

Testimony in Support of HB 2902 A

May 9, 2013

Senate Health Care and Human Services Committee

Submitted by Jennifer Barr, RN

Chair Monnes Anderson and Members of the Committee,

My name is Jennifer Barr and I am an RN and a third year Doctorate of Nursing Practice (DNP) student at the University of Portland. When I graduate in May of 2014, I will be a Family Nurse Practitioner. I am also currently a member of the University's Caring for the Poor tract, which ensures I'm educated about caring for Oregon's under-served patients, and helps prepare me to overcome the health disparities faced by these groups. I began my nursing career with my BSN (Bachelor's of Science in Nursing) in 2009 and knew almost immediately that I wanted to pursue a higher degree as a nurse practitioner.

I am often asked why I did not apply to medical school, and there are multiple factors that influenced my decision. Nursing has an educational foundation that focuses on holistic care, meeting and treating the patient where they are in their life, incorporating their friends and families, and truly providing care that meets the patients' mental and emotional needs, as well as physical needs. Since becoming a Registered Nurse in 2009, I have worked side by side with many different physicians. I value their expertise and knowledge, but have learned, in general, their practice tends to be diseased-focused.

I am often asked about the "doctorate" part of my degree. People assume I am trying to become a "doctor" by pursuing this degree over a master's degree. The DNP is a practice doctorate, much in the same way pharmacists or physical therapists are awarded practice doctorates. Although nurse practitioners have traditionally received a master's degree for their education, the American Academy of Colleges of Nursing, who provides accreditation to nursing programs across the nation, is leading a transition to DNP preparation for nurse practitioners. As nurse practitioners are increasingly in leadership roles and acting as the primary provider for more and more complex patients, curriculum is expanding to ensure that tomorrow's nurse practitioners are poised and ready to meet the needs of the patients we care for.

When I graduate after 4 years of full time coursework, in addition to having earned my BSN and practicing for 5 years as an RN—where I've had relevant and valuable experiences that will better prepare me for my career as a nurse practitioner—I will have completed over 1,000 direct patient care hours providing primary care to patients under the supervision of a nurse practitioner or physician. I truly believe that the education I am receiving, coupled with my nursing knowledge and extensive patient care hours during my residencies will prepare me to administer primary care to patients that is equal to the care they would receive from a physician for the same services. If I can see a patient for symptoms of strep, culture their throat, interpret those results and prescribe them antibiotics, why is it that I can be reimbursed at a lesser rate than a physician, who would do the exact same thing?

Family nurse practitioners, who are increasingly graduating with doctoral degrees, are specially prepared and trained to enter the primary care workforce. Primary care and preventative services

are crucial to the health of Oregonians, and the health of Americans. Oregon is already predicted to have a major deficit in primary care providers in the coming years, with more PCPs retiring and less physicians choosing to enter this lower-payment area of health care. As the Affordable Care Act and CCOs begin to take shape, primary care providers are going to be crucial links in the systems, and nurse practitioners are prime candidates to step in and fill this gap. Our training includes the didactic and clinical experience necessary to prepare us to meet this growing need, and increasingly, nurse practitioners are becoming the primary care providers in "less desirable" areas, such as rural Oregon.

However, the already low reimbursement rates given to primary care providers, coupled with the increasing cuts to nurse practitioner reimbursement rates, makes the decision to practice in primary care discouraging. When I graduate next year, I'll have approximately \$120,000 in student loans. As it currently stands, I practice as a bedside RN at a large metro area hospital and make a higher hourly wage in my current position than I can as a nurse practitioner. To enter primary care, I will most likely be faced with a pay decrease, and saddled with a significant amount of student loan debt to repay.

I am sure if you ask any primary care provider why they decided to practice as a PCP, the salary will not be one of their reasons. Being a primary care provider, much like being a nurse, takes a certain type of passion and understanding. Some refer to it as a "calling," I think of it as ensuring true wellness in my patients, caring for them and their families across a lifespan with the intention to prevent diseases and maintain a balance of wellness. Passing this bill ensures that I will at least be reimbursed the same rate as my colleagues for providing the same services, and helps ensure that I can answer that "calling" for the rest of my career without being subject to significant financial distress at the same time. Please, for the future of nurse practitioners and Oregonians, vote in support of HB 2902 A.

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