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House District 4

Senator Sanborn, Representative Tepler and the Joint Committee on Health Coverage, Insurance and Financial Services,

I am here to speak in opposition to LD295

I practiced neurology in private practice on the Seacoast for over 25 years. In that capacity I worked with APRN's in the inpatient and outpatient settings. As examples, I would receive calls from the Emergency Dept from APRN's about patients, work with them in their roles as ED team clinicians. Up until last Jan I was Chair of the Board of Trustees of a critical care hospital here on the Seacoast with APRN hospitalists. In that role I reviewed resumes of APRN's, physicians, PA's, dentists, podiatrists, and other medical professionals standing up for credentialing to be admitted to the clinical staff.

In both of these roles, clinical team work and credentialing, I am aware of the importance solid independent decision-making is for good patient care. This independent decision-making ability takes time to learn with a confidence to know what problems the practitioner can handle and what problems need consultation or other team-work. The independent decision-making is a skill itself that needs honing, is different from working as a nurse in clinical practice and requires additional post-graduate training. Independent decision-making in patient care along with honing clinical skills are the lessons I learned in residency, even after 3rd and 4th years of medical school taught me the clinical work to care for patients.

As I understand this bill, there are no training transitions or limitations for APRN's after they graduate except the scope of practice.

Only ME physicians and PA's will require participation in post-graduate clinical training. Despite APRN's having been RN's before their AP schooling, the post-graduate clinical training is important to solidify the independent decision-making skills to safely care for patients on their own.

We need more primary care providers especially in rural areas. There is no good data that newly graduated APRN's will settle in the rural areas that need them. If they do practice in areas of need they must be strong independent decision-makers and will not be if they did not hone this critical skill in post-graduate supervision with a connection to a physician or nurse practitioner.

Part of the Maine APRN scope of practice is "referring client to other health care providers" and "diagnosing and treating common diseases". At a point when a clinician is finished with school and on their own, these two services "for which the certified nurse practitioner is independently responsible and accountable" need time to learn and a safety net after formal school. What looks like a common disease can be uncommon and knowing when to refer takes much skill.

Please do not foreshorten the post-graduate training of APRN's. If anything, strengthen it. Please vote ONTP on LD 295