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Thank you for this opportunity to speak in support of Senate Bill 481. I have been a Nurse Practitioner for 33 years, practicing all of those years in Michigan in primary care. I have practiced primarily in nurse managed centers affiliated with Wayne State University, Michigan State University and The University of Michigan until my retirement a year ago. I am also Professor Emeritus from the University of Michigan School of Nursing where I directed the nurse practitioner programs for 8 years. I was Associate Dean for Practice and Community Partnerships overseeing all of the faculty practices through the School of Nursing that included our Primary Care Nurse Managed Health Centers which served a very diverse population in Washtenaw County. My research over the years has been on quality of care and cost of care in nurse managed health centers in Michigan and nationally. In addition I recently served as president of the National Organization of Nurse Practitioner Faculties, that provides leadership in setting the standards and competencies for Nurse Practitioners nationally. My comments today will be directed mainly toward Nurse Practitioners and the education of Nurse Practitioners, consistent with my experience and expertise.

Nursing and specifically Nurse Practitioners have made significant strides, in only 45 years—and especially in the last decade, toward self regulation that includes standardizing the four components of regulation: educational competencies, accreditation, certification and licensure. There is one piece missing in Michigan's state regulation or licensure and Senate Bill 481 would address that gap and bring Michigan into alignment with national standards. Let me explain.

We have established/vetted national competencies for Nurse Practitioners. Those competencies are now used and required when every program in Michigan (and nationally) is accredited by one of the two national Department of Education accreditors (NLNAC/National League for Nursing Accreditation Commission or CCNE/Commission on Collegiate Nursing Education). AND, before a new program can start it must be

approved by the above national accreditors to ensure they are following the national guidelines and competencies. The national Board exams that Nurse Practitioners take after graduating—the certification process in regulation—and required in Michigan for one to be legally titled as a Nurse Practitioner—are now based on the same national competencies. And finally, our educational programs use the same national competencies to develop our curricula. We have come full circle, except for the last step, that of state licensure and regulation in Michigan. We prepare our students to diagnose and treat patients within their scope or area of practice. In fact we are required to do so. Students have to demonstrate that they are successful at their full scope of practice independently in order to graduate and pass certification exams that measure the scope and competency REQUIRED of them. (They cannot pick up the phone and call a physician in the middle of their educational exams or national Board exams to find out if they are on track). Yet, once they graduate and pass their national Board exams, they may need to practice very differently, depending on the state in which they practice. This is not because of their preparation, but because of the mish mash of different state regulations that are not based on evidence but based on long held, out of date, beliefs and policies.

This legislation—SB 481-- will not expand the scope of practice of Nurse Practitioners. It will simply bring the scope of practice into alignment with what is currently required of every Nurse Practitioner to graduate and pass Certification Boards. Sixteen other states and the District of Columbia have full plenary authority for Nurse Practitioners; that means they practice within the limits of their required education and training under their own license and are accountable for the care they deliver.

Our current regulations in Michigan make it more difficult to provide much needed care to the people of Michigan. “Required collaboration” in the current health code in Michigan is often interpreted as “supervision” when in reality, it is virtually impossible to sustain such supervision in actual practice. And, again such required collaboration/supervision is not based on any evidence. That is, there is no evidence that patients get better or safer care with such restrictive regulations. This unnecessarily supervised care—if it is

really followed-- is also more costly with these outdated regulations. It takes physician time that could be used in better ways such as seeing more patients.

There is a substantial body of literature over the past four decades that consistently demonstrates the quality, safety, cost efficiencies and very high patient satisfaction with nurse practitioner care. Nurse Practitioners achieve outcomes that are equivalent to and sometimes superior to national benchmarks in outcome of care measures. My own research on quality outcomes in nurse managed health centers in Michigan and nationally has documented exceptional outcomes with chronic disease care that often exceeds the national benchmarks and that includes success with very vulnerable patients such as those patients who are uninsured. The Institute of Medicine Report on the Future of Nursing along with other national reports such as that from the Josiah Macy Foundation strongly urge removing barriers to APRN practice while at the same time supporting collaboration and team practice for ALL health care professionals in order to meet the health care needs of the nation. Over the past two years I was privileged to be part of Michigan Department of Community Health's Nurse Practice Task Force. We released 10 position papers just a few weeks ago. The first position paper on APRNs called for "removing barriers to full independent practice for Advanced Practice Registered Nurses [APRNs]." APRNs must practice in Michigan to the full extent of their required education and competencies. Our Nurse Practitioners in Michigan are highly educated with masters degrees and now increasingly professional practice doctorates. They are ready to fully participate in the solution of the current health care provider shortage in the state and nation. However, they now know that Michigan has the reputation for not being Nurse Practitioner friendly from a regulatory sense and more are leaving and going to states where regulation is in alignment with national standards.

I ask for your support of Senate Bill 481 and move it forward out of committee. Again, thank you for this opportunity to present to you.