September 24, 2019

Senator Joanne M. Comerford
Co-Chair, Joint Committee on Public Health
Massachusetts State House
24 Beacon Street
Room 70 C
Boston, MA 02133

Representative John J. Mahoney
Co-Chair, Joint Committee on Public Health
Massachusetts State House
24 Beacon Street
Room 130
Boston, MA 02133

Re:  TESTIMONY: NP INDEPENDENT PRACTICE and the SAVE Act: An Act to Support Access, Value and Equity in Health Care (H.1867/ S.1330)

Dear Senator Comerford, Representative Mahoney and the Honorable Members of the Joint Committee on Public Health,

My name is Myra F. Cacace and I am a Past-President and a current member of the Board of Directors of the American Nurses Association Massachusetts (ANAMASS). We are a constituent member association of the American Nurses Association (ANA). ANA Massachusetts is the largest voluntary organization in the Commonwealth advocating on behalf of professional nurses, including Advanced Practice Nurses. Our members and I would like to thank you for giving us this opportunity to testify in favor of the SAVE Act to Support Access, Value and Equity in Health Care (H.1867/S.1330).

The ANA is in full support of this legislation and strongly believes that patients’ interests are best served by a health care system in which many different types of qualified professionals are available, accessible, and working together – in collaboration with physicians and other members of the health care team. The ANA is a founding member of the Coalition for Patient’s Rights (CPR), which was established to improve patients’ access to the health care providers of their choice, and the range of services those providers offer. The CPR consists of more than 35 organizations representing a variety of licensed health care professionals, each providing a diverse array of safe, effective, and affordable care.

ANA’s Principles for APRN Full Practice Authority provides policy makers, advanced practice registered nurses (APRNs), and stakeholders with evidence-based guidance when considering changes in statute or regulation for APRNs. “Full practice authority” allows the APRN to utilize knowledge, skills and judgment to practice to the full extent
of their education and training. The ANA agrees with the American Association of Nurse Practitioners (AANP)’s definition of full practice authority as, “the collection of state practice and licensure laws that allow for nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests, initiate and manage treatments – including prescribing medications – under the exclusive licensure authority of the state board of nursing.”

We continue to be in a health care crisis in our Commonwealth. More people than ever are seeking good reliable primary care but there is a shortage of primary care providers in many, especially in rural areas. It is ironic that Massachusetts, the nation’s leader in health care reform, lags behind other states in allowing APRNs to practice to the full extent of our license and experience. Arbitrary rules that limit my scope of practice or mandate that the physician must see a patient for the first time “to set up the care plan” lead to delays in access, inefficient care and a waste of time, money and resources. Massachusetts is the only New England state that has not yet removed these restrictive and artificial barriers to our practice. It is past time to remove these barriers to patient care!

I earned my license to practice as a nurse practitioner in 1994. I earned that license after 17 years as a registered nurse, after completing a course of study in a certified NP program and passing a rigorous nationally recognized certification exam. My license enables me to practice and obligates me to provide excellent care to my patients as part of the health care team. My experience, education and training gives me the expertise to thoroughly assess a patient, develop a care plan and provide the necessary treatment and education to meet the needs of the person, family and community of interest.

The Institute of Medicine (IOM) claims that “what nurse practitioners are able to do once they graduate varies widely for reasons that are related not to their ability, education or training, or safety concerns, but to the political decisions of the state in which they work.” A number of randomized trials conclude that patients using NPs for primary care have comparable health outcomes to patients who use doctors.

In fact there is more than 40 years of evidence showing safe and cost-effective provision of care by APRNs. This evidence-based research demonstrates that NPs excel in delivering high quality care. In addition, there is no data to substantiate that Massachusetts’ licensure framework either enhances patient safety or reduces health care costs. The Institute of Medicine, the American Association of Retired Persons (AARP), the National Governors’ Association (NGA) and many national organizations recommend that physician oversight be eliminated. In fact, the Federal Trade Commission (FTC) issued an opinion letter to the Massachusetts Legislature in January 2014 supporting the IOM recommendations to remove such barriers.
Nurse Practitioner education is deeply entrenched in knowledge of normal findings and the commitment to collaborate with other health care providers when abnormal findings are present. This approach ensures that patients receive high quality care from all nurse practitioner graduates as well as those already engaged in autonomous or collaborative practice. Supervision by a physician unnecessarily interferes with access, and excellent treatment of all the citizens of the Commonwealth.

As an NP I am accountable for the care I provide, carry my own malpractice insurance and work in a collaborative practice with physicians to care for our patients. As my experience increased and I acquired a certification in Advanced Diabetes Management, the relationship between the members of the health care team shifted and my physician colleagues frequently came to me to get help in caring for their diabetic patients. In fact, when the area endocrinologist moved out of Massachusetts, physicians from other practices referred their diabetic patients to me.

There is also a mandate that a “supervising” physician must retrospectively review a sub-set of the prescriptions issued to patients by NPs and CRNAs. But in reality, no meaningful supervision is being done today since chart and prescription reviews are often done days or weeks after the prescription is given to the patient. Not to mention the challenge of getting the physician to make the time to fit a medication review into an already insane schedule. I have worked with physicians throughout my career, and I am struck by the arbitrary notion that although I am often the only practitioner in my clinical setting for hours at a time, physicians continue to believe that I need to be “supervised”! Advanced practice nurses caring for patients understand their scope of practice and regularly seek out opportunities to collaborate in order to provide the best patient care.

There are physicians who will tell you that I can’t be trusted to practice and must have not just one Board but TWO boards overseeing my license. No other licensed practitioners on the health care team, such as psychologists, social workers, physical therapists, podiatrists or optometrists have this arrangement. Why should the Commonwealth pay for double oversight?

Nurse practitioners want to practice as part of multidisciplinary teams that encourage and rely upon true collaboration, but with the individual authority to provide our own expertise consistent with national standards. This legislation brings the balance of accountability, safety and flexibility that Massachusetts needs to successfully meet workforce demands and gaps in access to care that will meet patients’ needs.

Now is the time to eliminate inappropriate, redundant physician oversight that exists in today’s Nurse Practice Act and to stop the misuse of scarce resources during a time when quality and cost are the focus of state-wide attention.
Sincerely,

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References

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2 American Academy of Nurse Practitioners. Issues at a Glance: Full Practice Authority. Revised October 24, 2018  

3 Institute of Medicine, 2010, October. The Future of Nursing: Leading Change, Advancing Health, page 5

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