Chairman Lipps , Vice Chair Manning, Ranking Member Boyd, and committee members, Thank you for the opportunity to provide testimony regarding HB 177.

My name is Rebecca Clutter. I have been licensed as a registered nurse in the state of Ohio for over 30 years. I have worn many hats is my career, but perhaps the most important role I have had related to the field of health care has been in the role of a patient. It is profoundly introspective to be a patient through the lens of also being a nurse. A patient is a person on the receiving end of medical related legislation that comes out of committees such as yours. The legislation you all pass impacts the lives of everyday people on a daily basis; yet based on prior witness testimony, appears to be driven not by the people you serve, but rather by large corporate interests, for profit health care systems, lobbyists, organizations attempting to gain a power foothold, and campaign donor dollars. Although I maintain my nursing license, I no longer work as a nurse. I am here as an Ohio resident, I am not being paid for my opinion, and I am not a member of a union or a professional organization. Therefore I do not have to worry about being fired for what I say or peer shamed for expressing my opinion.

I come here as an opponent to this House Bill 177. Nurses are NOT doctors and should NOT pretend to be them. Advanced Practice Nurses are a valuable asset on the health care team, but in my opinion, they are simply not qualified to practice medicine without physician supervision.

APN’s are mid-level providers who do not receive the amount or depth of pathophysiology and pharmacology training that a physician does. Their training suits them well in their current status, but not for independent practice.

Further, the path this bill lays out to independent practice is, in my opinion, substandard. The 2,000 hours equate to 50 weeks of a 40 hour work week, or to put it another way, similar to one year of a medical residency program. I would encourage you to ask any nurse working in a teaching hospital if they would ever let a first year resident be totally in charge of their personal health care. Well…I’m an old ER nurse, and I can tell you exactly what they would say, but the answer would likely be inappropriate in this setting.

There is always going to be the weird complicating factor that skews a diagnosis or alters a course of treatment. But in the absence of well-seasoned, hands-on clinical experience combined with a lack of pathophysiological understanding in an environment that is void of tort reform, the only folks you are liable to make truly happy by passage of this bill would be the malpractice attorneys.

In case anyone in here forgot, there is already a pathway to independent practice, it’s called getting a medical license. If anything, you ought to be telling teaching hospitals to open up more residency programs in certain practice areas based on the needs of the people right here in Ohio.

But let’s look into this further down the line. Have you looked at the continuing education to maintain licensure? I realize the Nursing lobby is big. They have been pushing this issue and making campaign contributions for a while now. Some of you or some of your peers in the House even participated in town halls a few years back that despite having absolutely nothing to do with direct patient care, granted continuing education hours to Nurses providing “Schoolhouse Rocks” type lectures on how a bill becomes a law. I know this, because I sat through one of them and received my token two (2) hours of continuing education that did absolutely nothing to further my education or improve patient care, but did enable a legislator from my county to get a free press release. The problem here is that the continuing education for APN’s even without independent practice is NOT regulated like that of physician, and the number of hours APN’s are required by law to obtain biannually is actually less than a paramedic is required to obtain.

Perhaps I missed it, but I did not see where APN’s would be required to maintain or prove competencies in their field. APN’s should not have carte blanche to obtain an independent practice license and not have a mechanism to determine that they remain proficient in the field over time. Maintaining annual continuing education requirements is simply not enough. Physician Assistants are required to maintain board competency. All Advanced Practice Nurses should have to meet Medical Board competencies, and at the Independent level, should have to take those boards in the same time schedule as those of the physicians.

I would remind all of you that there is no more important thing you as legislators on this committee can do, than to assure Ohioans that your actions do not create a scenario where you create a lesser or substandard level of care for individual patients. In my opinion, that is exactly what passage of this bill would do, lowering the standard of care. Don’t let this bill become a blunder that weakens health care delivery purely for the financial benefit of interested parties.

I simply do not understand why you are not addressing the underlying problems that created the push for nursing independent practice in the first place. I bet if you sat down with Doctors instead of their lobbyists and health care conglomerates, that you would be able to identify quite a few things that need fixed legislatively without trying to add a new spoke to a wheel you all are trying re-invent. Like: Why has tort reform not been addressed? Why are medical teaching facilities permitted to limit medical residency programs in lucrative practice areas such as psychiatry and gastroenterology.

Perhaps the better solution would be to slow down, breathe, and take a step back in order to examine some of these issues more fully.

Here’s the view from the lens of this patient: Instead of really looking at what is broken, a large lobby body swoops in and offers to save the day for their financial profit and to gain some political clout. The universities love this because they can create new money generation. They are starting to crank APN’s out at such an alarming rate that they are privately garnering the reputation of becoming Nurse Practitioner mills. Never mind that this in itself is causing a shortage of bedside nursing. You no longer even need to be a nurse to get a degree as an Advanced Practice “Nurse”, and can obtain that degree with minimal clinical experience through an on-line degree. Then hang out with a doc for a year and poof, get a degree to practice medicine in the State of Ohio. The large health care conglomerates can continue to up-charge on those hard to find physician areas. Everyone makes bank at the average person’s expense. Now that’s a pretty sweet deal, ...unless you are the patient.

How many of you on this committee actually have a certificate or license in some type of health care related field? I would argue that unless you do, you have no idea how this will impact patient care. This is not an issue of two identical neighboring fire departments fighting a turf war on jurisdiction. This is taking two completely different things and somehow trying to make us all believe that they are the same. It’s almost as if you all are trying to say that oranges are actually apples while we know factually that these two things are completely different. Just because I can perform routine maintenance on my car and change and rotate my own tires does not qualify me to be a Mechanical Engineer, and yet here you are trying to do a similar thing to one of our most valuable resources…our medical care.

The problem is that this bill merely puts an inappropriately sized Band-Aid on a wound allowing the bleeding to continue. Until members of both legislative bodies decide to tackle the underlying problems, you all are going to continue to be pimped by large lobby organizations to put out bills like this that could decrease the quality of health care in our State.

I recognize that this is the time period during a legislative session when members start paying back favors to lobbyists and corporations; And with the timing of this right before a Primary election, it is a little bit curious as to why there are no co-sponsors listed on this bill. Either there is no support for this, or you don’t want to add your name to a bill that would diminish health care standards until AFTER a Primary election. Either way, there is a transparency problem that cheats the public out of knowing where political figures stand. So, I am simply going to ask you not to do this merely as a favor to any particular organization or lobby group, but to wisely consider the ramifications of such a decision that could end up compromising patient care in the long run.

It is my strong opinion that while mid-level Advanced Practice Nurses are valuable members of the health care team, they are not qualified to be independent practitioners in the same way that physicians are. Do we need those mid-level APN’s to help see the sheer volume of patients that come through the various medical doors every day, absolutely. But giving them a license to practice independent of a supervising physician is NOT the answer to the problems. Therefore, I respectfully encourage a no vote on this bill. Thank you for your time.