

March 17, 2015

The Honorable Mike Shirkey, Chair, *and*  
Members of the Senate Health Policy Committee

Re: **SB 68**

Dear Chairman Shirkey and Committee Members,

AARP is a membership organization of people age 50 and older with 1.4 million members in Michigan, and we 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 68 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 It would do this by removing outdated barriers that prohibit advanced practice registered nurses (APRNs) from providing care to consumers to the full extent of their education and training.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 there are not enough physicians available to supervise or collaborate with APRNs. According to the Health Resources and Services Administration, Michigan has 680 medically underserved areas or populations (as of 3-10-15) 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 or overseeing the care of a loved one. These delays 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This bill removes the unnecessary and outdated Delegation of Prescriptive Authority Agreement, a legal document that makes a nurse's ability to practice subject to annual review by a collaborating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 APRNs providing high quality care with high patient satisfaction, and it recommends that states consider removing barriers to practice for APRNs, 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.

Nationally, there is an urgent need to address high costs and improve patient outcomes. For example, in 2012 there were nearly 50 million Medicare beneficiaries that accounted for 21% of the total health care spending in the United States. Research has found a strong and recurrent pattern and statistically significant relationship between improved overall patient health outcomes in states where full practice for APRNs is allowed. Currently, APRNs successfully practice and prescribe medications without physician oversight in 21 states and the District of Columbia. The states that have full practice authority for APRNs have lower hospitalization rates and improved patient outcomes, especially for Medicare, Medicaid, and dual-enrolled beneficiaries. Further evidence shows that restrictive APRN regulation by states negatively impacts our nation's health. There is no evidence that patients get better or safer care in states with restrictive regulations on APRN practice.

AARP Michigan is deeply appreciative of the primary care and chronic care management provided by both 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 help ensure such access to care.

Thank you for the opportunity to provide comments on SB 68. If you have additional questions, please do not hesitate to contact Melissa Seifert at 517-267-8934 or at [mseifert@aarp.org](mailto:mseifert@aarp.org).

Sincerely,



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