



Testimony of Nancy M. George
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Before the Senate Health Policy Committee
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Good afternoon Chairman Marleau, and members of the Senate Health Policy committee. My name is Nancy George, and as the Michigan Advanced Practice Nursing (APRN) Coalition chair and President-elect of Michigan Council of Nurse Practitioners, I am honored today to represent numerous Advanced Practice Registered Nurses of Michigan. I am wearing two hats today, also representing the nurse practitioner organizations including the Michigan Council of Nurse Practitioners (MICNP), the Michigan Gerontological Advanced Practice Nurses Association (GAPNA), and the Michigan National Association of Pediatric Nurse Practitioners (NAPNAP). We are here today to share with all of you how clinical nurse specialists, certified nurse midwives and nurse practitioners are providing exceptional direct patient care for our citizens. We support Senate Bill 481 because we strongly believe that removing the over-regulation that often creates insurmountable barriers to full plenary authority will improve much needed access to health care services in our state, positively impact the quality of care, reduce the cost of health care and drive economic development throughout Michigan.

As you may know, there are over 4,524 nurse practitioners and certified nurse midwives in the state of Michigan with valid Registered Nursing licenses and specialty certification. Currently we cannot accurately count how many Clinical Nurse Specialists are practicing in our state because they are not recognized in the public health code. We have data that demonstrates over 500 nurse practitioners and certified nurse midwives hold licenses and specialty certifications, but live outside of Michigan. While there are a variety of reasons Advanced Practice Registered Nurses or other providers choose to get their education and training in Michigan but then leave the state to practice somewhere else, it has been linked to Michigan's ambiguous practice environment. Keeping our highly trained and qualified advanced practice registered nurses in our state will spur job growth and retention and help alleviate the looming primary care shortage Michigan is facing. It is a fact that states with less restrictive regulatory environments have higher numbers of health professionals for their patient population.

Michigan is one of the few states to have Clinical Nurse Specialists, Certified Nurse Midwives and Nurse Practitioners un-defined in the Public Health Code. This lack of definition leaves health care systems and other health care organizations without a clear idea of what type of care Advanced Practice Registered Nurses can provide autonomously, which usually leads to unnecessary 'oversight' and restrictions. Michigan's "Access to Care" issues will not improve until we eliminate unnecessary restrictions and embrace the idea that the state needs to fully utilize each and every health care provider to their full education, certification and nationally recognized scope of practice. This legislation protects the public by defining the scope of practice for Clinical Nurse Specialists, Certified Nurse Midwives and Nurse Practitioner by addressing regulatory and disciplinary language that sets our professions standards. Revisions in scope of practice are inherent in our current health care system and we would like to ensure that the delivery of health care in Michigan by Advanced Practice Registered Nurses is evolving as healthcare advances.

Clinical Nurse Specialists, Certified Nurse Midwives and Nurse Practitioners have been working in underserved areas, filling the critical need for health care services where otherwise, there would be no health care. In these areas nurse practitioners provide independent care by virtue of their scope of practice, education, training and certification. Patients who are poor, nonwhite, uninsured or underinsured are far less likely to have a consistent form of health care. Clinical Nurse Specialists, Certified Nurse Midwives and Nurse Practitioners have become essential

health care providers throughout the healthcare delivery system and fulfill a critical role in the health professional team. States with a less restrictive practice environment (such as Arizona, Washington, New Hampshire, DC, etc.) have significantly more NPs per population. Michigan with 30 NPs: 100,000 citizens fall below the national average is 34.5 NPs per 100,000, and far below states with APRN being fully actualized scope of practice: Arizona 48: 100,000, Washington 42: 100,000, New Hampshire 40: 100,000, Washington DC 138:100,000

The reasons why Michigan's Public Health Code (PHC) needs to be updated are the following:

- The PHC does not differentiate between Registered Nurses and Advanced Practice Registered Nurses. Currently in Michigan, Advanced Practice Registered Nurses practice autonomously under the Registered Nurse scope of practice. There is nothing in statute that defines the scope of practice for Advanced Practice Registered Nurses.

