



Senate Committee on Health Policy, 2015
Kim E. Sibilsky, Chief Executive Officer, MPCA
Testimony Supporting SB 68 – Advanced Practice Registered Nurse (APRN)
Licensure

Good afternoon, Chairman Shirkey and members of the committee. My name is Kim Sibilsky, and I am here today as Chief Executive Officer of Michigan Primary Care Association to speak in support of Senate Bill 68. The Michigan Primary Care Association (MPCA) is a non-profit membership association of 40 community-based comprehensive primary care Health Center organizations throughout Michigan. We bring a somewhat different perspective to the debate as we represent neither doctors nor nurses but instead populations of our state who have historically been underserved and who are further threatened by future provider shortages. The organizational members of MPCA provide medical, dental, mental health, substance use and other enabling services to over 600,000 Michigan residents in more than 240 medically underserved communities. Health Centers provide care to people with or without insurance and must be located in and serve residents of federally-designated Health Professional Shortage Areas (HPSAs). Eighty of the eighty-three counties in Michigan have either full-county or partial county HPSAs. Based on current and projected health professions shortages, it's safe to say that without taking actions like what is being proposed in SB68, Health Professional Shortage Areas will continue to be a growth industry in Michigan.

I have worked with underserved communities in Michigan and nationally for 36 years and have lived in a number of beautiful communities that suffer chronic health professional shortage, including the Upper Peninsula, Northeast Michigan, the Mojave Desert and urban areas including Los Angeles and Kansas City, Missouri. I have worked with Community Health Centers, with medical and nursing schools, with Area Health Education Centers, with the National Rural Health Association and for the past 20+ years with MPCA. Over the past two years, I have listened to testimony for and against first SB 2 and now SB 68. Since this is my life's work, I believe I have an informed perspective.

You have heard and will hear perspectives pro and con. You have heard strongly worded testimony from several professional interest groups. I implore you not to allow the debates undertaken in consideration of SB 68 to turn a critical public health issue into a turf battle. We should never lose sight of the most important issues which are protection of the public, the public's resources and the consumer's access to quality care. The evolution of healthcare has eliminated the clear boundaries between different health

professions' practices and most professions today share some skills and procedures with other professions. As discussed in "Changes in Healthcare Professions' Scope of Practice" prepared by the National Council of State Boards of Nursing, the question that must be answered today is whether the profession in question can provide the proposed service in a safe and effective manner and if the process does not answer that question, it is not of relevance.¹

So, there are three questions that should be responded to in testimony relative to SB 68:

- Is there assurance to the public that the regulated APRN is competent to provide certain services in a safe and effective manner?
- Is the public protected from unscrupulous, incompetent and unethical APRNs?
- And is there a means whereby individuals who fail to comply with the "profession's standards" can be disciplined including revocation of license?

In reviewing SB 68, I believe that the issue of competence is addressed very thoroughly. There are few, if any, other health professions that require two tiers of licensure. In addition to the first tier for licensure as a registered professional nurse, a candidate for APRN licensure must also proceed through the following:

- Have completed an accredited graduate, postgraduate or doctoral level nursing education program
- Be certified by a nationally accredited certification body demonstrating role and population-focused competencies
- Maintain continued competence
- And be able to demonstrate those competencies

This is all in addition to the requirement that a candidate must practice for four years as an APRN with supervision or for 4 years in a mentor/mentee relationship before obtaining licensure to practice independent of such an arrangement.

Others giving testimony will speak to the integrity of education and training. Concerning the certification process undertaken by APRNs, it is rigorous and tests against a number of independent practice competencies including:

- Functioning as a licensed independent practitioner
- Demonstrating highest level of accountability for professional practice
- Managing previously diagnosed and undiagnosed patients, including full spectrum of health care services
- Using advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings
- Employing screening and diagnostic strategies in the development of diagnoses
- Prescribing medications within scope
- Managing health/illness status of patients and families over time

To answer the second and third questions, public protection and disciplinary action, SB 68 meets and exceeds the Public Health Code enforcement models established for other health professions. In Section 16216 of the Code, with all "certified health profession subfield task forces" other than APRN Task Force, the task force is required to have "1 licensee from each subfield appointed to the board ...and 1 member of the board holding

a license other than a health profession subfield license”. The APRN Task Force, in comparison, must have 1 RPN, 2 CNMs, 2 CNPs, 2 CNSs, 2 CNAs, 2 members of the public and 2 physicians. Both the certified health profession subfield task force and the APRN Task Force provide guidance to the department and provide a disciplinary function.

It is my personal opinion through over 36 years of experience that Advanced Practice Registered Nurses are highly professional and competent primary care providers; by virtue that APRNs disproportionately practice in underserved areas where our centers are located, they fulfill a function that is critical in meeting the health care needs of urban and rural populations, especially those in designated Health Professional Shortage Areas.² My professional opinion is that APRNs have functioned as critical “quasi-independent” providers in underserved communities for years, as clearly demonstrated by the central role held by nurse practitioners in Rural Health Clinics under the Rural Health Clinics Act passed in the mid-70s and as currently demonstrated in Health Centers throughout Michigan. Rather than changing the role of nurse practitioners in practice, SB 68 will simply allow both nurse practitioners *and* physicians to practice more efficiently and effectively by allowing each to operate to the full extent of their training.

Michigan Primary Care Association strongly supports Senate Bill 68, its insertion of APRNs in Michigan’s Public Health Code, its clarification of the role and scope of APRN practice and its assurances of safety and quality. Thank you for this opportunity.

References

¹National Council of State Boards of Nursing (2012). Changes in Healthcare Professions’ Scope of Practice: Legislative Considerations. Retrieved from https://www.ncsbn.org/Scope_of_Practice_2012.pdf.

²National Governors Association (2012). The Role of Nurse Practitioners in Meeting Increased Demand for Primary Care. Retrieved from <http://www.nga.org/files/live/sites/NGA/files/pdf/1212NursePractitionersPaper.pdf>.