

3/15/21

Dear Senator Sanborn, Representative Tepler and distinguished members of the Health Coverage, Insurance, and Financial Services Committee:

I was unable to attend the public hearing on Thursday 2/18/21 as I was teaching in the graduate family nurse practitioner program at the University of Maine on that day and had mandatory meetings after class. I would like to formally submit testimony on ***LD 295 An Act To Repeal Restrictions That Prohibit Certain Advanced Practice Registered Nurses from Providing Essential Health Care Services.***

If desired, I am available for the work session that is scheduled on Thursday 3/18/21 at 11 AM.

I am a practicing Pediatric Nurse Practitioner and an Assistant Professor of Nursing at the University of Maine in Orono where I teach in the graduate Family Nurse Practitioner program. I also serve as a board member of the Maine Chapter of the American Academy of Pediatrics. However, I am not speaking on behalf of either of these two organizations (University of Maine or Maine AAP). I am speaking on my own behalf as practicing pediatric nurse practitioner for 37 years and a nurse educator for 18 years in both the classroom and clinical setting.

I am in opposition of LD 295 for the following reasons:

1. There has been testimony submitted in favor of LD 295 citing evidence that nurse practitioners provide high quality, cost effective care. Based on the evidence and my own experience, I believe this to be true. However, passage of LD 295 would eliminate the system that holds promise to facilitate safe transition of professional registered nurses (RN) to independent practice as nurse practitioners (NP).
 - a. There have been studies that have documented the experience of new NPs as they transition to the NP role. It has been reported that new NPs, despite years of experience as an RN, often feel overwhelmed and unprepared for independent practice (Beggs, 2018; Faraz, 2016; Hart, 2016; Owens, 2018). Transitioning from the role of RN to NP has been described as shift from being a “provider of care to a prescriber of care” and although this has been reported to be a positive change, it has also been reported to be daunting (Barnes, 2015).
 - b. Testimony by Olivia Pelletier FNP, a new NP, submitted to this committee I believe supports the above.
2. Although the Maine State Board of Nursing regulations relating to advanced practice registered nursing specifies “A nurse practitioner must practice for a minimum of 24 months under the supervision of a licensed physician, or a supervising nurse practitioner, or must be employed by a clinic or hospital that has a medical director who is a licensed physician” (MSBON, 2020, p. 6) the nature of the supervision can vary considerably. For example, some supervising physicians or nurse practitioners may simply conduct a patient chart review and others may engage in conversations regarding diagnostic reasoning and standards of care. In fact, there are studies that have supported new NP’s desire for quality mentorship and NP residency programs have emerged as one solution to address this need (Jarrell, 2016; McKay et al., 2017).

I believe the intent of LD 295 is to more rapidly expand the availability of primary care and other advanced nursing services in underserved areas of Maine. We clearly need more providers; however, I

am concerned about eliminating supervision for new NP's without strong evidence that supervision is unnecessary. The nursing profession has an obligation to ensure safe and optimal care on the basis of evidence. We also have an obligation to protect nurses from any risk of liability in the case of human error associated with unpreparedness.

I would like to propose an amendment to LD 295 that would delay the elimination of the 2-year supervision until we can complete a study of NP experience. I believe in a short period we can survey new and independently practicing NPs on their experience with supervision. By examining the quality, effectiveness and necessity of supervision, we can identify whether NPs agree that supervision is necessary or whether they need less, or better supervision.

It is always best to take time to be sure that changes made in support and guidance will improve practice so that we may move forward with confidence.

Respectfully,



Mary Tedesco-Schneck PhD, RN, CPNP

References

- Barnes, H. (2015). Nurse practitioner role transition: A concept analysis. *Nursing Forum*, 50(3), 137-146.
- Beggs, A. (2018). A qualitative assessment of new graduate nurse practitioners first year of practice. *Muskie School Capstones and Dissertations*, 1-19.
- Faraz, A. (2016). Novice nurse practitioner workforce transition into primary care: A literature review. *Western Journal of Nursing Research*, 38(11), 1531-1545.
- Harrington S. (2011). Mentoring new nurse practitioners to accelerate their development as primary care providers: a literature review. *Journal of the American Academy of Nurse Practitioners*, 23(4), 168-174.
- Hart, A.M. & Bowen, A. (2016). New nurse practitioners' perceptions of preparedness for and transition into practice. *Journal for Nurse Practitioners*, 12(8), 545-552.
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- Owens, R.A. (2018). Transition experiences of new rural nurse practitioners. *Journal for Nurse Practitioners*, 14(8), 605-612.

Mary Tedesco-Schneck
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