



January 12, 2022

To:  
Victoria Veltri  
Executive Director of the Connecticut Office of Health Strategy  
450 Capitol Avenue  
Hartford CT 06106

Regarding:  
OHS Primary Care Roadmap Draft 2021  
Comments from the CT APRN Society

Dear Ms. Veltri,

I am writing you on behalf of the Connecticut APRN Society in response to the draft recommendations of the Office of Health Strategy Primary Care Roadmap released in December 2021. APRNs are highly trained independent healthcare providers with a strong record of providing safe and high-quality care. Nationally more than 25% of all primary care providers are APRNs<sup>i</sup>. The American Association of Nurse Practitioners reports that greater than 70% of all Nurse Practitioners provide primary care services<sup>ii</sup>. Within the state of Connecticut, more than 1000 APRNs provide care without a collaborative agreement with a physician. Many APRNs own their own primary care practices and take students in primary care as well.

The Connecticut APRN Society would like to underscore the importance of addressing topics related to the primary care shortage must also incorporate the significant shortage of the primary care workforce. The Connecticut APRN Society would like to highlight 3 topics that prevent APRNs from entering primary care in Connecticut and suggest changes that improve those barriers:

- 1. Reciprocity of experience for APRNs from other states:** Currently an experienced APRN from a different state will not be able to come to work in Connecticut without getting a collaborative agreement with a physician, despite meeting the experience and practice requirements to practice independently. Seasoned APRNs meeting the requirements for independent practice cannot transfer their expertise to practice in Connecticut. They would be required to start as a new graduate. This requirement prevents APRNs from out of state being able to open practices in Connecticut or working a

practices owned by APRNs. The requirement to start as a new graduate also deters them from coming to physician-owned practices.

**Solution:** Recognize training and experience of APRNs working in other states toward the requirement for a collaborative agreement. By changing this statute, Connecticut would have access to experienced APRN primary care providers from other states, increasing access to care.

- 2. Collaboration for new graduate APRNs with another APRN:** APRN students typically precept with a fellow APRN in training. In addition, the typical training pathways to success for new graduate APRNs include mentorship with a fellow APRN which significantly improves retention within that healthcare setting.<sup>iii iv v</sup> The current legislative language requires a new graduate APRN to have a collaborative agreement for 2000 hours and 3 years with a physician, rather than an APRN. This prevents APRNs from hiring new graduate APRNs that they may have trained as students. It also limits the capacity or experiences APRNs to be the primary mentor to novice APRNs despite the evidence in support of APRN mentorship

**Solution:** Allow for novice APRNs to have a collaborative agreement with fellow APRNs in addition to physicians. By changing this statute, APRN-owned primary care practices would be able to hire and train novice APRNs and grow their practices.

- 3. Global signature authority for all administrative paperwork that is currently within APRN training and scope of practice:** APRNs are trained to independently manage the acute and chronic healthcare needs of patients. Numerous statutes were written prior to APRN practice using physician centric language. The lack of inclusion regularly interferes with access to care for patients because statutes use language excluding APRNs, despite the condition being treated and managed by an APRN. The CT APRN Society has introduced legislation for several year attempting to update these statutes individually, but they are extensive and numerous. APRNs sign forms that document and facilitate care including orders for treatment, referrals and recognition of health status. Outdated policies impede patient care and prevent schools, organizations, agencies, and other health care providers from accepting forms with an APRN signature.

**Solution:** Global signature authority authorizing signatory authority for all forms and procedures within the current training and scope of practice of APRNs. Global signature would decrease the confusion for other professions and reduce unnecessary duplication of services or delays in care.

The solutions listed above would not only improve the current practice of primary care in Connecticut, but they also open the door to further primary care practices being opened in Connecticut. The addition of other primary care practices will increase the training pathways for all healthcare professions which are regularly in need of teaching locations, including nursing and medical assisting. APRNs in Connecticut would like to be a part of the solution to the healthcare shortage of Connecticut. Thank you for your time and consideration of our input.

Respectfully,

Christina Mukon Morrissey DNP NP-C, FNP

Health Policy Chair

Connecticut APRN Society

ChristinaMukon@gmail.com

---

<sup>i</sup> The Distribution of the U.S. Primary Care Workforce. Content last reviewed July 2018. Agency for Healthcare Research and Quality, Rockville MD.

<https://www.ahrq.gov/research/findings/factsheets/primary/pcwork3/index.html>

<sup>ii</sup> American Association of Nurse Practitioners. Updated May 2021. NP Fact Sheet.

<https://www.aanp.org/about/all-about-nps/np-fact-sheet>

<sup>iii</sup> Cartwright, C. (2021). Job Satisfaction and Retention of an Advanced Practice Registered Nurse Fellowship Program. *Journal for Nurses in Professional Development*, 37 (6), E15-E19. doi: 10.1097/NND.0000000000000720.

<sup>iv</sup> Establishing Organizational Support for Nurse Practitioner/Physician Assistant Transition to Practice Programs. (2021). *The Journal for Nurse Practitioners*, 17(4), 485-488.

<http://dx.doi.org/10.1016/j.nurpra.2020.11.018>

<sup>v</sup> Harrington S. Mentoring new nurse practitioners to accelerate their development as primary care providers: a literature review. *J Am Acad Nurse Pract*. 2011 Apr;23(4):168-74. doi: 10.1111/j.1745-7599.2011.00601.x. Epub 2011 Mar 28. PMID: 21489010.