March 6, 2015

Senate Education, Health, and Environmental Affairs Committee
Maryland State Senate
2 West
Miller Senate Building
11 Bladen Street
Annapolis, MD 21401

Re: Support for Maryland 2015 Senate Bill 723

Dear Senators:

On behalf of the American Association of Nurse Practitioners (AANP,) our Maryland members and their patients, AANP appreciates the opportunity to comment in support of the introduced version of Senate Bill 723. This legislation will bring Maryland into closer alignment with national nursing licensure recommendations; and as a result, improve access to care and bring greater flexibility to incorporate patient-centered health care homes and other emerging models of care delivery.

Maryland faces significant challenges in ensuring residents receive access to timely, cost-effective health care services. Compounding Maryland's challenge is the outdated licensure requirement that artificially constrains the practice of one health discipline to a regulated relationship with another profession. This requirement needlessly bottlenecks the Maryland health care workforce, inhibits provider recruitment, and prevents patients and state programs from capitalizing on the full benefit of nurse practitioner services. While there is no single solution that will solve all of the state's health care challenges, modernizing nursing licensure laws to the standards recommended by the National Council of State Boards of Nursing is one critical element that can be implemented this legislative session and make an immediate, tangible difference around the state.

There is compelling evidence to support Senate Bill 723. Adopting the recommendation to retire the outdated career-long collaborative agreement is consistent with the regulatory model endorsed by the National Council of State Boards of Nursing, and evidence-based recommendations of the National Academy of Science's Institute of Medicine, the National Governors Association, and the National Conference of State Legislatures.

- **A proven track record of regulatory safety that's in step with future models of care delivery.** Twenty states and the District of Columbia have already adopted similar or less restrictive regulatory frameworks as those proposed in Senate Bill 723. Many of these states have had this regulatory model in place for nearly two decades, and are leading the nation in advancing patient-centered health care home models and other innovative systems of care delivery. Right-sized licensure law provides individual clinician accountability, and the platform for innovation and flexibility to deploy the health care workforce in ways that best meet the needs of our communities and patients. Research also demonstrates that states that adopt Full Practice Authority continue to not only have safe health care for their citizens, but better health outcomes as well. In 2014, a study published in *Nursing Outlook* found that Medicare and dual eligible patients have lower hospital admissions and better health outcomes in states that have adopted Full Practice Authority than in those that have not.[1]

- **States with Full Practice Authority are more likely to have nurse practitioners serving in rural and underserved areas.**[2-7] Correlations between practice law and the distribution of NPs into underserved areas has been documented for nearly two decades. As early as 1994, the New England Journal of Medicine reported that "favorable practice-environment scores for physician assistants and nurse practitioners were associated with practitioner-to-population ratios significantly above the national average"[6]. In 2012, the WWAMI Rural Health Research Center again observed this correlation and commented that "These findings imply that practice autonomy should be considered as a state-level strategy to encourage rural practice by NPs and CRNAs."[7]

- **Modernized nurse practitioner regulation shows beneficial health care workforce trends.** Arizona transitioned to full and autonomous regulation for all elements of NP practice in 2001. Workforce trend data from the Arizona Rural Health Office (ARHO) for the five years following this regulatory change demonstrated a significant increase in the number of NPs in the state and serving in underserved areas. According to the ARHO report, "the number of Arizona licensed NPs in the state increase 52% from 2002 to 2007. The number of NPs per 100,000 population increased state wide from 28 in 2002 to 36 in 2007," with the "largest percent increase of NPs occur[ing] in the rural-rural classified counties (73%, +127,) followed by the rural-urban classified counties (57%, +46,) and then the urban classified counties (48%, +609.)"[8]

- **Nurse Practitioners are cost effective.** Multiple studies have reported on the cost effectiveness of nurse practitioner practice. One of the largest, published by the *Journal of the American Medical Association,* compared the care and the resource utilization of nurse practitioners and physicians for the care of 1316 randomly assigned patients. At 6 and 12 months resource utilization and patient health care status was the same for both patients treated by nurse practitioners and physicians. The two-year follow up study confirmed the continued comparable outcomes between nurse practitioner and physician treated patients. "No differences were identified in health status, physiologic measures, satisfaction, or use of specialist, emergency room, or inpatient visits." Other studies have found fiscal benefits to nurse practitioner care and significant savings for state budgets in states that use nurse practitioners to their fullest potential.[2,7,8]

The American Association of Nurse Practitioners, along with our Maryland membership, thanks you for your efforts in supporting solutions to the state's health care challenges and planning for the future workforce needs of the state. A fundamental cornerstone of future health care delivery will be the effective regulation and flexible deployment of the provider workforce. AANP appreciates the opportunity to provide comment and would welcome providing additional assistance as Maryland moves forward with adopting health policy solutions. If there are any questions regarding AANP's comments, please contact our state health policy office at (512) 732-2320.

Sincerely,

Kenneth P. Miller, PhD, RN, CFNP, FAAN, FAANP
President

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2. Institute of Medicine, *The Future of Nursing: Leading Change, Advancing Health* (Washington, DC: The National Academies Press, 2011.)

3. *AANP 2009-2010 National Sample Survey.* Retrieved September 6, 2010, from http://aanp.org/NR/rdonlyres/0952E2EF-CE8F-4B26-AC0019041F1B8E59/0/OnlineReport_General2.pdf

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5. GAO Primary Care Report, 2008. *General Accounting Office Senate Testimony.* Retrieved September 6, 2010, from http://www.gao.gov/new.items/d08472t.pdf.

6. Sekscenski, E., Sansom, S.,BZELL, C., Salmon, E. Mullan, F., State Practice Environments and the supply of physician assistants, nurse practitioners and certified nurse-midwives. New England Journal of Medicine 1994;331;1266-1271

7. Mundinger, M.O., Kane, R.L, Lenz, E.R., Totten, A.M, Tsai, W.Y., Cleary, P.D., et al. (2002). Primary care outcomes in patients treated by nurse practitioners or physicians: A randomized trial. *Journal of the American Medical Association*, 283(1), 59-68.

8. Lenz, E.R., Mundinger, M.O., Kane, R.L., Hopkins, S.C., & Lin, S.X. (224) Primary care outcomes treated by nurse practitioners or physicians: Two-year follow-up. *Medical Care Research and Review* (61)3), 332-351.