

Susan Richman

I am writing to express my concern for the proposed legislation that would allow APRN's to practice and prescribe independently of a physician. I feel I am well positioned to weigh in on the subject, as I have been involved in the education of medical students, PA's and APRN's throughout my 30 year affiliation with Yale. I also acted in a supervisory capacity to mid level providers as an attending in the YNHH Women's Center Ambulatory Care Clinic. The training, both didactic and clinical, of mid-level providers does not remotely approach the depth, breadth, and complexity of physicians. Courses in anatomy, physiology, pharmacology, and the various clinical rotations are very abbreviated, condensed, and superficial versions of the corresponding medical school curricular topics. The intent of the training is clearly to allow mid-level providers to complement and extend the practice of medicine, not to substitute for it. In post graduate practice, lacking the experience and clinical judgement of a physician, mid levels order many more consultations, imaging studies, and laboratory work than the average physician, which often delays the attainment of a correct diagnosis, and increases health care costs.

Patient satisfaction is great for time spent with mid level providers in their role as educators, supportrs and promotors of preventive care. But for complex diagnosis, 'they don't know what they don't know" has been the theme of my consutative professional relationships.

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