

Senate Legislative Oversight & Sunset Committee Meeting

Official Minutes
151st General Assembly
First Session

Committee Meeting
Wednesday, June 9, 2021
2:30 p.m.
Virtual Zoom Meeting

Meeting Attendance

Committee Members Present:

Senator Kyle Evans Gay
Senator Marie Pinkney
Senator Stephanie Hansen
Senator Brian Pettyjohn
Senator Bryant Richardson

Kyle.Gay@delaware.gov
Marie.Pinkney@delaware.gov
Stephanie.Hansen@delaware.gov
Brian.Pettyjohn@delaware.gov
Bryant.Richardson@delaware.gov

Absent:

None

Staff:

Mary Grace Colonna
Abigail Armstrong
Meghan Mullennix
Matt Revel

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Attendees:

Senator David Walsh
Senator Nicole Poore
Representative Melissa Minor-Brown
Alanna Wilson
Alexa Adams
Anna Shields
Annamarie Flick
Ashley Shew
Brandy Magee
Carrie Cole
Chris DiPietro

Organization:

Delaware Senate
Delaware Senate
Delaware House of Representatives
Knee Center for the Study of Occupational Regulation
Senator Poore
Senator McBride
Delaware Nurses Association
AANP
DCNP

CDi Consulting Services on behalf of the DE Association of
Nurse Anesthetist

Christopher Otto
David Mangler
Deborah Moreau
Donna Mower-Wade
Donna Polk
Ed Timmons
Edward Timmons
Geoffrey Christ
Jacqueline Mainwaring
Kimberly Hollowell
Laura Moylan
Leslie Verucci
Lincoln Willis
Linda Laskowski Jones
Lisa Wallace
Lizzie Lewis
Mark Brainard Jr.
Mark deBussy
Mary Kate McLaughlin
Mary Nairn
Matthew Burday
Megan McNamara Williams
Meghan Walls
Michael Hogg
Mollie Poland
Nicole Freedman
Nicole Livanos
Pamela Zickafoose
Patricia Redmond
Rebecca Fotsch
Rita Meadows# PhD# FNP-BC
Ronald Castaldo
Rony Baltazar-Lopez
Selvam Mascarenhas
Sharon Baptiste-Brown
Sheila Grant
Stacey Bachman
Susan Conaty-Buck
Suzette Flores
Sydney Garlick

Delaware Nurses Association
Department of State
Public Integrity Commission
DNA
Delaware Interscholastic Athletic Association
Saint Francis University
Saint Francis University
Division of Professional Regulation
Delaware Association of Nurse Anesthetists

Dedicated to Women OB/GYN
Delaware Nurses Association

Laskowski-Jones New Frontiers Health Consulting, LLC
Delaware Nurses Association

Joint Legislative Oversight and Sunset Committee
deBussy and Associates behavioral health

Delaware Coalition of Nurse Practitioners
ChristianaCare
Delaware Healthcare Association
Nemours
Mercatus Center at George Mason University
Nemours
Morris James, LLP
NCSBN
Delaware Board of Nursing
Nemours

Georgetown Medical Associates

Delaware Department of State

Complexcare Solutions
AARP Delaware
Nemours
Delaware Coalition of Nurse Practitioners

Agenda:

HB 21
HB 141

Senator Gay convened the meeting at 1:31 p.m. and conducted roll call.

Senator Pettyjohn motioned to accept the meeting minutes from May 12, 2021, and Senator Hansen seconded the motion.

The Committee approved the meeting minutes from May 12, 2021.

Senator Hansen motioned to accept the meeting minutes from May 18, 2021, and **Senator Pinkney** seconded the motion.

The Committee approved the meeting minutes from May 18, 2021.

I. HB 21 – Rep. Minor-Brown– AN ACT TO AMEND TITLE 24 OF THE DELAWARE CODE RELATING TO AN ADVANCED PRACTICE REGISTERED NURSE COMPACT.

Synopsis: This Act adopts the Advanced Practice Registered Nurse Compact. The Compact benefits the public by improving continuity of care, increasing license portability for advanced practice registered nurses, and increasing access to APRN care. Under the Compact, APRNs licensed in a Compact member state may practice in another Compact member state. In adopting the Compact, the state-based licensure system is preserved but communication between states is enhanced. This Act takes limited effect for the purpose of establishing and convening the Interstate Commission of APRN Compact Administrators (Commission) to adopt rules relating to its operation when 7 states have enacted it into law.

