medicare because I do not have my own practice to make this choice and fear starting a practice under the current circumstances in Ct.

I was also employed in the past at the woman's state prison system and while running a full mental health program with some of the most fragile inmates received high recommendation by federal oversight due to the excellence in the recovery services I developed and implemented. I would be eager to provide such recovery based services for woman and children in my community.

There is no research or facts that prove harm from APRN's providing care without a collaborative agreement. Personally, my colleagues and I are currently doing an excellent job working independently. There have been no safety violations or increase in adverse health occurrences in states that allow APRN's to work without A WRITTEN collaborative agreement simply because we all collaborate. Its part of our job. Its part of what we do every day and we enjoy it. APRN's are actually advocates for collaboration and holistic care in the health care setting and leaders in this practice. We already work independently in Ct. APRNs have their own businesses, their own practice in CT but many of us hesitate to do this because of adverse circumstances. Releasing the APRN collaborative agreement opens a gateway of new health care options, increasing access to care. Practice initiatives have been stifled because APRN's are not free to open practices without risk of closure. We are seeking to improve the lives of others and be creative with the provision of health care. Please keep in mind the growing number of states that

have no collaborative agreement including Rhode Island. Many practitioners have already left the states they practice in to seek professional independent OPPORTUNITIES TO INITIATE A VARIETY OF SOLE PRACTICES IN OTHER STATES. FOUR NEW ENGLAND STATES AND 15 ADDITIONAL STATES OFFER SUCH OPPORTUNITY TO INITIATE APRN PRACTICE. WE DO NOT WANT TO BE FORCED OUT OF CT. WE WANT TO KEEP OUR WORK AND BUSINESSES IN CT. WE WANT TO SERVE MENTAL HEALTH NEEDS HERE. I URGE YOUR SUPPORT OF THIS TIMELY BILL.