

GOVERNOR'S BILL No. 36

AAC THE GOVERNOR'S RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTH CARE

Rose Zmyslinski, MSN, APRN, PMHCNS-BC, PMHNP-BC, Geriatric CNS-BC IN SUPPORT OF #36

Senator Gerratana, Representative Johnson, Members of the committee:

As an experienced Advanced Practice Registered Nurse, who has three national certifications, I hold a highly responsible position within a community hospital setting. My job duties include outpatient medication management, admission and inpatient care and evaluation for discharge readiness for patients on the locked acute behavioral health unit. I also provide consultation to the medical doctors for appropriate mental health care and medication recommendations for patients on the medical units or in the emergency department. I function independently to provide high quality and cost effective psychiatric care to patients of this community general hospital.

It has come to my attention that my physician colleagues raise objections to the qualifications of an APRN to function in such a highly independent position. They rightly point out that my education included best practices to coordinate care and to work within a team format. However, they neglect to acknowledge the high level science courses, including advanced pathophysiology, pharmacology, psychopharmacology and advanced health assessment.

Given the limited health care resources in many high need areas of Connecticut the lack of independent APRN practice creates an unnecessary obstacle to access to mental health care for Connecticut residents. Although the current practice act requires me to have a collaborative practice agreement, I in fact work independently. I am the sole provider for weekend, holiday and evening coverage for psychiatric services. When my physician colleagues take vacation or sick time, it is not unusual for me to be the only prescriber or attending practitioner to meet the care needs of our patients. This position was initially created in response to an acute need for a psychiatric provider due to a long vacant position. I dealt with many layers of resistance to a non-physician in this full scope of practice role. After several years of providing a highly valued service, my physician colleagues are now seeking to hire an additional APRN. As a physician coworker recently observed, "The experiment has worked. We need to hire another APRN". His words provide the essence of my testimony that the current requirement for practice restrictions is inconsistent with the level of care provided by this APRN.

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