

Daniel G. McMurtrie, M.D.,
Testimony in support of Senate Bill 68
Senate Health Policy Committee
March 3, 2015

Good afternoon, Chairman Shirkey and members of the Committee. My name is Daniel G. McMurtrie. I am a physician with over 30 years experience working closely with Certified Nurse Practitioners, Certified Nurse Midwives, and Clinical Nurse Specialists.

I enthusiastically support Senate Bill 68, which will update the Michigan Public Health Code to accurately reflect the current practice of Advanced Practice Registered Nurses.

I am a life-long Michigander. I am a graduate of the Detroit Public Schools and I attended the University of Michigan for undergraduate school, medical school, and residency training. I have been in clinical practice in Ann Arbor since 1982, and have been the Chairman of Obstetrics and Gynecology for 26 years at St. Joseph Mercy Hospital in Ann Arbor.

In the past, I have served as Chief of Staff at St Joseph Mercy Hospital and Chairman of the Board of Integrated Health Associates, a large regional multispecialty group with over 50 APRNs. Most recently, I have served as the Interim Chief Medical Officer for the health system.

My experience in these clinical and administrative positions has given me insight into the roles and practice patterns of a variety of health care providers. My current responsibilities include implementation and monitoring of patient safety, quality improvement, and risk management activities. In addition, I am responsible for recommending credentialing and privileging for both physicians and nurse midwives within the Department of Ob-Gyn.

Throughout my career, I have found Advanced Practice Registered Nurses to be responsible, thoughtful providers of care that consistently meets the highest standards.

Quality, effective health care requires a team effort. Some who oppose this legislation claim that it will somehow work against team care in the future. In fact, all health care providers have an obligation to work in partnership with others for the benefit of the patient. In my experience, APRNs, by virtue of their nursing education and philosophy of care, consistently promote a team model and can be expected to continue to do so. The most important point is that we will reach our shared goals of quality and cost efficiency *only* when all team members are allowed to practice to their fullest capacity based on educational preparation and experience.

But you do not have to take my word for it. The evidence is overwhelming. Statements from multiple highly respected agencies and health care organizations support my opinions on this issue. Here are just a few examples:

From the **Institute of Medicine (IOM) report, "The Future of Nursing: Leading Change, Advancing Health", published in 2010** are the following recommendations:

- Remove scope-of-practice barriers. Advanced practice registered nurses should be able to practice to the full extent of their education and training.
- State legislatures should reform scope-of-practice regulations to conform to the National Council of State Boards of Nursing Model Nursing Practice Act and Model Nursing Administrative Rules.
- States with unduly restrictive regulations should be urged to amend them to allow advanced practice registered nurses to provide care to patients in all circumstances in which they are qualified to do so."

From the **Federal Trade Commission** publication, “**Policy Perspectives: Competition and the Regulation of Advanced Practice Nurses**”, published in **March 2014**:

- Effective collaboration between APRNs and physicians does not necessarily require any physician supervision, much less any particular model of supervision.
- Physician supervision requirements may raise competition concerns because they effectively give one group of health care professionals the ability to restrict access to the market by another competing group of health care professionals.
- APRNs play a role in alleviating provider shortages and expanding access to health care services for underserved populations.
- APRNs are trained, and in most states licensed, to provide a broad range of primary care services that are also provided by primary care physicians; indeed there is increasing agreement among health care authorities that APRNs could safely provide an even broader range of primary care services if regulatory and reimbursement policies would permit them to do so.
- Based on substantial evidence and experience, expert bodies have concluded that APRNs are safe and effective as independent providers of many health care services within the scope of their training, licensure, certification, and current practice.
- APRNs typically collaborate with other health care practitioners. Effective collaboration between APRNs and physicians can come in many forms. It does not always require direct physician supervision of APRNs or some particular, fixed model of team-based care.”

And from the **National Governors Association** publication, “**The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care**” published in **2012**:

- None of the studies in NGA's literature review raise concerns about the quality of care offered by NPs. Most studies showed that NP-provided care is comparable to physician-provided care on several process and outcome measures. Moreover, the studies suggest that NPs may provide improved access to care.
- The National Governor's Association's review of health services research suggests that NPs are well qualified to deliver certain elements of primary care. In light of the research evidence, states might consider changing scope of practice restrictions and assuring adequate reimbursement for their services as a way of encouraging and incentivizing greater NP involvement in the provision of primary health care.”

Michigan is facing a serious physician shortage. The health care environment is changing rapidly. The Michigan Public Health Code must be updated now so that Michigan is prepared to meet the needs of patients.

I urge you to do the right thing and support Senate Bill 68.

Thank you for your consideration.

Respectfully submitted,

Daniel G. McMurtrie

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