LETTER OF TESTIMONY – Dr. Valerie Fuller, PhD, DNP, AGACNP-BC, FNP-BC, FAANP

IN SUPPORT OF LD 295

An Act to Repeal Restrictions That Prohibit Certain Advanced Practice Registered Nurses from Providing Essential Health Care Services

BEFORE THE HEALTH COVERAGE, INSURANCE AND FINANCIAL SERVICES COMMITTEE

Public Hearing: February 18, 2021

Senator Sanborn, Representative Tepler and distinguished members of the Health Coverage, Insurance and Financial Services Committee, my name is Dr. Valerie Fuller. I am a Family and Acute Care Nurse Practitioner and hold both a clinical and research doctorate in Nursing. I was born and raised in Livermore Falls and now reside in Falmouth Maine. I am here to request your support of LD 295, "An Act to Repeal Restrictions that Prohibit Certain Advanced Practice Registered Nurses from Providing Essential Health Care Services".

The legislation before you today is a much needed step forward in modernizing the rules and regulations that govern nursing practice in Maine. Since 1995, Nurse Practitioners in Maine have been required to complete a 2-year supervisory period, also known as a "transition to practice period" as a requirement for licensure. It is important to note that most states and territories **do not** have similar state-mandated practice requirements for licensure and there is **no evidence** to support that these transition to practice periods make patients safer or clinicians more prepared.

Nurse Practitioners have provided safe, high-quality and effective health care for decades. I suspect that those who may oppose this legislation will make note of the differences between Nurse Practitioner and physician education. Although they do differ, there hasn't been a single study to suggest that one is superior to the other in terms of patient outcomes, safety or quality of care provided. There are three notable differences in the educational models between the professions that make clinical outcomes a more effective determinant for safety[1],

1. **Nurse Practitioner (NP) students have formal academic preparation in health care before graduate school**. Prior health care education is a significant difference and deserves to be weighted in this discussion of education. NP students have education and clinical experience in evaluating and managing patients even before they attend their first day of an NP program. This prior education included physical assessment skills, interpreting diagnostic test results, evaluating the appropriateness of medications and assessing patients' responses to treatments in both hospital and community settings. The undergraduate platform of knowledge allows NP education to start at a more advanced level than other graduate health professional programs. Additionally, many NP students have experience working as registered nurses prior to beginning their NP programs. During this time, they have spent numerous hours caring for patients.

2. **NP students determine their patient populations at the time of entry to an NP program**. Identifying a population focus from the beginning of educational preparation allows NP education to match the knowledge and skills to the needs of patients and to concentrate the program of academic and clinical education study on the patients for whom the NP will be caring.

3. **NP education is competency-based, not time-based**. NP students must demonstrate that they have integrated the knowledge and skill to provide safe patient care. NP students do not progress, or graduate based on the hours spent in a rotation or by the number of times they have seen a particular ailment. Instead, NP students' progress only when knowledge and skill competency is achieved. While competency-based education has been the standard in nursing for decades, the concept is transitioning to other health professions. Medicine has recently begun to re-examine its time-based approach. After the 2010 Carnegie Report called for just such an innovation in medical education, Dr. William Hueston, a member of the American Academy of Family Physicians Commission on Education commented:

   > *"Both in medical student education and residency, we have clung to the belief that if you spend a certain amount of time learning about something, then you must know it," he told AAFP News Now. "That's as ridiculous as thinking that a teenager should be given a [driver's] license just because he or she spent a set number of hours behind the wheel of a car."*[2]

Maine continues to face a shortage of qualified health care providers, particularly in our rural and medically underserved areas. This outdated regulation bottlenecks our Maine workforce development, hinders our ability to attract Nurse Practitioners to our state, and needlessly restricts the number of Nurse Practitioners who would otherwise evaluate, diagnose and treat patients. Removing this barrier will help to mitigate the effects of our provider shortages and is a **no cost** solution to improving access to health care in Maine. I ask that you support LD 295 and permanently release Nurse Practitioners from this unnecessary and burdensome requirement.

Thank you.

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References:

1. American Association of Nurse Practitioners (2017). Position Paper: Clinical Outcomes - The Yardstick of Educational Effectiveness

2. Bein, B. (2010, June 26). Carnegie Report Calls for Key Innovations in Medical Education: Better Integration of Formal Knowledge, Clinical Experience Needed. AAFP News Now.