Senator Poore presented on HB 21. Delaware is part of the Nurse Licensure Compact (NLC) since 2000. NCL issues multi-state licensing for practicing and registered nurses. HB 21 adopts the Advanced Practice Registered Nurse Compact. There have been three versions of the APRN Compact, and this version is the Compact approved by the National Council of State Board of Nursing. This is to increase membership into the Compact and model language that cannot be changed. The reform includes uniform licensure requirements, additional requirements of education, training, and certification for registered nurses. The current requirements for registered nurses are 2,080 hours of practice before a new nurse is eligible for a multi-state license. This does not require collaborative agreement, and therefore, is not a transition to practice. Seven states must pass this legislation before the APRN Compact Commission can be formed. The Commission will draft bylaws, rules, and regulations. A date has not been determined to enact the APRN Compact, but we are interested in moving forward with this legislation. Senator Poore also highlighted that there are no additional changes to the APRN scope

of practice or prescriptive authority. APRNs must follow the laws and standards in the states where they are practicing. An APRN can choose to hold a single state license. If new APRNs wish to have a multi-state license, they must apply for it after this legislation is enacted. The Compact provides a continuation of care, increases license portability for APRNs, and increasing access to APRNs' care. In adopting this Compact, the state-based licensure is preserved, but communication between the states is enhanced.

Senator Gay recognized Senator Pinkney.

Senator Pinkney thanked Senator Poore for the bill. Senator Pinkney worked in an ICU and commented that nurses do a lot of the incredible work completed in ICUs. She asked on lines 177-178 regarding when a nurse could receive licensing when applying and moving to a new state.

Senator Gay recognized Dr. Pamela Zickafoose.

Dr. Zickafoose, Executive Director of Delaware Board of Education, stated the current rules for the Compact allow any nurse with a state license to practice in another Compact state on the multi-state license until the new primary residence state license is issued. If a multi-state licensed nurse moves to a non-Compact state, they are not allowed to practice until they receive a license in that state. If someone from Maryland moved to Delaware, they would be able to practice on their multi-state license until one can be registered in Delaware. Nurses are only allowed to have one multi-state license in which they live, similar to a driver's license.

Senator Pinkney commented that the difficulty would be for those nurses moving to a state that was not included in the Compact. She also asked about lines 191-192 regarding issuing a cease-and-desist order for RNs to practice within a specific state. She asked whether a cease-and-desist within a specific state could warrant a cease-and-desist across all states included in the Compact.

Dr. Zickafoose noted that Delaware does not usually give cease-and-desist orders. If there is a nurse that requires disciplinary action, they will address it. For example, a Maryland nurse who was working in Delaware required disciplinary action received a suspension for being able to practice in Delaware. Once the final order is signed, that is sent to the National Practitioner Data Bank(NPDB) and the National Nursing Database (NND), which notifies every state that the nurse has a license in. In the specific example, Maryland would take action regarding their state license. Current licensure Compact law requires the Nurse to make their license valid in Maryland only. Any type of encumbrance would not allow a nurse to receive a multi-state license. That is how it currently works for registered and practicing nurses, and Dr. Zickafoose anticipates that it will be the same for APRNs. She is unable to say with confidence because the Commission has not been formed and there are not seven states yet.

Senator Pinkney asked about the NPDB and NND.

Dr. Zickafoose stated the NPDB includes all physicians, nurses, and administrators who are had a disciplinary action. For nursing, there is NYRSUS that is administered through the National Council of State Boards of Nursing. All states submit their licensing, testing, and disciplinary information to NYRSUS. For Delaware, NYRSUS is the agent to upload to NPDB.

Senator Pinkney asked about line 202 regarding subpoena power. She asked whether the Board would need to use their funding for subpoena power and whether that would diminish the likelihood they would investigate.

Dr. Zickafoose stated no. Currently, the Division of Professional Regulation has an investigation team and they do the investigations for all complaints. Those investigations are solely funded through the Division and that will not change.

Senator Pinkney stated that line 205 of the legislation suggests the Board can recover those funds. She asked what that process would look like.

Dr. Zickafoose stated that recently Delaware has allowed fines for disciplinary action. Since they have started fining nurses it has predominantly been about continuing education. When fines are imposed they go into the general fund and do not return directly to the Division.

