



CTAPRNS

**SB No. 921 AN ACT CONCERNING THE SCOPE OF PRACTICE OF
ADVANCED PRACTICE REGISTERED NURSES**

PUBLIC HEALTH COMMITTEE

Public Hearing: March 4, 2019

Testimony **IN SUPPORT**

Representative Mary Daugherty Abrams, Senator Heather Somers, Representative Jonathan Steinberg, Representative William Petit, 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 with offices 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.

Thank you for the opportunity to provide feedback on this bill, on behalf of the over 2000 psychiatric APRNs providing care to the citizens of CT.

Having had the honor and privilege of serving on the Scope of Practice Review Committee that ultimately moved in favor of evolving our scope from a collaborative practice to an Independent Practice in 2015 with SB 36, it has been challenging to cohesively update the various aspects of the statutory language to reflect this change in our practice authority. This translates into great barriers to care for our patients in our daily clinical practice. SB 921 is the first comprehensive approach to managing many of the changes we need to make to get the current statutory language to reflect our actual current scope of practice.

Psychiatric APRNs are practicing independently in all settings where psychiatric patients seek care – EDs, community based clinics, FQHCs, private practices, substance abuse treatment facilities, residential care facilities – and we manage a whole range of severely medically and psychiatrically compromised patients, many in very dangerous situations. Yet we are often left to seek the signature of a police officer or an MD for a patient that

needs transport to a higher level of care for evaluation, when we are fully licensed and capable of said skilled evaluation for emergency transport. This causes delays in access to treatment, putting patients, staff, and communities at greater risk for violence. This Bill would change this unnecessary and dangerous delay.

This Bill will authorize Psychiatric APRNs to participate and be compensated as providers of workman's compensation care for police officers and fire fighters – work we routinely do with these great men and women when they seek our services through their private health insurance. Psychiatric APRNs receive extensive training in both psychotherapeutic and psychopharmacologic treatment of PTSD – this is well within our scope of practice.

Psychiatric APRNs continue to stand side by side with our psychiatrist colleagues in the delivery of care for CT's most vulnerable population. The shortage of psychiatric providers remains large and the need for services is great. Psychiatric APRNs did well to demonstrate in our Scope of Practice Review that Independent Practice made sense in meeting the health care needs of the citizens of CT. As we amend the language in statute, change at the service delivery level can then take place, barriers can be removed, and patients can feel relief.

I look forward to this shift in mental health care delivery. Please do not hesitate to contact me if you have any questions or concerns.

Respectfully submitted,
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