

Cynthia Heng

February 25, 2014

To the Public Health Committee,

I am writing to you today concerning the collaborative agreement upon APRNs and MDs in the state of Connecticut. As you may be aware, the Governor's Bill No. 36 proposes a modification to the current bill. I support this change and urge you to do so as well as it will present fewer barriers, allow APRNs to practice to their full potential and help ease the current shortage of primary and behavioral health care providers. This will impact not just APRNs and future APRNs but also our state as whole, patients, families and help reduce stress on other healthcare providers. As a future APRN, I believe this a turning point in future healthcare. There is a shortage in primary care providers which inhibits patient's access to healthcare. APRNs cannot continue to fill this gap if the current bill stays in term. An APRN must collaborate with a physician. As mentioned prior with physicians retiring, dying, and severing collaborative agreements, it creates a barrier for APRNs to practice and provide care for those who need it most, the underserved population.

With the modified bill, APRNs will be able to practice independently not in competition with MD's but alongside making a stronger healthcare team for the patient population. We must keep in mind that as time goes on, the elderly are getting older and the sick are getting sicker. This calls for a stronger team and action plan. Patients will have more choices in choosing a provider to their liking. Research has shown that the care of an APRN is safe, cost-effective, and of high quality. Additional data also shows that the rate of discipline related to practice errors or substance abuse of APRNs is less than 0.1%. However, there is also evidence that shows that APRNs are being restricted

from practicing in areas where they are needed most due to the fact that they cannot find a physician willing to collaborate or cannot afford the charges that the physician charges. Some of these charges can range as much 30,000 dollars a year or more if they are successful.

A change in the practice of healthcare is needed to provide quality care to make a healthier state, nonetheless a nation. The change has to start somewhere and why not here and now? Twenty other states including Rhode Island, Vermont, Maine, New Hampshire, and currently pending in Massachusetts have removed these barriers to practicing APRNs. Some may disagree and state that APRNs cannot provide optimal care, but several researches and evidence based practice have shown this to be wrong. APRNs have been proven to provide the same as or better care than our physician counterparts, higher rates of patient satisfaction, and are cost efficient. I am writing to you today to urge you to support this bill for a better healthcare future. Please support our unheard voices.

Sincerely,

Cynthia Heng BSN, RN, APRN student