Senator Pinkney asked how the Division would recuperate their funds used in the investigations.

Dr. Zickafoose did not know for sure. The Division Director could provide further information. The Division previously had legislation and conversations on how to recoup funds. Currently, they do not charge for case-by-case disciplinary action.

Senator Pinkney asked what other states are working on this topic to reach the seven needed for the Compact.

Dr. Zickafoose stated both Idaho and Utah had legislation, but because the AANP is unhappy with the 2,080 hours of practice the legislation was pulled. She anticipates next year there will be another five states who will join. This year, many states are focusing on COVID legislation, so next year will have more bills introduced focused on the Compact.

Senator Pinkney thanked Senator Poore for the legislation and is in full support of it.

Senator Poore commented that there is a shortage of physicians and APRNs are a complement to what is missing. We want to provide APRNs the opportunity to work at the level of their scope.

Senator Gay asked what the difference is between an APRN, RN, and other titles. She also asked why this is so important for APRNs and if this already exists for RNs.

Dr. Zickafoose answered yes, there already is a multi-state licensure compact for RNs. That has been present for 20 years, so Delaware is well versed in using Compact licensures. APRNs are advanced practice registered nurses who have received a bachelor's degree as well as a master's or doctorate. Many APRNs are receiving doctorate degrees. Nursing education is different than medical education so the focuses differ. Nurses focus on prevention, population health, and interpersonal communication skills. APRNs have advanced positions that are above RNs but not to the level of physicians. Once they acquire the education, they must take a board-certified national exam. Dr. Zickafoose explained the necessary training and education needed to become an APRN. She also explained the different types of APRNs and their roles. Dr. Zickafoose stressed that APRNs are not trying to become physicians or change their scope of work.

Senator Gay thanked Dr. Zickafoose for the information. She asked for Dr. Zickafoose to discuss further the scope of practice and Delaware's law regarding independent licenses.

Dr. Zickafoose stated Delaware law requires anyone who has graduated as an APRN to have a collaborative agreement with a physician or health care delivery system for two years and 4,000 hours. The next level is to gain independent practice. Delaware defines independent practice differently than other states. Delaware requires a physician to sign off on the verification of competency form required for independent practice. The Delaware definition of independent practice is it only applies if you want to open your own business. The Nurse Association's definition of independent practice is the ability to practice without a collaborative agreement. The difference in definitions is very confusing for employers and agencies that field traveling nurses. Dr. Zickafoose explained the APRN Committee membership and role. COVID has shown that Compact agreements work and are necessary. We need to afford that same opportunity to APRNs.

Senator Gay decided to hear the companion bill and then allow for public comment.

HB 21 – Reported out of the Committee – 1= Favorable 3= on its Merits 0= Unfavorable

1. HB 141 – Rep. Minor-Brown – AN ACT TO AMEND TITLE 24 OF THE DELAWARE CODE RELATING TO ADVANCED PRACTICE REGISTERED NURSES.

Synopsis: This Act is a Companion Bill to House Bill No. 21. It aligns the Delaware Board of Nursing statute with the APRN Compact to advance APRN practice through

elimination of barriers and improving access to care for Delawareans. The Act removes the requirement for a collaborative agreement for licensure purposes although employers and health care organizations may still require one. The Act amends the definitions of “APRN” and “full practice authority” so that they are consistent with national standards. The Act also removes the definition of “independent practice” since, nationally, “independent practice” means having “full practice authority”. This Act grants full practice authority in conjunction with licensure and removes the current requirements for obtaining independent practice. The Act changes the composition of the APRN Committee to include 9 APRNs and clarifies the Committee’s purpose which is to make recommendations to the Delaware Board of Nursing regarding: APRN practices, the Compact and licensure.

Senator Poore presented HB 141, which is a companion bill to HB 21. This legislation aligns the Delaware Board of Nursing statute with the APRN Compact. It removes the need for a collaborative agreement for licensure purposes. The companion bill and APRN compact agreement grant full practice authority with licensure. Lastly, the bill changes the composition of the APRN committee to include 9 APRNs to make recommendations to the Delaware Board of Nursing. We are giving APRNs the ability to practice to their scope of work and giving them every opportunity. APRNs are held to the same standards as physicians if they open their practices.

Senator Gay asked for clarification of the standards of care.

Senator Poore stated yes, the standards of care would be the same. Lines 55-59 are where the changes were made regarding the committee members.

