

Proponent Testimony – HB 177
Ohio House Health Committee, Tuesday, April 30th
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Chair Merrin, Vice Chair Manning, Ranking Member Boyd and members of the House Health Committee. My name is Marie Grosh. I am testifying in support of HB 177, the bill to remove the mandatory physician contract with APRNs, the Standard Care Arrangement, (SCA). I am a nurse practitioner and I own my own business, a private house calls practice serving homebound seniors in the Cleveland area, and I've been working in geriatric healthcare for 15 years. I am a primary care provider, and my patients have multiple chronic conditions including impaired mobility which makes it difficult for them to go to a provider's office. I also teach at Case Western Reserve University. I'm here today to share with you my story of how the requirement to have a standard care arrangement affects both my ability to care for my patients and for patients to access the care they need.

Before I opened my practice I worked with a physician who had a private practice office in Berea, and we had a wonderful working relationship. When I told her I was starting my own practice doing house calls she was thrilled that I would be providing such a needed service, and she signed my SCA. Shortly thereafter, her practice partner passed away, and not being keen on the business side of practice management, she decided to take employment with a large health system. Subsequently, one day she called me to tell me that her contract with the hospital contained a clause that prohibited her from signing a SCA with any Nurse Practitioners, outside of the hospital system. That was a very devastating day for me.

I turned to my network of APRN colleagues, I reached out to local physician groups, I met with numerous clinicians, and I spent hours in the middle of the night googling physicians and sending pleading emails. Most of the physicians I met with had a "what's in it for me" attitude, and said no thank you. Others had contracts with large hospital systems containing the prohibitive clause. Others wanted to charge me so much money for their signature that it would have put me out of business immediately.

I finally found a physician I could afford, and I paid him to sign my SCA. He never saw any of my patients, he never provided any services for me and I called him twice in two years. And, on both of those occasions that I called him, he said he didn't know the answer to my clinical question. I say this not to undermine physicians at all, that is not why I am here, and that is not what this bill is about. I say this to underscore the point that I was paying thousands of dollars for a service that provided no value to my patients.

This physician retired a few years ago. The loss of that physician forced me to start the search again; I was back to the drawing board. After weeks of searching, I found another physician who required money to sign the contract, and he also never saw any of my patients. I had him as my collaborator for one year and in that one year time frame I placed three calls to him, and he returned two of them. One day, I asked if I could meet with him at this office, so the receptionist set up a meeting. When I got there, he wasn't there and a nurse practitioner was seeing all of the patients that day. I left my check for his SCA signature, which he cashed and I never heard from him again, he never called me back. Once again, I was forced to spend my precious practice time searching for a physician to sign the SCA.

I currently have a SCA signed by a physician who is retiring soon. I have already started to network once again to find someone. The landscape is even drearier now than it was when I

opened my practice. In addition to the looming physician shortage which you are aware of, private practices are dwindling as well. In just the past two years over 600 private practices nationwide have closed to sign on with big hospitals, more than 60% of physicians are employed by large health systems and they cannot collaborate outside of their employment situation with APRNs who are not employed by the same large health system. If I cannot find someone, I will be forced to close my practice, unless the regulation requiring the SCA is retired as it is in 27 other states (including some of our neighboring states) and D.C.

My story is not rare. As I work alongside many other nurse practitioners I hear these stories every day. Most of my fellow faculty has never met the physician who signed their SCA.

I want to share a story with you today that demonstrates how urgent it is to retire this unnecessary regulation.

This is the story about Leroy, he is one of my patients and he gave me his permission to share his story with you all today. He is a 74 year old **veteran** with many chronic conditions, the most significant of which is Parkinson's disease, which has rendered him immobile, unable to move around and unable to walk without falling, it is a devastating disease. He was referred to me last year from his home health nurses who knew I provided this service, medical calls at home. The nurses were concerned because he was having repeated falls whenever he went to the hospital and it was not safe for him to be walking. Whenever he ran out of his prescriptions his physician would not refill his medications unless he came into his office. Today, times have changed and I am his Primary Care Provider, I see him once a month, I prescribe his medications, I order his lab work, and I manage all of his care. He has never been hospitalized since I started taking care of him. I professionally collaborate with his previous physician, who is very glad he is receiving care at home from me. I professionally collaborate with his neurologist, his palliative care team, and the physical therapists. Without good primary care that I provide he would be living in a nursing home, but he is at home today with his wife Bridget and his dog Snickers. He thanks me every time I come to see him and is very grateful to be at home.

I explained to Leroy why I needed his permission to share his story and to talk about HB 177. Although it's very difficult for him to speak now, he is very intelligent and alert and oriented and understands what all of this means. When I told him that 27 other states don't require nurse practitioners to have a signed physician contract, he slowly struggled to get out 5 words; he said "Ohio needs to wake up".

HB 177 is not a scope of practice bill, and will not end clinical collaboration; it is a bill to lift a restriction on trade and to allow professional collaboration. Specifically, this is my trade.

Thank you for your time

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