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**TESTIMONY: RAISED BILL NO. 898
AN ACT CONCERNING PROFESSIONAL DOCTORAL DEGREE PROGRAM
HIGHER EDUCATION AND EMPLOYMENT ADVANCEMENT COMMITTEE
March 12, 2015**

Good Day, Senator Bartolomeo, Representative Willis and esteemed members of Higher Education and Employment Advancement

Thank-you for the opportunity to provide testimony on behalf of the Connecticut Nurses' Association (CNA), the professional organization for registered nurses in Connecticut. I am Dr. Mary Jane Williams, past-president of the Connecticut Nurses' Association current chair of the Government Relations Committee and Professor Emeritus from Central Connecticut State University.

I speak in strong support of **RAISED BILL NO. 898 AN ACT CONCERNING PROFESSIONAL DOCTORAL DEGREE PROGRAMS**

The request being considered via this proposed legislation is essential to the development of programs that will create a qualified workforce in Connecticut. I speak in specific reference of the need for the CSU system and the request for an educational doctoral degree and a professional doctoral degree (practice focused).

I have been involved in Nursing Education and Nursing Workforce Issues for many years. Connecticut has excellent programs that prepare competent nurses in a multiple of specialties. Nurses educated in Connecticut tend to work in Connecticut. In 2010 I was directly involved in the development of the Doctorate of Education in Nursing. This timely request reflects one of the many evolving National initiatives being required by a variety of National Professional Organizations to enhance education of Health Care Practitioners. In order to maintain programs our State universities must have the ability to provide doctoral degree programs (Ed.D, DNP, DNAP)

As the population ages so does the need for high, quality safe providers. Connecticut has a growing older population that will require more health services in order to provide services by highly qualified professional providers we need to support appropriate, adequate educational access in all of our higher education institutions’.

While today less than 14 percent of U.S. residents are over the age of 65, by 2030, more than 20 percent are expected to be in that age group, an increase of more than 6 percentage points. The aging population will increase the demand for nursing services and reduce the supply of nursing professionals simultaneously. The reduction in supply will be driven by the retirement of baby boomer nurses. As the recovery trudges along, unemployment rates continue to decline, and the ACA enters its full implementation, the nursing shortage problem is expected to resurface. This is because the demand for nurses is expected to increase as qualified nurses exit the labor force in better economic times. The ACA will require a greater number of RNs, especially those with Bachelor’s degrees, to provide healthcare services to millions of newly insured people. Healthcare facilities are expected once again to demand more nurses, to care for the newly insured patient population, and to improve patient outcomes in line with reforms under the ACA. Reports by the Agency for Healthcare Research and Quality (AHRQ) have linked nurse staffing levels with key patient outcomes, including hospital-related mortality, length of stay, hospital-acquired infections, and unintended hospital readmissions.(Workforce Study, Georgetown University, 2015)

The current request includes the request for a” Practice Doctorate.” Nursing educators are constantly striving to provide and create an exceptionally competent workforce to provide care to the citizens of Connecticut. To negate the necessity of this request would force closure of fully accredited vital programs that have been educating nurses in a variety of specialty areas for many years. It would have a significant effect on the ability of multiple clinical settings, hospitals, surgical centers, across the spectrum of specialties to provide the essential care provided by individuals prepared at the DNP or DNAP. It will also have an impact on the states ability to educate the next generation of Nurses.

The transition of many healthcare roles to the practice doctorate for nurses and other non-physicians in the US has been driven by national healthcare policy as attempts are made to reduce medical errors, mediate healthcare costs, and improve quality and outcomes for patients. Practice doctorates have been established for many health professions in this environment (e.g., optometry, audiology, pharmacy, and physical therapists). As part of this societal movement for health professions to hold practice doctorates, the American Association of Colleges of Nursing (AACN) published a position statement in October 2004 for its member colleges to transition all advanced practice nursing education to the doctor of nursing practice degree.

