To: Senator Sanborn, Representative Teplar, and the members of the Committee on Health Coverage, Insurance and Financial Services

RE: Letter of Testimony

My name is Daniel Svenson and I'm a nurse practitioner that is within my first two years of practice. I'm writing today to discuss and recommend passing of the proposed legislation: LD 295 "An Act To Repeal Restrictions That Prohibit Certain Advanced Practice Registered Nurses from Providing Essential Health Care Services".

Nurse practitioners evaluate patients, make diagnoses, order, perform and interpret diagnostic tests and initiate and manage treatments—including prescribing medications and non-pharmacologic treatments, coordinate care and provide patient counseling and education to patients, families, and communities. Presently under Maine statute, newly licensed nurse practitioners are required to have a supervisory agreement for a period of two years before they can practice independently (transition to practice). This process not only slows the process and also adds additional fees to obtaining the initial license. Nurse practitioners, having graduate-level education, with master's or doctoral degrees, possess the knowledge and clinical competency, and are proven members of the healthcare community. This regulation only delays the addition of new nurse practitioners to care for the patients of our rural state.

In 22 states, the District of Columbia, two U.S. territories, the Veterans Hospital Administration and Indian Health Service, NPs are authorized to directly provide these services. In the remaining jurisdictions, outdated regulation needlessly bottlenecks the workforce by making it illegal for an NP to provide these services unless they have a collaborative or supervisor contract with a physician. In healthcare, we base our treatment plans based on evidence based practices and policies. Transition to practice periods are a political compromise, and <u>not</u> a best practice policy. There is no evidence to support that additional time in practice requirements provide improved safety to

patients or better prepared clinicians. There is also no evidence to indicate that new nurse practitioners are more likely to have any disciplinary or safety issues.

Maine has a confusing approach to the Advanced Practice Registered Nurse (APRN) regulations. APRN roles include: Nurse practitioners, which can independently prescribe and have a two-year transition to practice (TTP); Nurse Midwives, which independently prescribe and practice independently upon licensure; Clinical Nurse Specialists, which have no prescribing privileges, but can practice independently upon licensure; Nurse Anesthetists, which have limited prescribing (schedules III-V) and practice independently upon licensure IF they work in a town of 10,000 persons or less, dependent practice if they work in a town of 10,000 persons or more.

As an added note, this supervisory restriction has been temporarily lifted since March 2020 as part of the Governor's emergency COVID legislation. If new nurse practitioners are safe during a pandemic, new nurse practitioners are safe AT ALL TIMES! I would recommend the passage of this legislation to allow new nurse practitioners to be licensed and practice without any supervisory agreement or transition to practice period.

I appreciate your time and consideration on this matter.

Daniel A. Svenson - Nurse Practitioner 18 Anderson Rd Windham, ME 04062 (207) 232-8864 dasvenson1@gmail.com