SB 481 will impact Michigan in the following ways:

- Advanced Practice Registered Nurses will increase access to patient-centered health care for Michigan residents.
- SB 481 will provide for economic stability through smarter regulation of advanced practice registered nurses.
- There will be no decrease in patient outcomes. In 16 states and the District of Columbia where Advanced Practice Registered Nurses have autonomous practice, outcomes have been stellar. For over 40 years, more than 100 studies have shown that Advanced Practice Registered Nurses provide high quality cost-effective care, improve patient outcomes and increase patient satisfaction.
- Further, SB 481 provides for better tracking of patient outcomes by increasing the transparency and clarifies personal accountability through the licensed autonomous advanced practice registered nursing practice.

Senate Bill 481 will allow an advanced practice registered nurse to provide health care services within their scope of practice for which they are educationally and experientially prepared, and requires consultation or referral of patients, as appropriate. Specifically the legislation will:

- Amend the Public Health Code (PHC) to replace specialty certification with a license for Advanced Practice Registered Nurses,
- Define the scope of practice for Clinical Nurse Specialist-Certified, Certified Nurse Midwives, or Certified Nurse Practitioners, and
- Allow the state Board of Nursing to create rules for the application renewal and number of continuing education hours/courses for Advanced Practice Registered Nurses.
- The Board of Nursing will also create an APRN taskforce with members from their current board, which will consult with the Board of Nursing on the disciplinary actions for Advanced Practice Registered Nurses.
- Lastly, it grants full prescriptive authority within an Advanced Practice Registered Nurses scope of practice if certain conditions are met, including:
 1. The completion of graduate level pharmacology, pathophysiology and physical assessment courses and clinical experiences specified within their specialty role. They will also be required to complete contact hours in pharmacology as designated by the Board of Nursing.
 2. The possession of a specialty prescriptive certification and a controlled substance license issued by the Michigan Department of Community Health.

This legislation does not change statute language regarding third-party reimbursement, nor does it mandate reimbursement rates from insurers or allow for the formation of limited liability or professional liability corporation, nor dictate employment agreements.

Simply stated, this legislation would allow nurse practitioners to improve cost, quality and

access to health care for the citizens of Michigan. SB 481 language is fully supported by the National Councils of State Boards of Nursing as well as the Advanced Practice Registered Nursing Consensus Work Group. It is further supported by recent Federal Trade Commission rulings that have stated that bills like SB 481 would have "competitive benefits of improving access to primary care," "would likely lower costs and increase consumer options," and that "restrictions on supervisory relationships" for APRNs "impose costs on ... health care consumers."

So as a and Advanced Practice Registered Nurse and Family Nurse Practitioner with over 18 years of experience providing direct primary care services to patients and their families in Michigan, I would like to take this opportunity to briefly describe the role of nurse practitioners.

As you may know, nurse practitioners hold a valid Registered Nursing licenses and specialty certification with the state of Michigan. Certified Nurse Practitioners (NPs) are registered nurses who have advanced education (at the master's and doctorate levels) and advanced clinical training beyond their initial registered nurse preparation. They are prepared to be primary care providers, among other roles in today's health care arena.

Nurse practitioners provide healthcare services in a variety of settings and are qualified to meet the majority of patients' health care needs. Nurse Practitioners evaluate and treat a multitude of acute and chronic health problems, focusing on teaching patients self-care techniques to improve their quality of life and reduce health care dollars spent by decreasing recurrence and exacerbation of their illnesses.

Some examples of health care services provided by nurse practitioners are:

- Comprehensive health histories and physical exams,
- Diagnosis and treatment of acute problems such as infections and injuries,
- Diagnosis, treatment and management of chronic problems such as asthma or diabetes,
- Routine care such as prenatal, well child-care, preventive adult care,
- Order and interpret lab tests, x-rays and other diagnostic studies,
- Preventive health guidance and counseling, and
- Referral to specialists for additional services as needed.

