



September 9, 2014

Representative Gail Haines
Chair of Health Policy Committee
N-892 House Office Building
P.O. Box 30014
Lansing, MI 48909

Dear Chairperson Haines:

On behalf of the American Association of Colleges of Nursing (AACN), I write to express our support for Senate Bill 2, which, if enacted, would define the scope of practice for nurse practitioners (NPs), certified nurse-midwives (CNMs), and clinical nurse specialists (CNSs) and allow APRN's to diagnose and prescribe without physician delegation after a four year mentorship period with a physician or another independent prescriber. AACN represents over 750 schools of nursing nationwide that educate approximately 425,000 students and employ over 17,000 faculty members. Within the state of Michigan, there were 1,466 students studying to become graduate-prepared Advanced Practice Registered Nurses (APRNs), including 1,310 NPs, 60 CNMs, and 96 CNSs.

AACN's mission is to serve the public interest by setting standards, providing resources, and developing the leadership capacity of member schools to advance nursing education, research, and practice. Our vision for the future is that highly educated and diverse nursing professionals will lead the delivery of quality health care and the generation of new knowledge to improve health and health care. This mission and vision, which is consistent with other national nursing organizations, can only be achieved if APRNs, such as NPs, CNMs, and CNSs, are able to practice to the full extent of their education and training. Our member institutions provide APRN students with the expertise necessary to meet the demands of our nation's primary and acute care needs. Allowing APRNs to practice autonomously in the state of Michigan would establish a policy that is in line with the educational system that prepares APRNs to conduct patient evaluations, diagnose conditions, order and interpret diagnostic tests, initiate and monitor treatments, and write prescriptions without physician delegation. Furthermore, this policy would directly impact access to quality health care, particularly in the medically underserved parts of Michigan, as APRNs often serve as primary care providers in these areas. Therefore, AACN supports full practice authority for APRNs, without undue regulatory barriers.

Citizens of Michigan can be confident that the state's APRNs are well-qualified to practice in their roles, since these providers must pass a national certification examination to demonstrate their knowledge and competency. These exams provide a rigorous test of an APRN's specific skill set and ability to offer high quality primary care. To maintain the certification, APRNs must demonstrate continued professional or educational development, as well as complete a minimum number of practice hours between license renewals.¹

The concern that APRNs do not have enough clinical training to safely care for patients across the country can be effectively refuted by the decades of evidence that shows APRN care is safe and of high quality. In 1987, the Federal Office of Technology Assessment conducted a meta-analysis of the quality and safety of care delivered by nurse practitioners, physician assistants, and certified nurse-midwives. The overwhelming conclusion of that analysis was that these clinicians are highly skilled,

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knowledgeable, and effective providers of care. This study also concluded that a significant portion of the care needs of this country could be delivered by these clinicians.ⁱⁱ Five years later, the *Yale Journal on Regulation* (1992) reported, “the evidence to date confirms the cost-effectiveness of these providers [NPs], given the diversity of the populations they serve, often as substitutes for physicians.” It was also noted that care by APRNs produces equivalent patient outcomes to other providers given their patients’ better compliance to care regimens. Moreover, there are lower costs associated with educating APRNs, and the article noted there was increased patient satisfaction with APRN care.ⁱⁱⁱ Over the next decade, numerous studies were published documenting the critical role APRNs play in providing cost-effective and high quality care. The most recent meta-analysis in 2011 documented quality patient outcomes related to APRN care.^{iv}

The position that APRNs should be able to practice to the full extent of their education and training is not one held solely by national nursing organizations, but also by other highly regarded entities such as the Josiah Macy, Jr. Foundation, the National Health Policy Forum, AARP, and most notably, the Institute of Medicine (IOM). The IOM is a non-government agency that develops authoritative, evidence-based advice on national healthcare issues. In its report, *The Future of Nursing: Leading Change, Advancing Health*, the IOM’s first key message to policy makers and the public is that “nurses should practice to the full extent of their education and training.” The first recommendation under this key message is that “scope of practice barriers should be removed.” The report clearly documents that the educational standards and years of research tying APRN practice to positive patient outcomes is rationale for why these nurses should be able to practice autonomously. Just as in the state of Michigan, other states are working to change their scope of practice laws to ensure full practice authority for APRNs.

Further, two recent rulings by the Federal Trade Commission (FTC) call for state legislatures to adopt less restrictive regulatory models that permit APRNs to practice without unnecessary physician supervision. In their letter to lawmakers in the state of Texas, the FTC referenced that their staff have “urged several states to reject or narrow restrictions that curtail competition among healthcare providers because they limit patients’ access to health care and raise prices.” The FTC staff also noted in their letter to Texas legislators that there does not appear to be any evidence that the safety of care provided by APRNs differs from that of the care provided by physicians. In their letter to Florida legislators, they clearly articulate that based on current evidence, APRNs provide safe care when they practice within their full scope. The FTC’s thorough analysis and conclusion states that “restrictions on the supervisory relationships between physicians and APRNs impose costs on Florida [Texas] health care consumers.” Additionally, in the FTC’s letter to the Kentucky legislature, they featured a key message from the IOM *Future of Nursing* report.

“The IOM noted sixteen states and the District of Columbia allow APRNs to practice and prescribe independently, and there were no differences in safety and quality between states with restrictive scope of practice laws and regulations, and those that allow APRNs to practice independently, including prescribing medications without an agreement with a physician.”

To read a copy of these letters, see: <http://www.ftc.gov/os/2011/03/V110004campbell-florida.pdf>
<http://www.ftc.gov/os/2011/05/V110007texasaprn.pdf>
http://www.ftc.gov/os/2012/03/120326kv_staffletter.pdf

AACN believes that Senate Bill 2, which would allow APRNs to practice without unnecessary physician oversight, would be in line with the positions of both the IOM and FTC as well as state trends to impose fewer restrictions on scope of practice. Should you have any questions or require further information, please contact AACN's Senior Director of Government Affairs and Health Policy, Dr. Suzanne Miyamoto at smiyamoto@aacn.nche.edu or 202-463-6930, ext. 247.

Sincerely,



Eileen T. Breslin, PhD, RN, FAAN
President

¹ American Nurses Credentialing Center. (2012). Certification Program. Silver Spring, MD. Accessed from http://208.49.13.43/ANCC_POD/UserContentStart.aspx?pi=Certification+Overview+Brochure

² U.S. Congress, Office of Technology Assessment. (December 1986). *Health Technology Case Study 37: Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives: A Policy Analysis* [OTA STUDY], Publication No. OTA-HCS-37, p. 39. Washington, DC: U.S. Government Printing Office.

³ Safriet, & Barbara J., "Health Care Dollars and Regulatory Sense: The Role of Advanced Practice Nursing," *Yale Journal on Regulation*, Summer 1992, pp. 426-440.

⁴ Robin P. Newhouse et al., (2011). Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review. *Nursing Economics* 29(5).