

**From:** Nancy Lawton <[nelawton1@gmail.com](mailto:nelawton1@gmail.com)>

**Sent:** Friday, February 16, 2018 4:33 PM

**To:** Maida Townsend; Denise Diehl

**Subject:** H. 684 Chapter 28 Subchapter 2

Dear Chairperson Townsend and Committee Assistant Diehl:

Thank you for the opportunity to share Washington State's experience utilizing Advanced Practice Registered Nurses (APRNs). Our Nurse Practice Act was amended in 1975 extending full practice to APRNs. We began prescribing legend drugs in 1979. From 2001 to 2005 Washington State required a Joint Practice Agreement (JPA) with physicians to prescribe controlled substances. In 2005 the JPA was retired, having shown APRNs prescribe effectively and not inappropriately.

Washington and Vermont are similar, with areas of population density while vast areas remain rural. Distribution of the health care workforce across the state permitting access to primary and specialty services remains challenging. In Washington APRNs fulfill workforce needs, with APRNs providing one quarter to one third of all primary care and projections suggest we will provide half of all primary care within the next decade.<sup>[1] [2][3]</sup>

APRN graduates work in FQHCs and small rural private clinics demonstrating independent function without deficits in competencies. We have no greater incidence of malpractice or negligence; no increase in liability costs. The Department of Labor and Industry sought greater APRN engagement to assist injured workers return to work and asked APRN state leadership what would increase APRN participation? We suggested paying parity reimbursement. Labor and Industry agreed and in 2016 began compensating APRNs equally for care of injured workers.

Health indices for Washington State show no differences between the care provided by APRNs, PAs, MDs and DOs. APRNs are more likely to stay in state after completing graduate education and are more likely to accept Medicaid patients into their panels than other disciplines.<sup>[1]</sup> After the first year of eligibility 147 of greater than 5550 APRNs are waived to prescribe buprenorphine and Washington State has seen a reduction in opioid overdose deaths. ([CDC/National Center for Health Statistics](http://www.cdc.gov/nchs/nhanes/)). We are part of teams, each of us playing our part, providing primary care, seeking mentorship when needed and referring to specialists for care beyond our scope and ability. Transition-to-practice agreements have never been a part of our rules, our laws or our practice. Individual employers provide a range of on-boarding training, some better and some worse, but offer no evidence demonstrating a regulated policy provides better outcomes for patients or reduces health care costs.

**I urge you to adopt the proposed H. 684** that will best utilize your workforce without imposing undue and unproven burdens on your providers.

Thank you for your attention.

Sincerely,  
Nancy Lawton, MN, ARNP, FNP, FAANP  
ARNPs United of Washington State

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[1] [University of Washington Center for Health Workforce Studies. 2012](#)

[2] [Washington Center for Nursing](#)

[3] [Washington Center for Nursing](#)