Senator Gay asked if Dr. Zickafoose felt confident in permitting licensure that does not require a collaborative agreement.

Dr. Zickafoose stated yes, APRNs are highly trained and educated. Those who pass their board certification should practice to their full scope without a collaborative agreement.

Senator Gay opened to public comment and recognized Chris DiPietro.

Chris DiPietro, Delaware Association of Nurses and Aestheticist, fully supports both legislation. The Association attempted to create something similar to the legislation in 2015, but experienced backlash. These two bills will improve access in Delaware.

Senator Gay recognized Sheila Grant.

Sheila Grant, AARP, supports both legislation. This legislation will increase access to primary care and removes burdensome contract agreements. APRNs are highly qualified individuals.

Senator Gay recognized Stacey Bachman.

Stacey Bachman, Nemours Health Children System, supports HB 21. Nemours has been dedicated to providing quality health care. The pandemic stressed the need for multistate licensed health care workers. In 2017, the General Assembly passed the multistate nurse licensure compact and the emergency services personnel compact.

Senator Gay recognized Christopher Otto.

Christopher Otto, Executive Director of the Delaware Nursing Association, supports both legislation. The National Academy of Medicine presented that the US can achieve health equity if the largest population of health care providers (LPNs, RNs, and APRNs) can practice to their full scope of work and licensure. The legislation aligns with research that suggests Delaware can improve access to care. Some medical physicians suggest this alters the scope of work, but it does not. In 2014, the Federal Trade Commission released a report on APRN regulation stating effective collaboration between APRNs and physicians does not require any physician supervision.

Senator Gay recognized Linda Laskowski Jones

Linda Laskowski Jones, member of the Delaware Board of Nursing's APRN Committee, supports both legislation. There have been 27 years of monitoring APRN safety and competency. It is time to pass the legislation.

Senator Gay recognized Dr. Megan McNamara Williams.

Megan McNamara Williams, Vice President of the Delaware Health Care Association, supports both legislation. International, national, and local research has consistently found APRN care to be safe and high-quality. The Advanced Practice Nurses Consensus Model legislation included a requirement to submit information on safety to the General Assembly. During that time, there has been no reporting needed regarding the safety of APRN practices.

Senator Gay recognized Jacqueline Mainwaring.

Jacqueline Mainwaring, President of the Delaware Association of Nurse Anesthetists. She is a CNRA, which are highly trained registered nurses that provide anesthesia services to thousands of Delawareans each year. She echoed similar comments regarding CNRAs quality training and education.

Senator Gay recognized Lisa Wallace.

Lisa Wallace, APRN, supports both legislation. This legislation will help substance abuse and behavioral health care in Delaware. The American Medical Association has provided information suggesting APRNs prescription rate for a controlled substance is too high and they contribute to the opioid epidemic, but this is not true and is not backed by the Delaware Data of Professional Regulation. In Delaware, APRNs prescribe far less controlled substances than physicians.

Senator Gay recognized Selvam Mascarenhas.

Selvam Mascarenhas opposes both legislation. He provided a personal story regarding his wife's pregnancies, which needed a further skill set than OPN. The physicians' training and critical thinking provided during residency, is what saved his families' life.

Senator Gay recognized Mark deBussy.

Mark deBussy, psychiatric nurse practitioner, supports both the legislation. He received licensure in both Maryland and Delaware, which took significant administrative efforts. Creating a collaborative would increase access and help with telecommunication health. They are held to the same standards as physicians.

Senator Gay recognized Annamarie Flick.

Annamarie Flick, Advocacy Director for the Delaware Nurses Association, fully supports both legislation. She echoed similar comments on the quality and safety of APRN health care. The increased APRN population is met with unnecessary administration and paperwork. Increasing APRNs' capabilities would increase accessibility in areas where health care is slim.

Senator Gay recognized Donna Mower-Wade.

Donna Mower-Wade, Association Advocacy Director for the Delaware Nurses Association and Director of Advanced Practice at Christiana Care, supports both legislation. This would align Delaware regulations with the robust scholarly research supporting full practice authority to APRNs. 26 states have enacted similar legislation.

Senator Gay recognized Dr. Laura Moylan.

Dr. Laura Moylan opposes both legislation. There is not a standardization across the country for the education necessary for nurse practitioners. Some online nurse practitioner programs do not meet the standards and clinical time requirements of other programs. She works with many RNs and APRNs, but the time allotted for education does not warrant personal practice. Dr. Laura Moylan provided written testimony attached at the end of this document.

