Chair Merrin, Vice Chair Manning, Ranking Member Boyd, and members of the House Health Committee. My name is Dr. Thomas Zaciewski. I am a physician-surgeon and am board certified in Urology. I appreciate the opportunity to appear before the committee today in support of HB 177, the Better Access, Better Care Act, which would retire the requirement for an advanced practice registered nurse (APRN) to sign a contract with a physician in order to practice their profession. As you already know, 27 states, including some of our neighbors and D.C. have already retired this contract.

I am a physician collaborator for two nurse practitioners in Northwest Ohio. One nurse practitioner works in my practice. She is a professional colleague who practices at the top of her education, training, certification and clinical experience. We work in tandem to deliver the best care possible for our patients. I complement her practice and she complements mine.

We cover critical access hospitals and have an extremely busy outpatient treatment center. She runs the outpatient service and makes hospital rounds while I perform surgeries. I have the utmost confidence in her clinical skill and competence. I do not supervise her, and we hold each other accountable for our practice. Yet, if something happened to me and I could not practice, this experienced, proven provider would no longer be able to deliver care to our patients because of mandated collaboration and our patient access will suffer. The mandated collaboration contract, known as the standard care arrangement (SCA), has become a barrier to patients who need access to health care.
The other nurse practitioner, who has a standard care arrangement with me, owns her own aesthetic practice and collaborates on certain uro-genital procedures. I am not contacted often and when I am, it generally is to validate a more complex treatment course which this nurse practitioner has already developed. Interestingly, she pays up to $2500 a month for her other physician collaborator. I do not charge her for the few times she contacts me. Why? Because I am a small business owner myself and I recognize the challenges of having overhead, reinvesting in my practice, and all while keeping the lights on running a practice.

Simply, in my opinion, the mandated contract is a restriction on free trade and creates an unnecessary barrier for patient access. I know of no other profession that must rely on the “good graces” of another profession to be able to work. Competition is a hallmark of American business culture. Ohio is not overflowing in healthcare providers. In fact, nearly 1.5 million of our citizens lack adequate access to a health care provider. Our overall health report card places us at 36th in the nation according to US News and World Report’s 2018 Best State Rankings. These restrictions impede Ohioans from getting the services they need creating poor health care outcomes.

In summary, as a physician, I do not see the necessity or benefit to the patient of binding the APRN to a physician so the APRN can practice. This outdated regulatory framework has already been retired by 27 states and the district of Columbia. In fact, eight of the top ten states for health care access and quality have done so and Ohio should join them to ensure our patients can gain access to the health care they need and deserve. With the removal of the mandated contract,

- APRNs will continue to professionally collaborate with members of health care services.
- They will continue to be held accountable by the Board of Nursing to practice within Ohio’s prescribed scope of practice statutes.
- They will finally practice without fear of wondering whether they will be able to practice or not on any given day.
- They will be free from the fee for service charges which many physicians demand, allowing them to invest more in their practices.
- And, most importantly, Ohio’s patients will be free to choose the health care provider that best meets their needs.

As a physician I endorse the effort to retire the SCA and grant advanced practice registered nurses in Ohio the ability to practice to the full extent of their education, clinical training, national certification, and experience without a permission slip to practice.

HB 177 will add more efficiency to the delivery of care by APRNs and more access to care for Ohio’s patients. It is a no-cost, no-delay solution for increasing health care access. Thank you for your time and for allowing me to testify in support of HB 177. I am happy to answer any of your questions now.