

## PUBLIC HEALTH COMMITTEE

March 20, 2013

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

Testimony of Ines Zemetis APRN-BC IN SUPPORT OF RAISED BILL No. 6391

Senator Gerratana, Representative Johnson, and members of the Committee

I am a licensed Adult Nurse Practitioner, graduate of Yale University, and a primary care provider in a private practice in Waterbury, CT. I am in direct contact with patients and place orders for patients to have blood drawn frequently for analysis of their health and conditions.

I received a call on November 27, 2012, by the outpatient laboratory center at a local Hospital stating that they will not accept my order because I am a nurse practitioner and not a physician. They stated they cannot process my laboratory orders due to not having an attending physician within the hospital. I spoke with the manager of laboratory services. She stated that I need a supervising physician to process the order. She reiterated that if the requisition were to be done, it would be processed through the physician. I explained that according to the Public Act 99-168 of Connecticut, I do not practice with a supervising physician; that I have a collaborating relationship with a physician.

On November 28th, 2012, I received a call notifying me that it was the responsibility of the Hospital to place my name as the ordering provider to the blood analysis that was to be ordered.

Difficulties persist with laboratory requisitions that were directly given by me with my signature yet continue to be placed as ordered by a physician.

This has been a chronic and debilitating problem that has impacted negatively towards the care and the safety of my patients. Numerous times I have not received laboratory data due to the the lab sending the report elsewhere, often some physician's office. This has chronically delayed care, and jeopardized the proper care for my patients.

There are patients that have been contacted by other providers that were at "random" imputed as the ordering provider and were either given more blood analysis to do, and/or given medication, and/ or told to have a follow up. Consequently, health care costs were processed that were not justified nor were they clinically indicated. The blood analysis, patients were receiving medications that were ordered by myself and then by a physician. This could have been a sentinel event due to actions from the Hospital's Laboratory Services.

This serious confusion has been repeated throughout the state and APRNs often have to argue the legal meaning of Collaborative Agreement and patients are at risk when reports are sent to the wrong place.

Thank you for your time and I hope you see why the collaborative agreement serves no purpose, is a detriment to patient care and should be removed.

Ines M. Zemaitis APRN, BC

1389 West Main Street Suite 224

Waterbury CT, 06708.

Office: 203-755-7711

Cellular: 203-768-6770

Home: 203-271-9119