

# Tennessee APRNs OPPOSE SB521/HB861 “Tennessee Healthcare Improvement Act of 2015”

**Tennessee Advanced Practice Registered Nurses (APRNs)** agree that we need payment reform and care coordination to improve the health of Tennessee’s citizens. On 42 indicators of health in Tennessee on the State Health System Performance Scorecard (Commonwealth Fund) – Tennessee ranked 43rd overall, one of the least healthy states – down from 40th on the 2014 scorecard. Interestingly, the five healthiest states all have full practice authority for APRN roles and the least healthy states have supervisory restrictions that limit APRN practice.

Outdated and unnecessary requirements for physician supervision of APRNs are one reason for Tennessee’s poor ranking in health outcomes.

The TMA blueprint appears a thinly veiled attempt to extend professional reach through the control of another professional group rather than truly focus on improving health in Tennessee.

For example, Tennessee has challenges in the percentage of children immunized – APRNs could assist with best practice recommendations for childhood immunizations. Imposing the leadership of another professional group on the process only adds barriers and delays to the achievement of this goal. Not enough patients are receiving preventive services and mental health services. Those can be expanded through use of APRNs who are well prepared to offer such care.



**COLLABORATION:** All health care providers collaborate; how that happens is a point of care decision made individually for each patient. It is not reasonable to legislate collaboration. A single set of regulations will not work for every situation and does not allow for the genuine collaboration needed within a healthcare delivery team. That is precisely why supervisory language has been stricken from laws and regulations in other states.



**SUPERVISION:** The current level of supervision is unnecessary, costly, impedes access, and leads to duplication of services. Physician supervision of APRN practice does not improve patient outcomes or enhance quality. Supervision is not an effective means of ensuring that providers (physicians included) practice within their scope. The Tennessee Board of Nursing requires applicants for APRN licensure to have education and training in an accredited masters or doctoral program in a specified advanced practice nursing specialty and national board certification. APRN specialties have well-defined scopes of practice. Our existing state regulations prohibit treating patients that are outside of a provider’s scope of practice, and this would also be in direct violation of their license and certification.



**ACCOUNTABILITY:** Liabilities arising from physician supervision requirements are a concern. Each provider is personally accountable for their practice, to patients, their respective licensing board, their profession, and society. The notion that physicians should supervise care provided by APRNs or that written collaborative agreements are needed is outdated. It is within APRN’s professional judgment and responsibility to assess and treat patients within the bounds of their legally authorized scope of practice. Individual accountability extends to legal liability. It is inappropriate to expect physicians, or any other provider, to accept responsibility or liability for care in which they have not been directly involved.

***Tennessee APRNs strongly oppose SB521/HB861. It is unfounded, antiquated, and unhelpful to improving quality and access to healthcare for the citizens of Tennessee.***