Michigan Psychiatric Society
216 N. Chestnut Street
Lansing, MI 48933

June 6, 2012

Chairman Marleau and Members of the Senate Health Policy Committee:

My name is Kathleen Gross, I am Executive Director of the Michigan Psychiatric Society, a district branch of the American Psychiatric Association. MPS represents over 700 physicians in Michigan who specialize in psychiatry. Today I am here to testify to our concerns with SB 481, which we cannot support in its current form.

MPS does wish to state our respect and support for the nursing profession and recognition of its long history and the rapidly advancing excellence of nursing education and practice. The work of nurses at all levels is increasingly essential to meeting the expanding medical needs of our population. In particular, Advanced Practice Registered Nurses (APRNs) have an essential role in the reforming of our health care systems to meet challenges for capacity, quality and cost effectiveness.

We also recognize the current crisis in access to care. Perhaps psychiatrists are uniquely aware of patients' barriers to healthcare. In many emerging models in Michigan, the general medical care needs of people with serious mental illness are largely being met through the work of APRNs in mental health clinical settings. This is a critical role to address the finding that persons with serious mental illness die 25 years earlier, on average, than people without these illnesses.

Michigan has been unique among states in that our health occupation code recognized early on that nurses with appropriate training, and most significantly, nurses who have amassed professional experience that expanded their individual scope of competency, have long had the opportunity of gaining delegated authority for medical tasks, including prescribing. This law has offered Michigan nurses the opportunity to excel in their fields. However, due to its early origin, this law has not differentiated or recognized the emerging advanced nursing specialties.

Much work has been done by nursing organizations. The "Campaign for APRN Consensus" conducted by the National Council of State Boards of Nursing in putting forward model legislation.

In spite of this work toward consensus, the minority of states, roughly one-quarter, have adopted independent prescribing, which is essentially adopting independent practice.

We believe strongly, based on a long tradition of treatment team care, that health professionals, working together deliver the best care. The vast majority of nurse practitioners work in collaboration with physicians and we hope that this will continue into the future as our health systems move toward more integrated models.

If there are barriers in Michigan for APRNs to practicing to their full competency, we should examine those barriers and strive to make corrections.

We look forward to collaboration with the legislature and Michigan's health organizations to come to a consensus that works for Michigan patients and professionals.