

Public Health Committee JOINT FAVORABLE REPORT

Bill No.: SB-921
AN ACT CONCERNING THE SCOPE OF PRACTICE OF ADVANCED
Title: PRACTICE REGISTERED NURSES.

Vote Date:

Vote Action:

PH Date: 3/4/2019

File No.:

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SPONSORS OF BILL:

Public Health Committee

REASONS FOR BILL:

To update the language in the Connecticut General Statutes to reflect the current scope of practice of advanced practice registered nurses (APRNs). The legislation allows APRNs to enter into drug therapy management agreements with pharmacists, allow the Workers' Compensation Commission to add APRNs to its list of approved providers and adds APRNs to several insurance statutes that currently only refer to physicians.

RESPONSE FROM ADMINISTRATION/AGENCY:

None submitted.

NATURE AND SOURCES OF SUPPORT:

Danielle Morgan, APRN-BC, Chair, Psychiatric Subcommittee, CT APRN Society: Ms. Morgan served on the Scope of Practice Review Committee that resulted in the role of Advanced Practice Registered Nurses (APRNs) expanding from a collaborative one to an independent practice. Since these changes, it has been a challenge to update the various aspects of the statutory language. This creates significant obstacles in treating patients in daily clinical practice. This legislation is the first comprehensive approach to making many of the changes that need to be made to current statutory language to reflect the actual scope of practice of APRNs. This legislation simply adds APRNs to the current law, authorizing them to collaborate with pharmacists on drug therapy protocols. There is a shortage of providers and the need for services is great. As we amend the language in statute, barriers can be removed and changes in healthcare delivery can take place.

Stephanie Luon, Licensed Pharmacist: Currently, pharmacists are unable to provide care to patients referred from an APRN, as the law permits collaboration solely between a physician and a pharmacist. This legislation would allow pharmacists to enter into agreements with APRNs. APRNs have their own patients and no longer need to practice under a licensed physician. Due to a shortage of primary care physicians, APRNs and pharmacists frequently fill gaps of care. By expanding these practice agreements to include collaboration between APRNs and pharmacists, access to care increases. Expanding collaborative practice can help provide additional services to underserved populations often cared for by APRNs and closing the gap in healthcare disparities in our communities.

Lynn Rapsilber DPN, APRN, ANP-BC, FAANP: Ms. Rapsilber supports this legislation which will begin to eliminate statutory authority barriers regarding APRN's signatures in the psychiatric treatment of a child. This disconnect between the existing authority of an APRN to provide treatment, and the recognition of an APRNs' signature on a form verifying that care, creates delays and increases health care costs. Although Ms. Rapsilber would like the bill to include a more comprehensive approach to the changes that are still required to align the language with the scope of practice of APRNs, this is a step in the right direction and will reduce delays in access and care to the residents of Connecticut.

Mary Jane Williams, RN, PhD, Chair of Government Relations, Ct Nurses Association: In their scope of practice, APRNs have prescriptive authority and are often primary care providers. If an APRN is seeing a child in urgent need of care for a mental health disorder, he or she should not be delayed in prescribing the care needed. Such a delay could have serious consequences for the child. Allowing an APRN to certify that a child is in need of immediate care for a mental health disorder is appropriate and will help facilitate rapid access to care in an emergent situation.

Carol Erickson, APRN, Connecticut Children's Medical Center:

In 2014, the Connecticut General Assembly passed legislation that allowed APRNs to practice independently. This action is commonly referred to as "The Nurse Practice Act". However, through an omission of the term "APRN" language that applies to all relevant regulations, APRNs are prevented from practicing independently and from signing paperwork known as the Physician Emergency Certificate (PEC). A PEC allows a patient in danger or at risk of hurting himself or others to be transferred to a facility with a higher level of care. Providing APRNs the ability to sign this certificate prevents delays in the care of the patient and allows the APRN to perform a service they are clearly qualified to execute.

NATURE AND SOURCES OF OPPOSITION:

Jason Prevelige, MHS, PA-C, Past President, Connecticut Academy of Physician Assistants (ConnAPA): While the intent of SB. 921 states that it will update the general statutes to reflect the current scope of practice for APRNs, ConnAPA believes the bill actually expands their scope of practice. The education and training of PAs is standardized nationwide and across all major areas of medicine. APRN education varies greatly with the focus based upon the needs of the population to be served. A psychiatric APRN may be well educated and able to offer services in this area, but other types of APRNs may not. ConnPA also believes that PAs should be included in any statutory language change so that they too, can provide services that continue not to be the case in every day practice.

Reported by: Kathleen Panazza

Date: March 22, 2019