

little looser arrangement where you can have some independent judgment made and some decision making with some understanding that there are in fact references back. But even if you are hesitant because the doctors have written to you, you're concerned about letting nurses have too much authority, bear in mind that this again is not a huge step backward in independent practice. I would not describe the bill with the amendment that's being offered by Senator Withem and myself as independent practice. It isn't independent. You continue to have an agreement that has to be signed between the nurse and the physician. This agreement will...there is the chance to, if the physicians continue in some cases to not allow those who are qualified to practice, there is a hardship by-pass that's allowed the Department of Health, how often it will be used I don't know, but essentially the physicians will have a role to play in this unless that option is chosen and granted. So the physician is there, they sign the agreement, there is oversight by the joint board between the physicians and nurses. Senator Chambers asked me earlier about if there's a problem with referral, for instance. Well, if a complaint is filed, you'll have the ability to go to a joint board if a nurse practitioner is not referring adequately, not adequately consulting. You will be able to intervene and there will be an oversight carried out not only by the nurses, I mean this is a very key point that has been conceded by the nurses, it's not just the nursing board with nurses looking over the shoulder of nurses, but nurses and physicians together on a joint board trying to make sure that this works and that there isn't a problem with quality. So you've got this understanding. You've got the need to consult as in the amendment that we're offering, the referral questions, and otherwise utilizing the physician. They're trying to make sure if your expertise is incapable of analyzing someone who's come in there or concerned about the ability to make that decision, you've got an obligation to refer, to call. If you don't feel like referring, at least making a call and consulting with the doctor with which you've got a collaborative agreement so that you get the expert advice of a physician or other practitioner that you need to know what decision to make. So in the end what we're trying to do is to allow for the nurse practitioner with the advanced training that they have to go forward and carry out their duties and use their training to provide primary care in consultation with referral to physicians under an agreement that's signed by physicians but with a little more flexibility than under the direction. This is to keep the