

Dear Legislators;

As a concerned clinician I am writing to you in hopes that you will vote NO on Governor's Bill #36, the bill that would allow Advanced Practice Registered Nurses (APRN) independent practice. I have a unique inside view with regard to the mental health side and thus strongly encourage you to keep reading and ultimately consider the ramifications of these proposed changes.

I completed my doctorate degree in clinical psychology in 2009. Given the medically compromised patients with which I work, I decided to enhance my medical knowledge by seeking an additional master's degree. Thus, I am currently enrolled full-time in a psychiatric nurse practitioner program while I concurrently continue to practice as a licensed psychologist. As a student, I am experiencing first-hand the education and training that APRN's undergo. As a clinical psychologist, I have the knowledge and training to assess what is being taught, how well it is being taught, and the level at which these skills are put into practice. Notably, I not only sit through classes taught by APRNs, but am also paired with APRNs who are practicing in the community. I am in the room as they treat patients, I attend their staff meetings, I see their documentation and all other aspects of the care they implement. Unfortunately, I have been continuously saddened by the mediocre quality of care I have observed as well as the lack of depth and breadth of the education/training. Moreover, despite these apparent limitations I have rarely witnessed practitioners collaborating, consulting, asking questions, or making referrals to other professionals. Therefore, I am extremely concerned that if collaboration agreements are removed APRNs will not seek out support and guidance despite the very apparent limitations in their skills.

Certainly, I have witnessed APRNs accomplishing the basics of mental healthcare, but beyond this level I have seen APRNs across the board struggle. Deficits are most prominent with arriving at accurate diagnoses, how to conduct a therapy session and moreover how to design a treatment plan focused on actual symptom reduction. All skills that can directly affect healthcare spending.

It is disconcerting to me that I sit through lectures in which some concepts are covered by one PowerPoint slide and yet within only 2 years' time students from these programs will be asked to diagnose and prescribe medications for these issues. If I was witnessing exceptional care based on such few classes and clinical hours, I would gladly say that we need to re-assess the length of our educational programs. However, this has not been the case.

When I made the decision to add APRN to my list of titles, I did so knowing that when I would have to deal with medical problems and medications, I would have the guidance and support of an MD whose training would far exceed mine. I was happy for this provision knowing that with only 2 years of training I could still help patients, but would also have an expert nearby who would pick up where my skills would leave off. I never could have imagined that fellow APRNs would not recognize the limitations inherent in a two year program and would seek to practice without close proximity to a more expert clinician for support and guidance.

I believe APRNs are requesting independence in good faith that they are able to provide quality care. Unfortunately, this is an issue of not knowing what they do not know. Because there is so much information that is not covered or even brought up, many APRNs are unaware of the information they