

Mary Jane M Williams SB 36



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**TESTIMONY: Raised Governor's Bill No. 36 AN ACT CONCERNING THE GOVERNOR'S
RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE**

PUBLIC HEALTH COMMITTEE

February 28, 2014

Good Afternoon, Senator Gerratana, Representative Johnson and esteemed members of the Public Health Committee.

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA) in respect to Raised Governor's Bill No. 36 AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE.

I am Mary Jane Williams Ph.D., RN current chairperson of Government Relations Committee for the Connecticut Nurses Association and professor emeritus from Central Connecticut State University. I speak in STRONG support of: Raised Governor's Bill No. 36 AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE.

In 1997/98 at the Connecticut Medical Society, the Coalition of Advanced Practice Registered Nurses met to develop compromise language related to the practice of the Advanced Practice Registered Nurse (APRN). I had the unique responsibility of being the

only Nurse at the table along with representatives from each organization. Senator Melodie Peters facilitated this process in collaboration with Representative Lenny Winkler. After negotiations were completed it was generally agreed that in five years we would revisit the language and move forward with “Independent Practice.” Since 1999 when the legislation became law the environment for change has become oppressive while the need for the qualified primary providers has increased 10 fold. Buerhaus (2013) predicts an even more dramatic need for providers in the next decade. We have always known that access to care would become a major issue in the provision of primary care. Access is now an issue. This bill is timely, as the State needs to be prepared to provide primary care to growing numbers of individuals.

Connecticut is in a unique position. We are a small state and we have growing needs for providers of “Primary Care” in many areas of the State. We have vulnerable populations in many of our communities who have not had or who have had minimal access to health care. These individuals will now have health care and require providers. We have excellent community models of care that are led by APRNs. The community facilities provide access to safe, high quality care with excellent outcomes. This proposed legislation is essential to access.

I concur with the findings and conclusions of the Scope of Practice Review Committee Report on Advanced Practice Registered Nurse’s. It is time for all health care providers to think proactively to address this growing issue of access. The implementation of the “Affordable Health Care Act” and the Implementation of “Access Health Connecticut” will increase the need for Primary Providers across the life span in all specialty areas of care. Passing this proposed legislation will allow fully qualified APRN’s to provide care across the life span in their area of specialization is the right option at this time, during this current legislative session.

We need to heed the recommendations of The Robert Wood Johnson Study on the Future of Nursing in collaboration with the Institute of Medicine that reported:

- Nurses should practice to the full extent of their education and training.
- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States. (IOM)

Our goal should be to develop statewide infrastructure to address ongoing ever-changing health care needs of a growing number of patients who will need quality care in a timely manner. This proposed legislation provides us with a huge opportunity, at a very significant time in the professional evolution of Advanced Practice Nursing. We need to recognize that the Advanced Practice Registered Nurse is educated in a specific specialty. The specialty education in a specific practice area i.e. Gerontology, Pediatrics, Family, Mental Health etc in conjunction with National Certification determines their Scope of Practice. The Advanced Practice Registered Nurse Practice is defined by education and certification.

The Advance Practice Registered Nurse is not licensed as a generalist. The APRN is educated, certified and licensed within a specific specialty, which defines the extent of their clinical practice. The Scope of Practice of an Advanced Practice Registered Nurse is in fact determined by education and specialty certification. As an example, if I decided to become an APRN in Family Practice, my course of study would focus on life span, infants, children, adolescence young adulthood, adults and geriatric primary care. My practice would focus on life span and as would my clinical experiences and exams. The license to practice would be in the specialty area of Family Nursing Practice. My Scope of Practice is defined and limited by my education, clinical practice, certification (National) And License (State).

The scope of practice for physicians, APRNs, physician assistants, and others is controversial to say the least. In all groups the question arises – where will the expansion of scope of practice stop or will all groups eventually want to do all things?

There is a scientific methodology to the evolution of professional scope of practice. When a new skill, technique, or intervention is first contemplated it most always comes to us through human subject research. From that point, if it is safe for the public and produces the

desired outcomes, it becomes a research innovation. When that occurs a wider group begins to learn about it and how to participate with it to the benefit patients, then it becomes taught formally to a much wider group and is considered to be an emerging practice. Boards of nursing [as is the case with other Boards] receive requests to consider whether the professionals they regulate can perform the new skill, technique, or intervention within their scope of practice. We have a group at NCSBN that reviews emerging practices and assembles an expert panel to create guidance around it. Then we can disseminate the guidance to the Boards.

Once incorporated into the professional scope, outcomes measures are the feedback loop that the practice is stable and safe and produces the desired result. The idea is that it is a thoughtful progression that always includes public protections. Just as graduate education for APRNs is a progression of professional standards inclusion and required clinical hours and the Master's Essentials, and certification is a progression from job analysis to expert test writers, to a legally defensible exam.

What is most important is that legislators are informed that the scope changes being requested to align with "Consensus" do not represent new scope...these are practices already proven in study after study over a span of 20 or more years. (Cahill, Maureen Personal Communication)

This is an opportunity to recognize the evolution of nursing practice based on research evidence. In order to provide care for the citizens of Connecticut we need to seize the moment and move forward in an organized fashion as we create a seamless mechanism for patient access and continuity.

As the education, training, experience, and overall competence of health care practitioners have advanced over time, the distinctions between many health care professions in terms of their abilities to perform particular health care procedures have lessened.

This legislation does not increase risk to public safety. The current literature provided to the Department of Public Health in support of the Scope of Practice review supports full scope of practice for APRNs. However, by not utilizing all health care practitioners to their full extent of their education, we are potentially decreasing access to care and interfering with a patients' ability to move along the continuum of care. We as a State

need to focus on high quality, safe, cost effective care. We need to utilize all our providers to the full scope of their education as recommended by many groups and we need to promote integrated team based care that recognizes equally and respectfully all members of the health care team.

I urge you to support Raised Governor's Bill No. 36 AN ACT CONCERNING THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE.

Thank you

Mary Jane M Williams