October 8, 2013

The Honorable Jeffrey Sanchez
The Honorable John Keenan
Members of the Joint Committee on Public Health
State House Room 413B
Boston, MA 02133

Dear Chairmen and Members of the Joint Public Health Committee,

On behalf of the American Association of Colleges of Nursing (AACN), I write to express our support for the Improving Health Care and Reducing Costs Act (HB 2009/SB 1079). If enacted, this legislation would further establish Massachusetts as a state dedicated to quality healthcare outcomes by utilizing Nurse Practitioners (NPs) and Certified Registered Nurses Anesthetists (CRNAs) to their full scope of practice. AACN represents over 740 schools of nursing nationwide that educate approximately 400,000 students and employ over 16,000 faculty members. According to AACN’s data, there were over 60,500 students in Advanced Practice Registered Nurse (APRN) programs across the country last year. The four APRN roles include NPs, CRNAs, Certified Nurse-Midwives (CNMs), and Clinical Nurse Specialists (CNSs). Within the state of Massachusetts, 2,265 students are currently enrolled in programs to become NPs, CRNAs, and CNSs. Our member institutions in your state and nationally provide APRN students with the knowledge base and expert skill set essential to meeting the demands of our nation’s primary and acute care needs.

AACN’s mission is to serve the public interest by setting standards, providing resources, and developing the leadership capacity of member schools to advance nursing education, research, and practice. Our vision for the future is that highly educated and diverse nursing professionals will lead the delivery of quality health care and the generation of new knowledge to improve health and the delivery of care services. This mission and vision, which is consistent with other national nursing organizations, can only be achieved if APRNs are able to practice to the full extent of their education and training.

This legislation addresses two critical aspects to ensure APRNs are able to help meet the healthcare demands in the state of Massachusetts. First, it removes the requirement that there must be a joint promulgation of the regulations governing APRN practice by the Massachusetts Board of Registration in Nursing and Massachusetts Board of Registration in Medicine. Nurses are not trained in the medical model. Nursing is a unique discipline that is grounded in evidence-based science and the necessary holistic competencies core to nursing practice. Each discipline should be able to review their own practice guidelines and be unencumbered by another discipline’s oversight.

Second, the legislation would remove the mandate for physician supervision of the NP and CRNA...
prescriptive authority, the requirement for joint practice guidelines, and the requirement for signed collaborative agreements between physicians and NPs or CRNAs. In a number of recent rulings by the Federal Trade Commission (FTC) call for state legislatures to adopt less restrictive regulatory models that permit APRNs to practice without unnecessary physician supervision, much like this legislation. In their letter to lawmakers in the state of Texas, the FTC referenced that their staff have “urged several states to reject or narrow restrictions that curtail competition among health care providers because they limit patients’ access to health care and raise prices.”

The FTC staff also noted in their letter to Texas legislators that there does not appear to be any evidence that the safety of care provided by APRNs differs from that of the care provided by physicians. In their letter to Florida legislators, they clearly articulate that based on current evidence, APRNs provide safe care when they practice within their full scope. The FTC's thorough analysis and conclusion states that "restrictions on the supervisory relationships between physicians and APRNs impose costs on Florida [Texas] health care consumers." ii

Moreover, the proposed change to current statute included in this legislation directly aligns with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education that was endorsed by 48 national stakeholders. AACN can directly comment on the veracity and consistency of APRN education and accreditation. First and foremost, the educational system prepares APRNs to independently conduct patient evaluations, diagnose, order and interpret diagnostic tests, initiate and monitor treatments, as well as write prescriptions. The assertion that the APRN educational model does not graduate practitioners to practice independently is refuted by the decades of evidence, which shows APRN care is safe and of high quality. iv, v, vi, vii, viii

APRNs receive rigorous training in their focused discipline. The students must have received baccalaureate-level content from an accredited school of nursing and hold an active registered nurse license to apply for a master’s or doctoral APRN program. The master’s level programs are at least two years of full-time study. For doctoral education the students receive approximately two years of full-time study for a post-master’s program and three to three and a half years of full-time study for a post-baccalaureate doctoral program. Curriculum content and the training for graduate education “occurs within the context of societal demands and needs as well as the interprofessional work environment.” ix In addition to didactic content in pathophysiology, pharmacology, and health and physical assessment, APRNs students such as NPs and CRNAs must have significant population focused content so they can be experts in their field. Their clinical training is focused on attaining the expected competencies. Clinical hours must be distributed in a way that represents the population needs served by the graduate. “For example, a family nurse practitioner student should receive experiences with individuals/families across the life span, and the adult-gerontology NP student should receive experiences with adults across the entire adult age spectrum from young adult to older adult, including the frail elderly.” xi

The rigor of APRN programs are evaluated by national accreditation standards. For over 40 years, AACN has set educational standards for nursing programs through our Essentials documents that outline the necessary curriculum content and expected competencies of graduates from baccalaureate, master’s, and Doctor of Nursing Practice programs, as well as the clinical support needed for the full spectrum of academic nursing. xii The Commission on Collegiate Nursing Education, a nationally recognized accrediting body by the U.S. Department of Education, requires the use of the Essential documents. The APRN Consensus Model requires that APRNs must have graduated from a program “accredited by a nursing or nursing-related accrediting organization
that is recognized by the U.S. Department of Education (USDE) and/or the Council for Higher Education Accreditation (CHEA).”

The driving force behind this legislation is not to dismantle the colossal importance of the interprofessional healthcare delivery team, nor is it to expand APRN scope of practice. The healthcare delivery system functions best through interprofessional collaboration. However, this team-based approach to health care is ultimately successful when all providers are able to practice to the full extent of their education and training and can help meet the needs of the patient. This legislation seeks to allow APRNs in the state of Massachusetts to practice to the full extent of their education and training, not expand beyond that.

AACN believes that HB 2009/SB 1079 is a critical piece of legislation for those in the state of Massachusetts as it will directly impact their access to high-quality, cost-effective care. Should you have any questions, or require further information, please contact AACN’s Director of Government Affairs and Health Policy, Dr. Suzanne Miyamoto at smiyamoto@aacn.nche.edu or 202-463-6930 ext 247.

Sincerely,

Jane Kirschling PhD, RN, FAAN
President

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i American Association of Colleges of Nursing. (2013) 2012-2013 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing. Washington, DC.