Nurse Practitioners practice in variety of primary care and specialty areas including but not limited to: Health maintenance organizations (HMO), nurse managed and community health centers, rural health clinics, urgent and retail care clinics, correctional facilities, private nursing offices, hospitals and specialty physician offices.

Recent data shows that for 2011 nationwide 79.7% of adult visited emergency departments due to lack of access to other providers, ~46% of these adults stated they had no other place to go. This problem will only be exacerbated as the number of primary care providers continues to decline. Nationwide, 66% of nurse practitioners practice in primary care with 20% in a rural setting. In Michigan ~55% practice in primary care across the life-span and all genders, that number is lower due to a more restrictive regulatory environment.

Recently, there have been several studies that highlight the need to end barriers to nurse practitioner practice. The key message from recent reports published by the Josiah Macy Foundation ("*Who Will Provide Primary Care And How Will They Be Trained*"; 2010) and the Institute of Medicine, ("*The Future of Nursing: Leading Change, Advancing Health*"), is that nurse practitioners should practice to the full extent of their education and training. Specifically that changing scope-of-practice regulations, should allow for nurse practitioners to "*see patients and prescribe medications without*" regulatory barriers. This identified reduction of barriers has been supported by several other organizations the National Council of State Boards of Nursing,

National Health Policy Forum, American Association of Retired Persons, Citizen Advocacy Center (Washington, D.C.) and Coalition for Patients Rights (multi-disciplinary health professions association).

Further evidence-based data shows that nurse practitioners provide high quality, cost-effective care. Literally hundreds of studies over 40 years have consistently found Nurse Practitioner care to be high quality, comparable and in some cases exceeding outcomes of other health care providers, with very high patient satisfaction. A recent policy brief from Rand Health (2009), addressed the rising cost of health care in Massachusetts after their near universal health plan. The policy brief made multiple recommendations including encouraging policies that would promote nurse practitioner practicing to their fullest preparation without unnecessary regulations. They went on to say that nurse practitioners are underutilized despite being qualified to provide primary care at a lower cost than other providers. The American Association of Colleges of Nursing estimated that the underutilization of nurse practitioners costs the United States \$9 billion annually. A recent economic analysis found that greater use of Advanced Practice Registered Nurses would result in 97,205 new permanent jobs, \$8 billion in annual economic output and \$16.1 billion in total expenditures per year within the state of Texas, alone.

The cost of health care in Michigan could be reduced immediately by changing the state's regulatory environment. Advanced Practice Registered Nurses are typically reimbursed at a lower rate for the same health care services offered by other health professionals, prescribe fewer drugs, order less expensive tests, and use lower cost treatment, at comparable or better quality treatment than other health care providers. A study in Tennessee found that costs at nurse managed clinics were 23% below the costs of care delivered by other primary care providers, inpatient hospitalization rates were 21% lower, lab utilization rate was 25% below other primary care providers, and prescription drug utilization was 42% below average. What does this mean in actual dollar savings? Well, a recent study showed infants cared for by Neonatal Nurse Practitioners average 2.4 fewer days in the hospital which saved between \$3,400-\$18,000 in total hospital charges, per patient. A large corporation in North Carolina housed an on-site health care clinic run by nurse practitioners for their employees and had an annual cost savings of over \$1.3 million yielding a benefit to cost ratio of 15 to 1. A study conducted by the Florida state government estimated regulatory changes that would reduce practice barriers and increase utilization of nurse practitioners and other health care providers (PA's) could provide a cost savings of \$7 million to \$44 million annually for Medicaid, up to \$2.2 million for state employee health insurance annually, and a total of \$339 million in savings annually across Florida's healthcare system.

A list of additional articles and research on the quality and cost effectiveness of nurse practitioner services is available upon request.

Thank you for allowing us to contribute to this important discussion about Michigan's efforts to improve access to quality and cost-effective health care and increase health professional workforce retention.

We will be happy to answer any of your questions. I would like to turn it over to my colleagues here, who will provide further information about the educational preparation of APRNs, and the specific roles of Clinical Nurse Specialists, Certified Nurse Midwives and Nurse Practitioners.