

I want to express my appreciation to Chairwoman Haines as well as the members of the Health Policy committee for your consideration of SB 2. I know from more than 3 years of work on this issue that it is detailed and complicated – definitely not a simple read over a cup of coffee. I also appreciate most of you meeting with me during the past 9 months, giving me an opportunity to explain my case for Advanced Practice Registered Nurses (APRNs) in the State of Michigan.

First let me deal with one of the biggest misconceptions of SB 2: that it would “expand the scope of practice” of an APRN. That is incorrect. As a matter of fact, the result is quite the opposite

SB 2 would **establish a license** for APRNs rather than the current specialty certification. Right now, because the public health code is outdated, there isn't a defined scope of practice for APRNs. The resulting ambiguity has created a situation where the scope of an APRN is anything a physician delegates them to do.

Defining the scope of APRNs in the public health code will increase both **accountability and transparency** of the services provided to patients. So

rather than expanding an APRNs scope of practice, I believe the language in this legislation actually limits the scope of practice to what each APRN is only educationally, nationally certified, and experientially trained for right now. APRN's are legally able to do anything any physician delegates to them – SB 2 would narrow this to performing only those services that are within the parameters of their specialty advanced education.

SB 2 has multiple safeguards and restraints on the APRN scope. After an APRN completes an advanced graduate nursing program in a specific specialty role(bowling alley analogy) and has passed the national certification exam, the bill includes a mentorship agreement requirement. This was not initially in the legislation 3 years ago – it was first included for a period of 2 years, and is now a period of 4 years due to our further compromising.

SB 2 additionally includes a requirement APRNs consult with other medical professionals and refer patients as soon as a situation is outside of their scope.

APRNs with the required graduate pharmacology, pathophysiology and physical assessment courses would be eligible to apply for prescriptive authority and would have to be **approved** by the Michigan Department of Community Health.

The passage of SB 2 will make APRNs the most regulated health professionals in the public health code:-

- APRNs must maintain their Registered Nursing Degree and are regulated by the Board of Nursing
- APRNs must also maintain their specific APRN license and will be regulated by the rules promulgated by an APRN taskforce – that was due to yet **more compromises**, now includes two physicians.-
- If APRNs meet the educational standards to prescribe, now we are talking about a controlled substance license, which means yet another set of regulations.
- APRNs will be the first health profession required by statute to provide information, about the controlled substance prescriptions for each controlled substance prescribed, to the Michigan Department of Licensing and Regulatory Affairs for submission to the Michigan

Automated Prescription System program{ -- yet another compromise we've agreed to}.

Even with all of this, I know there are folks that are going to get up here and talk about how APRNs are going to practice independently and jeopardize patient safety. That is absolutely not the case, so now I'd like to address how SB 2 does NOT allow APRNs to "hang a shingle".

We have included language in SB 2 that prohibits an APRN from owning or organizing a Professional Corporation or Professional Limited Liability Company – which is the current business structure for a physician who 'hangs a shingle' and opens a medical practice.

I've never intended SB 2 to allow APRNs to open health clinics, so yet another compromise I made to the bill was to allow specific language to be included as a condition of licensure for APRNs that they would not be allowed to do this. To go even further, I've been working on clarifying this language with LARA and some key stakeholders and have expended more time and resources to language that will go even further and shows even more possible compromise. While it is still a work in progress, the drafted language goes even further to clarify the intent by prohibiting APRNs from

owning/organizing ANY company with the purpose of providing services as an APRN directly to the general public. I really do not see how we can get much more clear than that.

At this time it is my understanding that even though some of the opposition likes this language and wants it to be included – this potential 24<sup>th</sup> change to the bill to appease their concerns will still not result in their position changing at all. If you're keeping a tally folks, that's APRNs and Senator Jansen compromising 24 times in this legislation – opposition still strongly opposed!

I had not intended this legislation to be this controversial. To me it is evident that we have a shortage of primary care providers, which limits access to healthcare. I have good insurance, and am on my 3<sup>rd</sup> primary care physician in a short time because our general practice physicians are retiring. It just seems to be common sense that one solution to this problem is to allow our highly trained APRNs health professionals to practice to the fullest safe extent of their education, experience and national certification.