Senator Gay recognized Matthew Burday.

Matthew Burday, President of the Medical Society of Delaware, opposes both legislations. If passed, the Compact would supersede all regulations and agreements in all states and would shorten the time between completing APRN training and starting independent practice. This legislation undermines the physician and APRN collaborative agreement. The Medical Society of Delaware is concerned about the safety and quality of health care for Delawareans.

Senator Gay recognized Brandy Magee.

Brandy Magee, President of the Delaware Coalition of Nurse Practitioners, supports both legislation. This legislation will positively impact the health care concerns in Delaware. HB 141 will condense the different pathways for gaining an NP degree, standardize licensure, and align with national standards.

Senator Gay recognized Kimberly Hollowell.

Kimberly Hollowell, Nurse Practitioner student at Drexel University, supports the legislation. She provided examples of the various barriers affecting the Delaware health care system. Delaware is reducing access to patient care by reducing practice authority.

Senator Gay recognized Dr. Suzette Flores.

Dr. Suzette Flores, physician in Sussex County, supports both legislation. She discussed the concerns for health care access, especially in Sussex County.

Senator Gay recognized Mary Nairn.

Mary Nairn, Nurse Practitioner, supports both the legislation. The federal system has authorized practice authority for APRNs since 2017. There is data that showcases the quality and satisfaction of APRN practices. Delaware needs to have collaborated with other states, especially with Maryland.

Senator Gay recognized Ronald Castaldo.

Ronald Castaldo, President of the Delaware Board of Nursing, supports both legislation. His doctoral dissertation related to stakeholder perception of APRNs in the Mid-Atlantic region. He specified the current barriers associated with APRNs receiving practice authority. Additionally, he discussed the standards and quality of care that must be maintained by APRNs. Every state has a different Board means additional barriers for APRNs.

Senator Gay recognized Edward Timmons.

Edward Timmons, Mercatus Center at George Mason University, supports both legislation. Research has shown APRNs are capable and qualified to provide health care. This legislation is a common-sense reform and would align policies with other states. The Mercatus Center at George Mason University provided written testimony attached at the end of this document.

Senator Gay recognized Susan Conaty-Buck.

Susan Conaty-Buck, Faculty at University of Delaware Nursing Program, supports both legislation. This legislation would increase access and help develop the NP workforce. Recent research found that the Delaware NP workforce is aging and needs to recruit more. Also, some NPs in Delaware choose to work in other states because their practice is less restricted. Unrestricted practices are recommended by many different organizations, such as the National Medical Association.

Senator Gay recognized Leslie Verucci.

Lesli Verrucci, Nurse Practitioner, supports both legislation. Nurse Practitioners are not attempting to argue they are the same as medical doctors. They are trying to provide the necessary health care they were trained to complete. APRNs and MDs come from different training and support each other. If access to care is not changed a bottleneck will be created and further chronic care will increase.

Sharon Baptiste-Brown provided written testimony attached at the end of this document.

American Association of Nurse Practitioners provided written testimony attached at the end of this document.

Christiana Care provided written testimony attached at the end of this document.

HB 141 – Reported out of the Committee – 1= Favorable 3= on its Merits 0= Unfavorable

Senator Pinkney thanked everyone for speaking on the issue and understands the importance of nurses in Delaware. Senator Gay had technical difficulties, so Senator Pinkney adjourned the meeting at 3:53 p.m.

Letter to the committee,

Thank you for the opportunity to speak on the issues surrounding the Nurse Practitioner compact bill. Unfortunately, 90 seconds is not nearly enough time to discuss the problems surrounding NP education and practice.

I am a practicing OB/GYN with 25 years of experience. I have been in Delaware for 18 of those years and have intimate knowledge of how advance practice nurses fit into our state's healthcare system. I have a great deal of respect for our bedside nurses, CRNAs and our nurse midwives and nurse practitioners. I have been involved in the training and education of medical students, medical residents, physician assistants and Nurse practitioners. I can tell you firsthand that the educational difference is expansive and readily apparent.

