



michigan organization of nurse executives

September 9, 2014

Testimony in Support of SB 2:
A Bill to amend the 1978 PA 368 entitled "Public Health Code";
to define APRN Scope and Practice Roles.

Dear Representative Haines and Members of the House Policy Committee:

The Michigan Organization of Nurse Executives (MONE) comprised of Nurse Leaders representing over 166,000 licensed nurses - 6,700 of whom are Advance Practice Registered Nurses (APRNs) across the state of Michigan, wish to provide compelling testimony in **support of SB 2**. Passage of SB 2 will allow MI APRNs to care for the residents of our communities within the full scope of practice for which they have been educated and trained. Additionally, as the nursing leaders in the various organizations in which APRNs practice, allowing them to practice to the full extent of their education and experience allows us to assure that our professional mandate to address the health needs to the patient and public is met. We fully support collaborative interprofessional team planning and care that is based on recognition of **each** profession's knowledge, mutual trust and respect, and shared decision making.

The residents of our communities deserve access to high quality, cost effective primary care and services. While such care can be provided by our physician colleagues, it can also be provided by highly educated and skilled APRNs. The residents of our communities need both. We ask legislators to inform themselves by facts.

FACTS:

Access and Need:

- Michigan has significant primary care shortages, with an expected physician shortage of 4,445 by the year 2020. In 2009, **67 of MI's 83 counties** had either partial or full County geographic or population group primary care shortage area (HPSA) designation by the federal government.
- Under provisions of the Affordable Care Act and Medicaid Expansion, as many as **600,000** MI residents will be eligible to enroll in Medicaid by 2019.
- The Federal Trade Commission (FTC) (2014) pointed to the work of the Institute of Medicine (2010) noting that "expanded APRN practice is widely regarded as a key strategy to alleviate provider shortages, especially in primary care" (p. 19).

Education/Skill/Ability:

- Family Practice (FP) Physicians' educationally begin with a 4-year undergraduate degree as does the education of the APRN. Both will have had as pre-requisites to graduate programs, foundational health/science related courses.
- FP Physician and APRNs typically have similar years of education and training and yet the ability to practice to the full extent of their education and experience is quite dissimilar.

Quality and Safety:

Institute of Medicine (IOM) (2010):

- There are no data to suggest that APRNs in states that impose greater restrictions on their practice provide safer and better care than those in less restrictive states **-or-** that the role of the physician in less restrictive states has changed or deteriorated.
- Not a single study on the quality of care provided by both physicians and nurse practitioners has found that nurse practitioners provide inferior services within overlapping scopes of licensed practice.

Federal Trade Commission (FTC) (2014, Mar):

- "A growing body of evidence suggests that APRNs can, based on their education and training, safely perform many of the same procedures and services provided by physicians. Thus, scope of practice restrictions may eliminate APRNs as an important source of safe, lower-cost competition" (p. 15).
- In 18 states and DC where APRNs have autonomous practice regulations, outcomes are equal to or better than those of physicians. For over 40-years, studies have shown that APRNs provide high quality care, improve and increase patient satisfaction.

Cost of Care:

- MI healthcare costs could be reduced with SB 2. Currently, APRNs are reimbursed at a lower rate than physicians for the same healthcare services provided to patients. Allowing APRNs to provide equivalent or better care, to be autonomous caregivers will lower the cost of healthcare.
- A study in Tennessee (where APRN practice is not restricted) found that costs nurse practitioner clinics with 23% below the costs of care delivered by other primary care providers, inpatient hospitalizations rates were 21% lower, lab utilization was 24% below primary care providers, and prescription drug utilization was 42% below average.

Other:

- SB 2 is based on uniform, national language that was developed over a three year period and based on the National Council of State Board of Nursing (NCSBN), *Changes in Health Care Professions Scope of Practice: Legislative Considerations* through a consensus process that has been endorsed by 42 organizations.
- Michigan's outdated laws are some of the most restrictive in the country.
- SB 2 would bring Michigan's Public Health Code (PHC) into alignment with national education and practice standards.

In conclusion,

The FTC (2014) summarizes beautifully: "Our nation faces significant challenges in moderating health care spending and in providing adequate access to HC services, especially for our most vulnerable and underserved populations. Numerous expert health policy organizations have concluded that expanded APRN scope of practice should be a key component of our nation's strategy to deliver effective healthcare efficiently and in particular fill in gaps to primary care access. Based on our extensive knowledge of healthcare markets, economic principles, and competition theory, we reach the same conclusion: expanded APRN scope of practice is good for competition and American consumers."..... "Empirical research and on-the-ground experience demonstrate that APRNs provide safe and effective care within the scope of their training, certification, and licensure" (p. 38).

The Michigan Organization of Nurse Executives, overwhelmingly agree. We strongly encourage ongoing action to pass SB 2. We believe that failure to do so is detrimental to the access and care our MI residents deserve. Although not able to present today, we would like to continue to engage in mutual dialogue and shared decision making as SB 2 moves through the legislative process. Thank you.

Respectfully Submitted by members of the MONE Advocacy Committee:

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