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As a Board-Certified Nurse Practitioner, I would like to take a moment to express my support of HB-1303 for APRNs; with at least three years' experience and having completed 3,600 transition-to-practice hours. I have spent the majority of my adult life, almost 30 years, in healthcare. I have worked as a receptionist, licensed practical nurse, registered nurse, and now a nurse practitioner in Mississippi. Providing healthcare for patients is a privilege, one I do not take for granted. Advocating for full practice authority for advanced practice registered nurses (APRNs) in Mississippi is difficult because it is not about demeaning another's training and education, but promoting competent individuals that can practice autonomously to the full extent of their abilities.

According to a study (Zhang, 2020), Mississippi has the largest physician shortage ratio in the United States (US). In addition, Mississippi is the only state expected to receive an F grade based on projected physician shortage ratios by 2030. The national mean of active physicians per 100,000 people is 203, while Mississippi has 118 per 100,000. Even with medical schools increasing enrollment and community-based residency slots, impeding APRNs from practicing within the full scope of their training and certification adversely affects the healthcare of the citizens in this state.

In a perfect world, healthcare providers would be able to sit around a table two or three hours a day and bounce ideas off each other, but that is simply impossible. While I support a #PhysicianLedTeam, I do not support government forced contracts, which limits access to healthcare in a state-ranked #51 and needing healthcare providers the most. Advanced practice registered nurses do not need legal mandates to work together with physicians to deliver appropriate, cost-effective, and quality care. APRNs need more physicians to respect the APRNs role as an independent colleague rather than a "physician extender."

Currently, 26 states, the Veterans Administration, and the Indian Health Services have removed the barriers limiting APRNs from practicing to the full extent of their education and certification. The time is now for Mississippi to eliminate outdated policies, state laws and regulations, organizational barriers, and cultural differences, and acknowledge the critical role APRNs fulfill in the healthcare community. It is time to move Mississippi forward and

modernize healthcare for the citizens of this great state. It is time for lawmakers to trust the training, skills, and competencies of APRNs and stop entertaining the fear tactics disseminated by physicians.

APRNs are not seeking to “change or expand” the current scope of practice. APRNs are respectfully requesting the autonomous ability to continue evaluating patients, diagnosing, ordering, and interpreting diagnostic tests, initiating, prescribing, and managing treatments, without a “written agreement” to collaborate with a colleague. No other healthcare professional with advanced education and training requires a contract with another professional to perform the job they are trained to do. This is not teamwork. This is not leadership. This is oppression.

Constituents in Mississippi are being held hostage by outdated policies, physicians, mandated contracts, and greed. It is incomprehensible that physicians and legislators would intentionally withhold healthcare from the citizens of this state based on a sense of superiority. Advanced practice registered nurses will continue providing excellent patient care under the direct authority of the Mississippi State Board of Nursing and will remain optimistic that physician colleagues will continue to collaborate with APRNs as a team, without being paid to do so.

COVID-19 has strained the healthcare system and exposed regions in Mississippi with high disease burden and a lack of providers to meet these surges. COVID-19 has brought about changes that reflect the importance of nurse practitioners in the healthcare community. While Mississippi legislators carefully deliberate full practice authority, Mississippians will continue to suffer the consequences without change.

There is no evidence to support #PhysicianLedTeams provide superior care or reduce healthcare costs. However, the evidence does support the impact of APRNs compared with physicians on healthcare quality, effectiveness, and safety, which demonstrated APRNs were comparable or better for all 11 categories reviewed (Stanik-Hutt et al., 2013).

Finally, I implore you to set aside any biased views or misconceptions you may have that only physicians can autonomously provide safe, cost-effective healthcare, and remember that APRNs have more than demonstrated the ability to care for patients with innumerable disorders over the lifespan without risking patient safety, requiring physician oversight, or increasing healthcare costs. It is time for our elected representatives to move Mississippi forward in healthcare by removing the barriers that prevent Mississippians from receiving the outstanding care provided by APRNs.

References

Stanik-Hutt, J., Newhouse, R.P., White, K. M., Johantgen, M., et. al., (2013), The quality and effectiveness of care provided by nurse practitioners, *The Journal for Nurse Practitioners*, 9 (8), 492-500.e13.

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<https://doi.org/10.1186/s12960-020-0448-3>