We are currently the 46<sup>th</sup> most restrictive state in the country for APRN practice – not only does that explain why we continue to lose APRNs to other states each year but it is embarrassing for us as lawmakers to allow the status quo from when the public health code was written in 1978(36 years ago) to continue without recognizing the contribution APRNs have in health care.

I've become so frustrated with the misinformation that has been circling on this legislation. For example, people have been told my daughter is an APRN and that's why I'm doing this. Not only is that insulting, it's just not true. My daughter became a Registered Nurse last year with no plans to go back to school and become an APRN.

You'll probably hear arguments from the opposition that the best interest of the patient is a team-based model of care – APRNs agree with this. The difference is the opposition's view of a team is that they are always in charge of it – very contrary to the adage "There's no "I" in team". One of the members of the opposition that I believe will testify today testified in the Senate that the APRN taskforce having APRNs on it without physicians is "stacking the deck".

First, if that were true all the professions in Michigan are in trouble: The Board of Barbers has 6 Barbers and 3 public members – no cosmetologists. The board of Chiropractors has 5 Chiropractors and 4 public members – no other medical professionals. The Board of Pharmacy has 6 Pharmacists and 5 public members – no physicians. APRNs are not stacking the deck – they are following the model of **CURRENT** professional regulation in the State of Michigan.

Second, one of the 23 changes that have been made to the bill this session was adding two physicians to the APRN taskforce – which is amazing because in my continued conversations with some of the opposition, they are still opposed to the taskforce. They got what they wanted yet remain opposed.

Another bit of misinformation that's been circulating is how I did SB 2 without discussing it with doctors at all. That is also not true. The physicians asked me to be included toward the end of 2012 when I was ready to move SB 481. They specifically told me they wanted **TIME** to work with me. I ceased my push for SB 481 and instead got in line early in

2013 to create SB 2. I had physician groups in my office for a standing meeting with APRN groups and my staff at 3 p.m. every other Thursday. We met this way for several months – which is how the first 18 or 19 of my “compromises” came to be.

Some mistruths have been said about patient safety – this is amazing because in the 18 other states as well as D.C. that have a regulatory system that SB 2 was based on, there are more cases of malpractice and complaints for physicians than there are for APRNs.

A main concern with the introduced version of SB 2 is that physicians have residency requirements and APRNs do not. Well, we created the mentorship agreement requirement that mirrors a residency but costs the state nothing.

There've been rumors that you can become an APRN in 8 months online – this bill requires a degree from a nationally accredited university -- the Deans from the Colleges of Nursing for Grand Valley University and the University of Michigan are here today to explain how much work goes into APRN education.

And lastly, another argument in opposition that I've heard is we shouldn't do this – we should create incentives for doctors to go into primary care. Well incentives take money and funding – in fact I just supported SB 648 within the past few months that added another million dollars to loan repayment for primary care providers who go to rural areas to work. It also increased the annual cap – a physician working in a rural area can now get up to \$40,000 in loans repaid a year. Quite frankly we have a great resource in APRNs who don't need incentives to want to provide primary care to the public. We are wasting their abilities, education and willingness to care for people with outdated arbitrary regulations. APRNs aren't here today to ask you for incentive dollars to go take care of people, they are simply asking for the legislature to allow them to do their jobs.

The biggest misconception of all is that SB 2 means nurses are trying to be doctors without a medical degree. That is just not what we're trying to do. There is a level of health care – more than registered nurses can do, but less than physicians can do – that we are trying to address here. An APRN can't remove your tonsils, but SB2 says they can prescribe an antibiotic for strep throat. An APRN can't treat skin cancer, but can write a prescription

to treat poison ivy. An APRN won't treat breast cancer, but can refer you to a physician after a mammogram shows an abnormality.

There is no argument(now finally) that there is a shortage of doctors. The passage of SB 2 would not only provide options for patients, but by offering other alternatives for basic care, we would also be freeing the physicians to be able to treat the illnesses only they can treat. Physicians would remain the busy individuals they are, but maybe it would not be such a long wait to get in to see him or her if we all pass SB2.

Thanks again for your time today!