I do support license portability, but in the current form, this set of bills is not workable. Over the last several years, there has been a proliferation of on-line NP programs that do not meet the clinical requirements for safe practice of an NP. The schools do not have set clinical rotation sites and leave the students to find their own preceptors for their clinical hours. Often, the sites are too busy to really allow the students to learn how to manage disease processes adequately, which leads to increased testing and cost. Additionally, the total requirement in many of these programs is only 500 hours. In contrast a medical student gets 2880 hours of training in medical school before starting a residency that will multiply that at least 3 fold.

I appreciate that Dr Zicafoos and the nursing board states it is not their goal to replace physicians, and that they will maintain control over scope of practice and disciplinary actions, as they are very good at that now. Unfortunately, that is not the case nationwide and as part of a compact, we will lose some of our autonomy on that front.

Primary care is the most complex and difficult of all the medical specialties. The idea that someone with 500 clinical hours can go directly into unsupervised practice is unwise. BayHealth Medical Center recognizes the need for more primary care in central and southern Delaware and has established two medical residency programs to help address this need. Starting in July 2021, there will be 21 physicians in training yearly to serve our communities. These residents will complete training with more than 10,000 clinical hours to provide high quality medical care.

Your legislative responsibility is to provide the safest, highest quality public health services in Delaware. Unfortunately, in the current form, this set of bills is not it. There certainly is a pathway to increase APN presence in Delaware, but it will require stronger educational standards and clinical practice requirements that what is the prevailing model at this point

Thank you for your attention,

Laura Moylan MD

To: House Sunset Committee

Re: HB141

Date: 09 June 2021

Good Afternoon Members of the Oversight and Sunset Committees. Thank you for allowing me to speak today in support of HB141. I am Sharon Baptiste-Brown, a practicing Nurse Practitioner for 27 years, member of DCNP and current AANP Delaware State Rep.

Performing house calls in New Castle County have provided me with a unique opportunity to really see first-hand and better understand the health and economic disparities faced by people of color and underserved populations. It is still disturbing to realize that because of current barriers to NP practice, there are Delawareans that do not have proper access to affordable healthcare or an opportunity to select their primary care provider as there is such a shortage here in the state.

NP practice has been in existence for over 50 years and NPs are, at a minimum, Master's prepared, board-certified, Advanced Practice Registered Nurses who often have many years of nursing experience in addition to the formal training and clinical hours required as part of the NP programs. Research that has been published in the New England Journal of Medicine and Journal of the American Medical Association has shown that NP outcomes are comparable to that of physicians.

This legislation will not change scope of practice, but rather enhance Delaware's ability to attract APRNs to live and/or work in the state. It would level the playing field especially since Maryland and Washington DC, for example, have Full Practice Authority. In fact, this model is time-tested and has been in place in over a dozen states for more than ten years. HB141 brings Delaware into alignment with national best-practices, including recommendations by the National Conference of State Legislatures, National Governors Association, National Academy of Medicine, and others to increase the healthcare workforce and address health care disparities. HB141 would modernize and streamline APRN regulations by retiring unnecessary regulations that restrict NP Practice.

Ultimately, Delawareans deserve access to high quality, affordable healthcare. Delawareans deserve the ability to choose their Health care providers. Delawareans deserve not to have to wait any longer. It is time to vote in support of HB141. Thank you.

Sincerely,

Sharon Baptiste-Brown, MSN, APRN-BC, PMP

June 8, 2021

Senator Kyle Evans Gay,
Chair, Senate Legislative Oversight & Sunset Committee,
Delaware General Assembly, Senate
411 Legislative Avenue
Dover, DE 19901

Dear Chairman Evans Gay and Members of the Committee,

AANP appreciates the opportunity to submit public comments on the proposed legislation, [Delaware House Bill 141, An Act To Amend Title 24 Of The Delaware Code Relating To Advanced Practice Registered Nurses](#) currently under consideration of the Senate Legislative Oversight & Sunset Committee during the public comment period available for the hearing scheduled for Wednesday, June 9, 2021.

The American Association of Nurse Practitioners® (AANP) is the largest professional membership organization for nurse practitioners (NPs) of all specialties and represents the interests of the more than 250,000 licensed NPs in the United States. Nurse practitioners make up the largest percentage of all the advanced practice nurses in the nation and comprise over 70% of Delaware's entire advanced practice nursing community. AANP Delaware members represent nearly one-quarter of the Delaware NP workforce.

AANP supports House Bill 141 (H.B. 141) as it is introduced by Rep. Minor-Brown.

