**House Bill 177**

**Health Committee**

**Proponent Testimony**

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**Mary Jane Maloney**

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Chairman Lipps, Vice Chairman Manning, Ranking Member Boyd, and members of the House Health committee, I am Mary Jane Maloney, Director of the Government Relations Committee for 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.

My remarks will be brief today as you’ve heard the arguments from both sides on this issue. 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.

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.

One such study (https://www.rand.org/pubs/research\_reports/RR848.html) done by the RAND Corporation demonstrates that access to care would improve by removing practice restrictions such as the SCA and states that removing certain restrictions could lead to around 70,000 fewer ambulatory care-sensitive emergency visits in Ohio. Additionally, as many as 1.2 million Ohioans could potentially report improved care experiences. 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.

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.

Lastly, I would just like to point to an analysis that is on your ipads, done by the FTC. Under the Obama Administration and sustained by the Trump Administration, the FTC continues to agree with countless studies such as the RAND report that support removing this unnecessary SCA restriction. Of note, the FTC states several important factors:

1. Undue regulatory restrictions on APRN practice can **harm patients, institutional healthcare providers, and both public and private third-party payers.**
2. In particular, this practice raises **competitive concerns** that may **impede access to care** and they frustrate the development of innovative and effective models of **team-based healthcare.**
3. The competitive risks associated with undue APRN restrictions may be **heightened** in **rural** and other medically **underserved** areas.

These are just some of the points made in the analysis, but are validated by countless other third party organizations.

Other documents we have provided are the maps of our neighboring states (KY and WV) that demonstrate the increase of APRNs in rural and underserved areas when this contract was removed. As other states continue to remove this contract, they become much more competitive than that of Ohio’s healthcare system. Additionally, I would draw your attention to the letter of support from Ohioans for Healthcare Access which demonstrates the vast support from various healthcare providers for this legislation.

In closing, I want to thank the committee for the hours of testimony they have endured on this important topic that will benefit Ohio patients and make Ohio’s healthcare system more efficient. At this time, I am happy to answer any questions the committee may have.

Sincerely,

Mary Jane Maloney, Government Relations Committee Chair