

MEMORANDUM

TO: The Honorable Gail Haines & Members
Michigan House Health Policy Committee

FROM: Melissa Seifert, Associate State Director for Government Affairs

DATE: September 9, 2014

RE: Senate Bill 2

AARP is a membership organization of people 50 and older with 1.4 million members in Michigan and are pleased to have the opportunity to provide our comments. We are committed to championing access to affordable, quality health care for all generations, providing the tools needed to save for retirement, and serving as a reliable information source on issues critical to Americans age 50+.

AARP strongly supports Senate Bill 2 and encourages this committee to do the same. We support this bill because it will increase consumers' access to health care and reduce unnecessary health care costs. It would do this by removing outdated barriers that prohibit advanced practice registered nurses (APRNs) from providing care to consumers to the full extent of their education and training.

These barriers often delay care to consumers, especially in rural and urban underserved areas where few physicians are available to supervise or collaborate with APRNs. According to the Health Resources and Services Administration, Michigan has 751 medically underserved areas or populations where there are not enough clinicians to provide adequate care. Delays in care not only hurt consumers, but place added stress on family caregivers, who all too often are overwhelmed with providing and overseeing the care of a loved one. It can also add unnecessary costs by requiring payments to doctors for collaboration and take precious time away from patient care by making clinicians fill out extraneous paperwork.

This bill removes the unnecessary and outdated Delegation of Prescriptive Authority Agreement, a legal document that makes a nurse's ability to practice subject to annual review by a collaborating physician. Decades of evidence demonstrates that APRNs provide as high quality health care to consumers as do physicians. This high quality of care is evident whether or not these nurses are supervised by or are in a restrictive collaborative agreement with physicians.

Reducing barriers to full APRN practice is good for competition and good for consumers. Increased competition among healthcare providers would help contain costs and encourage innovation.

A report from the National Governors Association, *The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care*, documents the clear and convincing evidence that exists for

nurse practitioners providing high quality care with high patient satisfaction and recommends that states consider removing barriers to practice for nurse practitioners, emphasizing their role in the growing demand for primary care. This recommendation supports the Institute of Medicine's 2011 evidence-based report, *The Future of Nursing: Leading Change, Advancing Health*, which calls for changes at the state and federal levels to help increase consumer access to care by enabling APRNs to practice to the full extent of their education and training.

This bill includes several sections that would significantly impact consumers' access to care:

1. Section 17202 of this bill would ensure that Michigan's APRNs possess all the APRN qualifications bulleted above, and:
 - Comply with national professional practice standards; and
 - Consult with or refer patients to physicians and other health professionals.
2. Section 17708 adds licensed advanced practice registered nurses to the list of "prescribers" able to administer and prescribe therapeutic pharmaceutical agents.
3. Section 17212 stipulates that APRNs who have completed graduate education in pharmacology, pathophysiology, and physical assessment courses as well as supervised clinical practicum may prescribe medications, including controlled substances, such as codeine in cough syrups, attention deficit disorder drugs, and narcotic pain medications.

Overall, AARP agrees with these provisions in this bill which would allow our state's advanced practice registered nurses to continue to write prescriptions, assess and diagnose a person's ailments, and refer their patients to specialists. It will also cut the red tape that inhibits consumers' access to these clinicians.

Currently, nurse practitioners successfully practice and prescribe medications without physician oversight in 19 states and the District of Columbia. Three of these states (Connecticut, Minnesota, and Nevada) have passed legislation to this effect since February 2013, when AARP last provided testimony in favor of this bill. We sincerely hope that Michigan can be the next.

AARP Michigan is deeply appreciative of the primary care and chronic care management provided by all physicians and advanced practice registered nurses. We need to be certain, however, that our members and all health care consumers can access a primary care provider when and where they need one. This bill would ensure such access to care.

Thank you for the opportunity to provide comments on SB 2. If you have any question please feel free to contact Melissa Seifert at 517-267-8934 or at mseifert@aarp.org.