Delaware faces multiple health care challenges, ranging from regional and cultural divisions in health equity to uneven economic opportunity, along with wide-spread chronic disease and long-standing provider shortages in underserved communities. Unnecessary bureaucratic barriers between NPs and their patients are contributing to these greater health care challenges in the state.

Delaware state law authorizes NPs to evaluate, diagnose, treat, prescribe medications, and manage patients. However, current Delaware state law regulates nurse practitioners by three different pathways based on how long NPs have been in practice and where NPs are employed. No other state in the country has this model.

There is **no evidence** that these multiple licensure pathways and additional practice requirements are beneficial for patients or providers. At the same time, there are strong indications that retaining this outdated law, the result of a prior political compromise, is contributing to the state's challenges.

House Bill 141 as introduced would consolidate these inefficient, varying requirements into one, standardized framework for all licensees. Delawareans can feel comfortable making this change because there is strong support for the regulatory model proposed by House Bill 141. In fact, the modernization efforts of House Bill 141 are aligned with national standards for NP licensure and have been tried and tested in other states for several years.

- **This model is not new.** House Bill 141 brings Delaware into alignment with national best-practices, including recommendations by the National Conference of State Legislatures, National Governor's Association, National Academy of Medicine, and others to increase the health care workforce and address health care disparities.
- Fourteen states, the District of Columbia and two territories currently authorize NPs to practice to the full extent of their education and clinical preparation at the point of graduation and national certification *without* added time-in-practice requirements or restrictions based on employment setting. Most of these states have had this streamlined licensure model for decades. In that time, no state has ever returned to more restrictive requirements.
- Eliminating these workforce barriers will make Delaware more competitive in recruiting and retaining nurse practitioners to meet the state's needs. At AANP, we hear from our Delaware members who experience challenges securing the contract agreements as a condition of practicing their profession. These regulatory barriers make it more difficult and less attractive to practice in Delaware, and some have shared they have forgone practicing in rural and underserved areas or left the state because of these barriers. Retiring the current anticompetitive regulations would also be consistent with the [Federal Trade Commission](#) findings on regulation of Advanced Practice Nurses.
- This legislation would maintain the existing scope of practice for NPs in Delaware. NP licensees would still be required to complete nationally accredited graduate NP programs that include both advanced didactic and clinical education and pass and maintain national certification as a condition of licensure. Delaware's high standards for practice and professional accountability would be maintained.

If enacted, this bill would help to provide added patient care options by reducing unnecessary regulation. On behalf of the American Association of Nurse Practitioners and our Delaware membership, we urge support of House Bill 141.

Sincerely,

Sophia L. Thomas

Sophia L. Thomas, DNP, APRN, FNP-BC, PPCNP-BC, FNAP, FAANP
President, American Association of Nurse Practitioners

THE BENEFITS OF MOBILIZING NURSE PRACTITIONERS IN DELAWARE

Edward J. Timmons

*Director of the Knee Center for the Study of Occupational Regulation, St. Francis University
Senior Affiliated Scholar, Mercatus Center at George Mason University*

Senate Legislative Oversight and Sunset Committee

June 9, 2021

Chair Gay, Vice Chair Pinkney, and all distinguished members of the Senate Legislative Oversight and Sunset Committee:

Thank you for inviting me to testify on the subject of regulations governing the licensure of nurse practitioners in Delaware. My name is Edward J. Timmons. I am a professor of economics and director of the Knee Center for the Study of Occupational Regulation at Saint Francis University in Loretto, PA. I am also a Senior Affiliated Scholar with the Mercatus Center at George Mason University.

Based on the findings of my own research, I believe that permitting nurse practitioners to practice and use their unique skillsets to the full extent of their specialized training immediately after completing licensing requirements will improve patient access to care without increasing cost or sacrificing quality. This is an urgent question, as Delaware, like many other states, is facing challenges in providing adequate primary care to patients. National trends suggest that the decline in population of primary care physicians will continue.¹ Nurse practitioners can potentially help fill this gap. It is important that the existing law does not unnecessarily delay them from practicing and providing care to patients to their full potential.

