



**House Bill 177
Health Committee
Proponent Testimony
April 30, 2019
Joscelyn Greaves, OAAPN President**

Chairman Merrin, Vice Chairman Manning, Ranking Member Boyd, and members of the House Health committee, I am Joscelyn Greaves, president of the Ohio Association of Advanced Practice Nurses. Thank you for allowing me to testify before you as a proponent to HB 177, which will increase access to care for Ohioans.

OAAPN's membership consists of certified registered nurse anesthetists, certified nurse practitioners, certified clinical nurse specialists and certified nurse midwives. All four of the advanced practice specialties have different scopes of practice based upon their education, certification, and training. All APRNs have either a Master's or Doctorate degree, are certified by their national certifying body, meet continuing education requirements, and are recognized nationally as advanced practice registered nurses.

The landscape of health care has changed dramatically over the past two decades. As more Ohioans than ever are accessing care, particularly in primary care, the system is overwhelmed. More patients are insured and seeking primary care, baby boomers are aging, and the number of primary care physicians continues to decline. According to new data from the Association of American Medical Colleges, by 2030, we could see a shortage of up to 120,000 physicians.



I want to direct your attention for a moment to two maps on the screen. The first map shows the distribution of Ohio's physician and nurse practitioner Workforce. There are over 1,000 more NPs in the state, 48% of whom specialize in primary care. Many of these are distributed across rural areas. NP expansion to rural areas will only increase with the retirement of the SCA because the difficulty of finding a collaborator will no longer be an issue. For example, after Arizona removed the SCA, the state saw a more than 50% growth in NP workforce with more than a 70% increase in NPs working in rural areas. Nevada had an increase of over 30% within 3 years of passing their law, and North Dakota reported a doubling of the number of NPs after updating their laws.

The second map shows the primary care physician trend. Since 2008, Ohio has experienced more than a 12% decline of Primary Care Physicians in rural areas in the past decade with a very low 2% increase in physician numbers overall. There has been 72% increase in Nurse Practitioners specializing in primary care in the past decade, with a 3% increase of those Nurse Practitioners in rural areas and many more NPs wanting to practice in those areas but unable to because of the mandatory physician contract. This leads to Ohioans experiencing delays in access, inefficient service and higher costs.

With all this transformation, the last systemic change to the Nurse Practice Act was House Bill 241 in the 123rd General Assembly, 20 years ago. This legislation established collaborative arrangements, which were initially intended to provide oversight and ensure the APRN had a knowledgeable resource and a perception of safety. However, times have changed since then in Health Care. The huge increase in Ohio's elderly, with multiple chronic health problems, and the increase in the insured population has markedly increased the need for health care services and primary care providers, while simultaneously the numbers of primary care physicians is declining. In addition, most of today's physicians are members of the medical staff of large health systems and are



therefore not available and not permitted by their employers to collaborate with Ohio APRNs who are not employees of these large health systems. Over those 20 years, the role of APRNs has expanded and a growing number of studies show the high quality of care delivered by an APRN, particularly in primary care, leads to the same or better outcomes. APRNs are not trying to be physicians, nor is that our intention. As access continues to dwindle and patient needs grow, we are simply saying that our masters and doctoral trained clinicians can help fill that gap by providing accessible, high quality and cost-efficient care.

It is our belief that the time to revise this outmoded law is now. HB 177 will simply remove the mandatory contract between physicians and Certified Nurse Practitioners, Certified Nurse Midwives, and Certified Clinical Nurse Specialists. Ohioans deserve improved access to care in an efficient system where all health care providers use their knowledge and skills to ensure quality outcomes. Presently, more than half of the U.S. and the District of Columbia have removed this contract. The passage of House Bill 177 would be a major step toward removing barriers that impede Ohioans from accessing health care services while maintaining patient safety and quality care.

National institutions and organizations have studied the impact of physician supervision of APRNs on quality outcomes and health care costs. The results of these studies have led these organizations to support the removal of physician supervision and mandatory collaborative agreements. Some of these groups include the National Governors Association, the National Academy of Medicine, the Federal Trade Commission, the American Association of Retired Persons, The Robert Wood Johnson Foundation and the National Council of State Legislators.

I want to give you a clear understanding of the APRN/collaborator relationship. Legal



collaboration has nothing to do with professional collaboration in which APRNs practice on a daily basis. APRNs are seeing patients and professionally collaborate with a variety of providers based on a patient's need. We agree with our physician colleagues that given the complexity of modern health care, an inter-professional, coordinated approach is vital. When it comes to a team-based approach to care, it takes a team of health care professionals to care for the complex needs of patients, and all professional team members bring expertise from their respective disciplines. One discipline does not automatically supersede the other. House Bill 177 is not about comparing the qualifications of a physician with the qualifications of an APRN. It is about the practice of advanced practice nursing, as defined by the Ohio Revised and Administrative codes - not the practice of medicine.

Mandatory collaboration is not "over-the-shoulder" supervision. In fact, many physician collaborators are often not present when and where the health services by APRNs are provided. While some collaborators are in the same practice, others could be located hours away. House Bill 177 does not dismantle professional collaboration. House Bill 177 merely removes the overly burdensome administrative requirement of a legal contract with a physician. As our sponsor said, this bill does not increase an APRNs scope of practice. APRNs are strictly regulated by the Board of Nursing just as the Board of Medicine has oversight with physicians. The Ohio Board of Nursing is one of the most vigilant regulators in the country and nothing in this bill will make that any different. Just as the Board of Medicine would strip the license of a physician practicing outside of their scope so too would the Board of Nursing for an APRN.

Aside from the proven access to care issue, actually finding a collaborator is not easy. The number of potential collaborators is declining, despite compromises made under HB 216, which was enacted two General Assemblies ago. As previously mentioned, many



physicians have become employees of health care systems, which don't allow physicians to collaborate with APRNs not employed by the same system.

Ohio APRNs have been ordering diagnostic tests, prescribing medications and developing treatment plans without physician consultation, within their specific scope of practice, safely since 2000. With over 1.4 million Ohioans lacking necessary access to vital health services and over 159 federally designated health shortage areas, the time to act is now.

I urge your support of HB 177 and would be happy to answer any questions.

Sincerely,

Joscelyn Greaves