



**Testimony of Carol Erickson, APRN of Connecticut Children's Medical Center
to the Public Health Committee
Regarding SB 921, An Act Concerning the Scope of Practice of Advanced Practice
Registered Nurses
March 4, 2019**

Senator Abrams, Representative Steinberg, members of the Public Health Committee, thank you for the opportunity to share my thoughts about SB 921, An Act Concerning the Scope of Practice of Advanced Practice Registered Nurses.

My name is Carol Erickson, APRN and I am the lead of the Advance Practice Providers in the Connecticut Children's Medical Center Emergency Department. I am submitting this testimony in support of this proposed legislation's change of scope related to behavioral health treatment because it expands the capacity of our providers to give promptly attention to children suffering from such issues.

Before commenting on the bill, I want to provide some background about Connecticut Children's. We are a nationally recognized, 187-bed not-for-profit children's hospital driving innovation in pediatrics. With over 2,600 employees and over 1,100 on our medical staff, we are the only hospital in the State dedicated exclusively to the care of children. Through our partnerships with adult hospitals and primary care providers across Connecticut, we are able to offer a continuum of care for children, from primary prevention to complex disease management, closer to their home. Last year alone, Connecticut Children's directly cared for more than 15% of all kids in Connecticut covered by Medicaid and spent over \$90 million in free and uncompensated care. We are also the primary pediatric teaching hospital for the University of Connecticut School of Medicine and the Frank H. Netter MD School of Medicine at Quinnipiac University and the primary pediatric research partner of Jackson Laboratories.

According to current State statute, a Physician Emergency Certificate (PEC) is defined as a document that allows a physician who concludes that a patient has "psychiatric disabilities and is dangerous to himself or others or gravely disabled, and is in need of immediate care and treatment in a hospital for psychiatric disabilities, may be continued in such hospital, either public or private, under an emergency certificate as hereinafter provided for not more than 15 days without order of any court.

In April 2014, Connecticut permitted APRNs to practice independently and codified this decision in Connecticut General Statutes Section 20-87a, commonly referred to as "The Nurse Practice Act". Yet through the omission of the term "APRN" from Section 17a-502, restrictive, archaic language permeates the associated regulations and prevents APRNs from practicing

independently and from allowing them to sign 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. This omission is in direct conflict with the intent of the Nurse Practice Act.

As this restrictive language conflicts with the spirit of the legislation, it seems that the exclusion of APRNs in the current regulations is outdated and an unintentional oversight. When section 19a-502 is amended to include language that states “physician or APRN” wherever “physician” is used in regards to PEC orders, it would correct this apparent oversight and allow APRNs to better serve their patient’s needs as the enabling legislation intended. As the current iteration of the regulations now dictate, a patient that is known to and followed by an APRN must have a physician engaged for the sole purpose of signing the PEC. Allowing APRNs to sign the PEC would allow a smooth transition for the patient under the auspices of the care team that is known to the patient.

Connecticut granted APRNs the ability to practice independently, however the omission of APRNs from §17a-502 does not allow APRNs to practice to their full potential under the existing law. The current regulations impeded APRNs from effectively serving their patients, especially pediatric and adolescent patients with mental health or behavioral concerns.

The Emergency Department Attending Physicians are not licensed psychiatrists. The mental health patients are usually medically cleared upon admission to the emergency department and followed by APRNs during daily rounds. Restricting APRNs from signing a PEC prohibits the smooth transition of a patient from the emergency room setting to a psychiatric facility. It also requires engaging the patient with a new provider, namely a pediatric emergency medicine physician for the sole purpose of signing the PEC. Emergency Department APRNs are qualified and competent health care providers who are able to coordinate transfer of care with their psychiatric clinicians and providers within the Emergency Department.

A patient with a mental health issue as their chief complaint upon entering the Emergency Department for care requires a medical screening before a psychiatric evaluation can be completed. This medical screening exam is usually performed by the ED APRN on staff on the day of the patient’s admission. Other members of the health team, including Pediatric Emergency Medical Attending’s and Physician Assistant’s will partner with the APRNs as needed for timely completion of the medical screening. The APRN staff routinely rounds daily on all behavioral health patients. This gives the APRN the privilege of knowing the patient, the family and being a team member with the psychiatric clinicians located within the Emergency Department. When the time for disposition arrives, the APRN has thorough knowledge of the patient and his/her needs. Allowing APRN’s to sign the PEC to allow a patient to transfer to a higher level of psychiatric care at a psychiatric institution allows for more timely and thoughtful care. Having to engage a physician at the time of disposition requires that the APRN review the history, which is often lengthy and discuss results of the psychiatric evaluation and consultations before the PEC is signed. For the patient, this often means meeting a new member of the provider staff and having to recant the history another time. Many of these patients are fragile and their care limited to those providers who need only be involved in their care. Not allowing APRNs to sign

the PEC delays care for the patient and also undermines the qualification of the APRN to perform this task.

Physicians, who are currently the only providers in the State of Connecticut able to sign a PEC would be relieved of the responsibility of signing a document for a patient that they may not be the primary provider of. This would allow physicians to share this responsibility with other licensed independent health care providers. Physicians would still have the relationships they have with their patients today and the ability to discuss the physician emergency certificate and other health care issues with the patients as they do now. APRNs would be allowed to practice as their education and certification prepares them and to discuss physician emergency certificate issues with the patients, family and guardians and to follow through to assure their patients and families wishes are respected and upheld with the dignity they deserve.

Thank you for your consideration of our position. If you have any questions about this testimony, please contact Jane Baird, Connecticut Children's Senior Director of External Relations, at 860-837-5557.