Nurse practitioners are often restricted by state law when it comes to applying their knowledge and skills and alleviating challenges that vulnerable populations encounter in receiving primary care. Current Delaware law permits nurse practitioners in the state of Delaware to apply for full practice authority after achieving the equivalent of two years of full-time clinical experience. Delaware would not be going out on a limb by eliminating this experience requirement. The District of Columbia grants nurse practitioners full practice autonomy immediately upon successfully completing the requirements for licensure. Fourteen other states also provide nurse practitioners this same opportunity.²

1. Stephen M. Petterson, Angela Cai, Miranda Moore, and Andrew Bazemore. "State-Level Projections of Primary Care Workforce, 2010-2030" (Robert Graham Center, Washington, DC, September 2013).

2. Joanne Spetz, "California's Nurse Practitioners: How Scope of Practice Laws Impact Care" (California Health Care Foundation, Oakland, CA, July 2019).

For more information or to meet with the scholar, contact
Mercatus Outreach, 703-993-4930, mercatusoutreach@mercatus.gmu.edu
Mercatus Center at George Mason University, 3434 Washington Blvd., 4th Floor, Arlington, Virginia 22201

The ideas presented in this document do not represent official positions of the Mercatus Center or George Mason University.

Research consistently shows that these restrictions on nurse practitioner scope of practice result in longer driving times to receive primary care³ and reductions in the volume of care provided by nurse practitioners.⁴ In addition, researchers consistently find that nurse practitioners are more than capable of providing quality care to patients.⁵

My own research examining how changes to nurse practitioners' scope of practice affect Medicaid patients has found evidence that permitting nurse practitioners to practice autonomously is associated with patients receiving more care without increasing cost.⁶ It should be noted, however, that our research suggests that the positive effects of granting nurse practitioners autonomy are only fully realized when they are granted full practice authority. The change is quite large—we estimate an 8 percent increase in the amount of care that Medicaid patients receive.

Research continues to demonstrate that nurse practitioners are more than capable of providing high quality primary care—care that is sorely needed. Granting nurse practitioners the ability to practice autonomously immediately after satisfying licensing requirements is a common-sense reform. Delaware would not be unique in instituting these changes; rather, the state would be bringing policy closer in line with other states, and taking steps necessary to help ensure citizens receive the healthcare that they need.

3. D. F. Neff, S.H. Yoon, and R. L. Steiner, et. al, "The Impact of Nurse Practitioner Regulations on Population Access To Care," *Nursing Outlook* 66, no. 4 (2018): 379-85.

4. Y. F. Kuo, F.L. Loresto Jr, L. R. Rounds, and J.S. Goodwin. "States with the Least Restrictive Regulations Experienced the Largest Increase In Patients Seen By Nurse Practitioners," *Health Affairs* 32, no. 7 (2013): 1236-43.

5. E. K. Adams and S. Markowitz, "Improving Efficiency in the Health-Care System: Removing Anticompetitive Barriers for Advanced Practice Registered Nurses and Physician Assistants" (The Hamilton Project, Policy Proposal 2018-08, Brookings Institution, Washington D.C., June 2018).

6. L. Poghosyan, E. Timmons, C. M. Abraham, and G. R. Martsof, "The Economic Impact of the Expansion of Nurse Practitioner Scope of Practice for Medicaid," *Journal of Nursing Regulation* 10, no. 1 (2019): 1-6.



June 9, 2021

The Honorable Kyle Gay
Chair, Senate Legislative Oversight and Sunset Committee
Delaware General Assembly
411 Legislative Avenue
Dover, DE 19901

Re: Letter of Support Regarding HB 21 and HB 141; APRN Licensing Compact

Dear Senator Gay,

I write to express ChristianaCare's continued support for legislation that would permit Delaware to participate in the Advanced Practice Registered Nurse (APRN) Licensing Compact. We believe this legislation is an important step in ensuring that Delaware's health care workforce is fully equipped to meet both our current challenges and future demands.

ChristianaCare relies heavily on the skills, experience, and expertise of our APRN caregivers to meet the needs of our patients and our community. In addition to serving as direct patient caregivers to a wide variety of our patient population, ChristianaCare's APRN caregivers also serve as leaders in the nursing profession, as educators and mentors to RN's and other medical professionals. Delaware's entry into the APRN Compact will significantly reduce barriers to licensing and facilitate continuity of care throughout the healthcare system. We greatly appreciate your continued support of our caregivers and of Delaware's future healthcare workforce needs.

Sincerely,

A handwritten signature in black ink that reads "Meredith O. Tweedie".

Meredith Stewart Tweedie, Esq.
Vice President Government Affairs & Policy, Senior Counsel