

Letter to Legislator

Opal Caldwell

King University

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May 12, 2015

The Honorable Tilman Goins

301 6th Ave North

Suite 207 War Memorial Bldg

Nashville, TN 37243

Re: Bill SB0521/HB0861 Tennessee Healthcare Improvement Act 2015, Senator Joey Hensley and Representative Mike Harrison. Oppose.

Dear Representative Goins,

My name is Opal Caldwell. I am a registered nurse who resides in your district. Under the above bill Advanced Practice Registered Nurses (APRN's) would have to work under a practice agreement with a physician to care for patients in an outpatient clinical setting. The physician would have to dictate the clinical decisions an APRN can make in certain areas, as well as, being able to see certain patients. It is my experience working in health care, for the last 8 years, that APRN's obtain board certification to manage the care of patients in clinical settings and are educated and well trained to do so. Having to have a practice agreement in order to perform patient care would be a belittling injustice to their practice.

This will affect my future endeavors as I am currently enrolled, this fall, for my Family Nurse Practitioner. Having researched the roles and requirements for an APRN, I know the education and training involved and the educational requirements are extraneous. It took me 3 years to obtain my RN, 16 months to obtain my baccalaureate degree, and for the past 2 years I have been working on my MSN in nursing education. After 6 years I will have another 1 1/2 years to obtain my FNP, to include 180-240 clinical hours to train, and still have to pass boards to obtain my licenses. Being a nurse before obtaining my APRN has given me insight on how to manage patients care. Carrying out orders for disease processes, I understand and I will be able to formulate a plan of care for patients as an APRN.

This bill also states that the APRN will only be able to prescribe medications that are stated in the practice agreement with the physician. My concern is what if the patient needs a

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medication that is not covered by this agreement? Why should we allow a practice agreement to govern how patients are cared for? In my professional opinion, this bill will delay vital treatment of patients in the clinical setting. Having to call the physician for permission to give medications and treatment will increase wait times for patients, make constraints on how many patients can be seen a day, and place more work on the physician. With rising need of healthcare coverage this bill will make seeing patients an even more difficult task for providers. With regards to prescribing narcotics and benzodiazepines, statistics show that physicians write more prescriptions for narcotics and benzodiazepines than APRN's yearly.

In my current practice, Gastroenterology, our nurse practitioner cares for our patients in the office 4 days a week while our physician performs procedures in the hospital during the day and sees patients in the evening 2-3 days a week. His practice is very demanding and if he did not have an APRN to see patients, while he did procedures, patient care would suffer greatly. Our district has four GI physicians and it is a demanding practice. With the age range of the practicing providers, this bill could compromise this districts GI physician coverage.

I am writing to request your vote to oppose the above bill that is currently in legislation. It is my professional opinion that this bill will be a disaster for our district and a belittling injustice to our well qualified practicing APRN's. Working with several practicing APRN's on a daily basis I feel confident in saying that I would and have let them manage the healthcare needs of myself and my family. Please respond to this correspondence at your earliest convenience.

Thank you,

Opal Caldwell, BSN, RN

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