In October 2004, the members of the American Association of Colleges of Nursing (AACN) endorsed moving the level of preparation necessary for advanced nursing

practice roles from the master's degree to the doctorate level by the year 2015. The AACN position statement calls for educating advanced practice registered nurses (APRNs) and other nurses seeking top clinical positions in Doctor of Nursing Practice (DNP) programs. The following talking points were developed to help explain this evolutionary step forward for nursing education.

The changing demands of the nation's complex healthcare environment require that nurses serving in specialty positions have the highest level of scientific knowledge and practice expertise possible. Research from Drs. Linda Aiken, Mary Blegen, Carole Estabrooks, Christopher Friese, and others have established a clear link between higher levels of nursing education and better patient outcomes.

Some of the many factors which are accelerating momentum for change in nursing education at the graduate level include: the rapid expansion of knowledge underlying practice; increased complexity of patient care; national concerns about the quality of care and patient safety; shortages of nursing personnel which demands a higher level of preparation for leaders who can design and assess care; shortages of doctorally prepared nursing faculty, and increasing educational expectations for the preparation of other health professionals.

The Institute of Medicine, Joint Commission, and other authorities have called for reconceptualizing health professions education to meet the needs of the healthcare delivery system. Nursing is answering that call by moving to prepare APRNs for evolving practice.

Nursing is moving in the direction of other health professions in the transition to the DNP. Medicine (MD), Dentistry (DDS), Pharmacy (PharmD), Psychology (PsyD), Physical Therapy (DPT) and Audiology (AudD) all offer practice doctorates.

Historically advanced practice nurses, including Nurse Practitioners, Clinical Nurse Specialists, Nurse-Midwives, and Nurse Anesthetists, were prepared in master's degree programs, some of which carry a credit load equivalent to doctoral degrees in the other health professions.

DNP curricula build on current master's programs by providing education in evidence-based practice, quality improvement, leadership, policy advocacy, informatics, and systems thinking among other key areas.

Transitioning to the DNP will not alter the current scope of practice for APRNs. State Nurse Practice Acts describe the scope of practice allowed, and these differ from state to state. The transition to the DNP will better prepare APRNs for their current roles given the calls for new models of care delivery and the growing complexity of health care. (AACN, 2014).

Entry-into-practice competencies for the nurse anesthesia professional prepared at the practice doctoral level are those required at the time of graduation to provide safe,

competent, and ethical anesthesia and anesthesia-related care to patients for diagnostic, therapeutic, and surgical procedures. Entry-into-practice competencies should be viewed as the structure upon which nurse anesthetists continue to acquire knowledge, skills, and abilities along the practice continuum that starts at graduation (proficient) and continues throughout their entire professional careers (expert).

In 2010 a Doctor of Education in Nursing was legislated and developed between Western Connecticut and Southern Connecticut State University. As an educator with over 40 years of practice in Connecticut and expert in Workforce issues it is essential to the public health and safety of the citizens of the state that the CSU system be granted the ability to develop appropriate practice doctoral programs that support the ongoing education of health care providers, that are deemed essential providers in Connecticut. This timely request reflects one of the many evolving National initiatives being required by a variety of National Professional Organizations to enhance education of Health Care Practitioners. In order to maintain programs our State institutions must have the ability to provide doctoral degree programs.

Therefore I speak in strong support of creation of the DNP, the DNAP, and the education doctoral degree programs in the CSU system to meet the evolving guidelines for education of Advanced Practice Nurse Practitioners and the growing need for Nurse Educators. This new degree is essential for the University system to continue to provide high quality education in respect to Nurse Practitioner programs.

In 2015 many of the accrediting organizations will mandate a DNP or DNAP to sit for Certification in a variety of Nurses Practitioner Specialties. The CSU system has robust Nurse Practitioner programs that graduate many qualified providers who live and work in the state of Connecticut. The Advanced Practice Nurse Practitioners in Connecticut provide essential care in many settings and are critical to the provision of primary care and anesthesia care in our health care settings and in the communities.

Therefore, I ask the committee support of **RAISED BILL NO. 898 AN ACT CONCERNING PROFESSIONAL DOCTORAL DEGREE PROGRAMS.**

Thank you.

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