

Answering Objections on Senate Bill 345

Team based care will disappear without supervision agreements.

False. There is no evidence to support that supervision is critical to safety, quality, or access. The fact is that many states have no such restriction and collaboration continues. It is a requirement of modern day healthcare practice for all health professions and a specific component of the existing scope of practice for CNPs and CNMs for a collaborative practice to be maintained in Senate Bill 345. The Federal Trade Commission cited that Supervision Agreements can actually impede effective collaboration.

The transition to practice (TTP) hours aren't enough.

False. The opposition offers no evidence that a transition to collaborative practice is insufficient. None of the states have collaborative agreement licensure restrictions. Only 2 have TTP requirement, the rest have none, including Iowa which has never required collaborative agreements. 1040 was a reasonable compromise and can be adjusted based upon experience. This too should not be a barrier to NP/NM recruitment.

Why this divorce between the Board of Medicine and Nursing? There should be some physician advisory role in the process?

This isn't a divorce. This is a streamlining of the regulation of nursing practice. No other professional license is subject to dual board licensure even though many professions have overlapping scopes of practice. The National Council State Boards of Nursing strongly opposes dual regulation of APRNs.

There will be two standards of medicine or healthcare.

Unsubstantiated claim. Longitudinal studies over decades indicate that quality of care, safety, and health outcomes, along with patient satisfaction are at least equal if not better when comparisons are made between CNPs and CNMs and their physician colleagues.

MDs have more training and education.

MDs are training to be physicians. Advanced practice nurses are educated and trained and board certified to be Nurse Practitioners and Nurse Midwives. APRNs have **AT LEAST** 5-7 years of education and clinical practice training prior to entering into practice. This equates to 10,000 to 14,000 hours of direct practice. APRNs have overlapping scopes of practice with physicians, just as they do with pharmacists, dieticians, physical therapists.

CNPs and CNMs won't go to rural areas.

False. NP graduates of USC for example, 90% choose to remain in SC, 70% choose to work in primary care, and 52% practice in rural or underserved counties/populations. counties.