



CTAPRNS

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**HB No. 5163 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING VARIOUS REVISIONS TO THE PUBLIC HEALTH STATUTES**

**PUBLIC HEALTH COMMITTEE**

Public Hearing March 5, 2018

Testimony **IN SUPPORT**

**Senator Gerratana, Representative Steinberg, Senator Somers, and Honorable Members of the Committee:**

I am Danielle Morgan, MSN, CNS, Family PMHNP, a Family Psychiatric Nurse Practitioner, and I have provided psychotherapeutic and psychopharmacologic services for persons with mental illness in Connecticut since completing my nurse practitioner training at Yale University in 2000. I have a private practice in Hamden and Guilford where I treat approximately 1000 patients and I am currently a member of the medical staff at a FQHC where we treat a whole range of substance use and psychiatric disorders in the East Hartford area.

The CT APRN Society is grateful for the support of the Committee as we continue to work, since the passage of SB 36, to get the regulatory and statutory language more consistent with our various areas of now independent practice. Additionally, the DPH and many of the service agencies in CT continue to work with us seamlessly to make this happen.

Although a few statutory updates have been corrected, there remain a number of updates that need to be addressed (continue to challenge access to psychiatric patients) and that we have identified and **request be added to this proposal** before it advances out of this Public Health Committee. They are as follows:

**INSURANCE STATUTES:**

**Sec. 38a-514b (5)** – the diagnosis of Autism and **514b (f) (I)** – the review of treatment plan: These are primary functions that fall well within the scope of practice of Child and

Adolescent and Family Psychiatric Nurse Practitioners working in a myriad of settings, certainly independently. Not allowing them to perform these functions does a disservice to the citizens of CT seeking care from these providers.

WORKERS' COMP STATUTES:

**Sec. 31-275 (16)** – This statute indicates patients may access a “board certified mental health professional”, but a psychiatric APRN is not specified. We would like those patients to be able to choose the psychiatric care offered by our board certified specialty and it is well within our scope and training to offer a range of treatment options in treating PTSD.

EMERGENCY CERTIFICATION:

**Sec. 17a-78a and 17a-81** – Many examples are brought to our professional organization detailing community unsafety, provider assaults, and continued lack of access to services by patients as a result of our 100’s of psychiatric APRNs not having the ability to safely transport their patients in various settings in the community (SNFs, mental health clinics, detoxes, etc.) when they are a danger to themselves or others. Despite it being well within our scope of practice to conduct the psychiatric evaluation to make the determination for said transport for further evaluation, some agencies and stakeholders are still hesitant. We will continue to work with them.

DEPARTMENT OF CONSUMER PROTECTION:

**Sec. 21a-252 (g)** – Last week, the APRN Society was welcomed to the table to discuss language to amend this section of the DCP statute that would set limits on prescribers’ behavior around Schedule 2-5 substance prescribing for ourselves and family members. While we are supportive of this effort and the language that was constructed to meet this goal, the existing statute contains language not reflective of the current NPA – placing us in supervisory relationship with PAs and MDs. In this section, we would simply like to be removed from the sentence, and the rest of the section, and statutory language, can stand and support combating the opioid crisis in very appropriate ways.

Thank you, as always, for your time and attention to these matters as we identify them and bring them to Committee.

Respectfully submitted,

Danielle Morgan, MSN, CNS, Family PMHNP, APRN-BC  
Chair, Psychiatric Subcommittee  
CT APRN Society