



CTAPRNS

PUBLIC HEALTH COMMITTEE FEBRUARY 28, 2014

SENATE BILL #36: AAC THE GOVERNORS RECOMMENDATIONS TO IMPROVE ACCESS TO HEALTHCARE

Testimony of Vanessa Pomarico, APRN, President of the Connecticut Advanced Practice Registered Nurse Society (CT APRN Society) IN SUPPORT OF Senate Bill #36

Senator Gerratana, Representative Johnson, and members of the Committee:

Thank you for raising this bill.

I am President of the Connecticut Advanced Practice Registered Nurse Society (CTAPRNS) and am asking for your support of this bill. It is the CT APRN Society that requested this scope of practice review from the Department of Public Health. I am a practicing APRN for the past 16 years in a private, internal medicine practice. Additionally, I serve as the Interim Director of the Family Nurse Practitioner Track at Southern Connecticut State University educating tomorrow's practitioners.

In 1999, the law passed granting independent practice to APRNs in CT. A collaborative agreement has been required of all APRNs to practice in this state since that time. I want to emphasize that it is inherent in our profession, both ethically as well as medically, to consult and collaborate with other providers when the need arises in the care of any patient. The collaborative agreement does not define how we practice or prohibit us from making sound medical decisions regarding our patient's health and well-being. Removal of the collaborative agreement will in no way jeopardize the safety of our patients. The collaborative agreement is a barrier to practice and more importantly, access to care.

My physician colleagues are nearing retirement age. Our office is one of the few internal medicine practices in our area that is not closed to new patients or insurances. With the Affordable Care Act now a reality, the loss of my two physicians will present a difficult decision upon their retirement as I will not be near retirement age but will be forced to close a practice I have spent building well over the past decade resulting in the loss of providers for a large number of patients.

I am well respected among the medical community of the Greater New Haven area with solid professional relationships with specialists in every aspect of medicine, many of whom request to consult with me in my area of expertise. I also am the healthcare provider for family members of many of these physician specialists who respect my profession but more importantly, my level of expertise. A collaborative agreement does not make APRNs good practitioners. Our knowledge and expertise makes us good practitioners. The collaborative agreement has no bearing on how we practice. It is simply a barrier to access to care.

APRNs have a long history of well documented patient safety and patient satisfaction. We make no fewer or no more referrals than our MD colleagues do to the emergency department or to a specialist. Removal of this agreement does not grant us any authority we do not already have in our practices but will allow us to remain in practice upon the retirement, relocation or death of our MD colleagues thus providing continued care to the citizens of Connecticut.

As our state is impacted by the influx of the newly insured, primary care providers are needed to absorb and offer outstanding healthcare. There is already a well-documented physician shortage. APRNs are not in competition with our physician colleagues. We are simply looking to be part of the solution to the benefit of Connecticut's residents.

I urge you to support this bill, prevent practices from closing and increase consumer access to care.